



“SLI supports the efforts of individuals with diverse abilities to achieve independence and actively participate in their community.”

### Pathway For Hope Fund Application

Pathway For Hope is funded by an anonymous/private donor and managed by the SLI Foundation Board of Directors. The priority is providing for the needs of persons with intellectual/developmental disabilities living in Shawnee County who otherwise have no other funding source and all sources of support have been exhausted. Priority is first given to clients receiving services from SLI. After these needs are met, the FSLI board and donor may choose to approve other applications if a genuine need and lack of other resources are determined.

Applications are reviewed by the SLI Foundation Board of Directors quarterly on the third Friday of January, April, July and October. In order to be considered for a particular month, the application and all required documentation must be submitted to Lisa Jackson by the 10th of the month (or before) in which reviews take place. For example, an application submitted in February would be reviewed at the April meeting. Applications submitted without required documentation may be returned, denied, or not reviewed until required documentation is received. The approved recommendations are forwarded to the anonymous donor for final approval. Within two weeks, SLI will inform the individual(s) who submitted applications of approved and unapproved requests.

Date of request: \_\_\_\_\_

Name of person request is for: \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate below by checking services the applicant is currently receiving

- Residential/Community Living Program \_\_\_\_\_
- Day Services/Community Integration Program \_\_\_\_\_
- Targeted Case Management Program and Case Manager \_\_\_\_\_

**Note: If a person is receiving services only from SLI, the application and required documentation must be turned in to their supervisor and processed through the chain of support. If receiving services from a provider other than SLI, please provide documentation that the provider(s) have been approached for assistance for the request and their response. The documentation stating resources they do or do not have for assistance must be signed and dated by provider and attached to the application.**





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What is the item or donation requested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the item or donation benefit the person for whom the request is made? For example, increase independence, increase accessibility, health benefits, communication ability, etc. Please be specific and provide as much detail as possible in order for the board to make a decision.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please include the recipient’s most recent banks statements from all bank accounts, total monthly income and an itemized montly expense with this application.***

What is the approximate or actual cost of the item/donation?  
\_\_\_\_\_  
\_\_\_\_\_

***Please include a vendor estimate with this application.***

List other sources of funding that have been researched?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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One purpose of the Pathway for Hope Fund is to create interest with community members to assist with financial support and to be more familiar with the needs of people with intellectual disabilities. Do you feel the request would receive financial support from members of the community?

Yes  No

Are you willing to appear on television and/or radio to tell your story and garner community support and financial assistance with the item requested?  Yes  No

If not, are you willing to allow us to tell your story on your behalf? *(One of the two is required in order to receive consideration for funding).*  Yes  No

