

Hawkeye Area Community Action Program Embrace Iowa Application Form 2023-2024

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

Applications will be accepted: November 30, 2023-January 31, 2024

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 Iowans 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 2023-2024

Community Action Staff: Please email to kharrington@iowacomunityaction.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 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): _____