

Embrace Iowa Application Guidelines for 2024-2025

APPLICATION PERIOD: *November 30, 2024-January 31, 2025*

These are agency guidelines for filling out the Embrace Iowa application. Applicant information is confidential and used only for evaluation of application.

1. Applications for an Embrace Iowa benefit must be made at an Iowa Community Action Agency. Contact your local community action agency here: HACAP, (319) 739-0056 or EIowa@hacap.org. Referrals by allied professionals and agencies are encouraged, e.g., clergy, shelters, DHS workers, etc.
2. Applications will be considered for households at or below 200% of the federal poverty guidelines using LIHEAP, Head Start, SNAP, WIC or FaDSS-approved income determination criteria at the time of application. Current poverty guidelines will be used based on the application date. Exceptions to this rule may be made by a Community Action Agency on a case-to-case basis if the household has experienced a significant loss of income in the past 90 days and the community action agency documents extenuating circumstances.
3. The application must be signed (via verbal attestation, physically or via a digital signature platform such as DocuSign – whatever your agency’s standard protocol follows) by the applicant verifying that the information on the application is factual and that the client is unable to access funds for the request through any other program or source.
4. Applicants will be asked if they would be willing to share their story with *The Des Moines Register* to promote the Embrace Iowa project. An applicant response to this question will not be used to determine whether or not a benefit is awarded. Please fill out an **EMBRACE IOWA STORY FORM for ICAA** for households willing to share.
5. The Embrace Iowa program monies are not intended to be used for Christmas gifts, food, rent, utilities, or disaster assistance.
6. First time Embrace Iowa applicants will be given priority by the Community Action Agency review process.
7. Only one application can be filled out per family and the maximum dollar amount of any benefit award is \$750.
8. Description of need and cost estimate must be included with the application. Benefit items may include but not limited to beds, clothing, car repairs, medical expenses (including pharmacy, dental and corrective lenses), furniture, home repairs, fees & fines, household items, appliances, and miscellaneous.
9. Funds cannot go directly to a household.
10. All inquiries by an applicant regarding the status of their application will be directed to the Community Action Agency where the application was submitted.

HACAP

Embrace Iowa Application Form 2024-2025

Brought to you by *The Des Moines Register and the People of Iowa*

Applications will be accepted: November 30, 2024-January 31, 2025

The information in this application form *and* the CAA basic intake form must be completed for every Embrace Iowa applicant.

Date of App:		Staff Person assisting:	
Outreach Office Location:			
Applicant Information (person or family member requesting assistance):			
Full Name:			
Street Address:			
City:		Zip Code:	
County:		Telephone:	
Email Address:			
Amount Requested:		For What Purpose(s):	
Describe the situation for application and reason for request:			
To help spread Embrace Iowa benefits to the many lowans in need, would a partial payment help?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The household will make up the difference by:			
Is applicant willing to share his/her story and request with The Des Moines Register to promote the Embrace Iowa project? (Not required for consideration)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant received an 'Embrace Iowa' benefit in the last two years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, amount of benefit:			

By my signature I state this information is factual and represents a critical need:

Applicant signature: _____ Date _____

Embrace Iowa Participant Story Form | Campaign 2024-2025

Community Action Staff: Please email to kharrington@iowacommunityaction.org when completed.

This form is for any family applying for Embrace Iowa this year, who is willing to share their story with *The Des Moines Register* to promote donations for this or future campaigns.

Participant Name: _____ Email Address: _____

Address: _____ Telephone # (____) - ____ - ____

_____ County: _____

Is this family willing to have a picture taken for the paper? ___ yes ___ no

Please explain the circumstances and how the funds will be used:

For Office Use Only

Community Action Agency _____

Staff Person Name _____

Staff Phone Number # (____) - ____ - ____

Staff Person Email _____

Summary of Use of Funds: _____

Application Status (approved/denied): _____

Amount Approved (if applicable): _____



HACAP HOUSING STABILIZATION PROGRAMS APPLICATION
Including IOWA LOW-INCOME ENERGY ASSISTANCE PROGRAM/WEATHERIZATION PROGRAM
(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)

Acceptance Date Stamp

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____
 STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____ LANGUAGE: _____
 MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
 HOME PHONE NUMBER: _____ CELL: _____ TEXTING YES NO
 EMAIL: _____

STAFF ONLY INTERPRETER YES NO

MEMBER INFO CODES	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)	INCOME SOURCES
0 = Head of Household	C = White	1 = Medicare	1 = 0-8 th Grade	1 = Employed Full-Time	1 = Salary/Wages	
1 = Spouse	B = Black or African American	2 = Medicaid	2 = 9 th -12 th Grade	2 = Employed Part-Time	2 = Self employment/Farm	
2 = Child	AS = Asian	3 = Military Health Care	3 = High School Graduate	3 = Migrant Seasonal Farm Worker	3 = SSA (Retirement/Elderly)	
3 = Foster Child	AI = American Indian	4 = Direct Purchase	4 = GED/HSET/High School Equivalency	4 = Unemployed Short Term (6 months or less)	4 = Pension	
4 = Grandchild	AN = Alaskan Native	5 = Unknown	5 = 12 th Grade + Some Post-Secondary	5 = Unemployed - Long Term (6 months or more)	5 = SSI (Age 0-17)	
5 = Parent	N = Native Hawaiian / Other Pacific Islander	6 = Home-1/CHIP	6 = 2-4 Year College Graduate	6 = Unemployed - Not in the Labor Force	6 = SSI (Age 18-)	
6 = Grandparent	MR = Multi-racial (2 or more)	7 = Iowa Health & Wellness for Adults	7 = Graduate School or other Post-Secondary School	7 = Retired	7 = SSDI (Disability) Age 0-17	
7 = Other Relative	O = Other	8 = Employment based	8 = Unknown/Not Reported	8 = Contract	8 = SSI (Disability) Age 18+	
8 = Not Related		9 = No Health Insurance		9 = Temporary	9 = VA SCD Compensation	
9 = Sibling	U = Unknown/Not Reported			10 = VA NSCD Pension	10 = VA NSCD Pension	
				11 = Unemployment	11 = Unemployment Benefits	

2. HOUSEHOLD MEMBER/INCOME INFORMATION (USE CODE ABOVE)

HOW MANY PEOPLE ARE LIVING IN THE HOME? _____ DO YOU HAVE ANY MEMBERS THAT ARE HOMEBOUND? _____
 A disconnected youth is a member 14-25 years old not working or in school

LEGAL NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	GENDER (CIRCLE ONE)	DATE OF BIRTH	SOCIAL SECURITY or I-94 NUMBER	HISPANIC LATINO, OR SPANISH ORIGIN?	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	DISCONNECTED YOUTH	DISABILITY	MILITARY STATUS (CIRCLE ONE)	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all that apply)
	SELF	MALE			YES				YES	YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			YES				YES	YES	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			YES				YES	YES	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			YES				YES	YES	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			YES				YES	YES	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			YES				YES	YES	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		
		OTHER			YES				YES	YES	VETERAN ACTIVE		
		OTHER			NO				NO	NO	VETERAN ACTIVE		
		OTHER			UNKNOWN				UNKNOWN	UNKNOWN	VETERAN ACTIVE		

3. HOUSEHOLD TYPE (check one) SINGLE PERSON SINGLE PARENT FEMALE TWO PARENT HOUSEHOLD MULTIGENERATIONAL HOUSEHOLD
 TWO ADULTS NO CHILDREN SINGLE PARENT MALE NON-RELATED ADULTS WITH CHILDREN OTHER: _____

4. HOUSEHOLD INCOME SOURCE

For each income source listed in section 2, you must include proof of income documentation with this application. For EMPLOYMENT INCOME, provide copies of your check stubs for 30 days preceding the application, or provide a copy of your federal income tax return. For SELF-EMPLOYMENT INCOME or FAMILY INCOME, provide a copy of your federal income tax return.

Does your household have savings over \$50,000 (include all savings and checking accounts, CDs, and other investments)? YES NO Did anyone in your household file a federal tax return And receive the Earned Income Tax Credit (EITC)? YES NO

5. HOUSEHOLD NON-CASH BENEFITS (Check All That Apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM) | <input type="checkbox"/> HOUSING CHOICE VOUCHER (SECTION 8) | <input type="checkbox"/> HUD-VASH (VETERANS FAMILIES) |
| <input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN) | <input type="checkbox"/> PUBLIC HOUSING (SUBSIDIZED) | <input type="checkbox"/> CHILDCARE VOUCHER |
| <input type="checkbox"/> LIHEAP (ENERGY ASSISTANCE) | <input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING (PSH) | OTHER: _____ |

6. HOUSEHOLD HEATING, ELECTRIC, COMPANIES

You must include a recent HEATING SERVICE BILL and ELECTRIC SERVICE BILL with this application

- | | | | |
|-----------------------------------|--|--|--|
| | HEATING | ELECTRIC | |
| Do you have a disconnect notice? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | Is your furnace currently producing heat? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently disconnected? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you on a payment arrangement? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

If Heat or Electric account is in the name of someone else other than Head of Household, please include Utility Authorization Form

HEAT VENDOR NAME/ ACCOUNT NUMBER _____ ACCOUNT HOLDER NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____
 ELECTRIC VENDOR/ ACCOUNT NUMBER _____ ACCOUNT HOLDER NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

7. HOUSING STATUS (Check One) OWN RENT OTHER (explain) _____ HOMELESS (If homeless, what is your housing situation)? _____

IF YOU RENT, ANSWER THE FOLLOWING:

- Are your heating costs included in your rent? YES NO
 If yes, a copy of your lease is required to be submitted
- Are your electric costs included in your rent? YES NO
- Do you receive rent assistance? YES NO
- Is your rent based on a percentage of your income? YES NO

8. HOUSING TYPE (Check One) HOUSE MOBILE HOME BUILDING WITH 2-4 UNITS BUILDING WITH 5+ UNITS RENT A ROOM OTHER: _____
9. MAIN SOURCE OF HEATING (Check One) ELECTRIC NATURAL GAS WOOD/COAL/CORN FUEL OIL PROPANE OTHER: _____

If propane, do you have an empty tank or low tank (30% or less) YES NO

10. LANDLORD/RENTAL INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

MORTGAGE OR RENT COST PER MONTH: \$ _____

CERTIFICATION STATEMENT

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP), and/or the Weatherization Assistance Program. I understand that my signature on this application or my verbal consent gives permission to the agency processing this application to use the information I have provided to determine my household's eligibility for these programs, and for other programs administered by this agency for which I have applied. Further, I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy supplier about my household usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and usage to the LIHEAP and Weatherization Assistance Programs as necessary to facilitate the receipt of benefits. My signature on this application or my verbal consent certifies, under penalty of law, the following: 1) All information and documentation associated with this application is accurate and complete to the best of my ability. 2) I declare I am the only person in the household who has or will apply for these programs. 3) I understand that any willful misrepresentation of the information provided is subject to program disqualification and penalty of law. 4) If applicable, I authorize the weatherization of my house at no cost to me or my family. This includes authorizing the agency to contact my landlord for permission to weatherize the home when applicable. I understand that signing this application does not guarantee I will receive weatherization.

I UNDERSTAND THE ABOVE STATEMENT

Applicant Signature _____ Date _____

Staff Signature _____ Date _____