

Embrace Iowa Application Guidelines for 2025-2026

APPLICATION PERIOD: December 1, 2025, through January 31, 2026

These are agency guidelines for filling out the Embrace Iowa application. Applicant information is confidential and used only for the evaluation of the 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 last 30 days of income, 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-by-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 (physically or via a digital signature platform such as DocuSign) 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's 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, Rental Assistance or Gas and Electric bills.
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, water disconnects, home repairs, fees & fines, household items, appliances, and miscellaneous.
9. Either checks will be issued to a vendor for the service or goods on behalf of the approved applicant or a Community Action Agency can utilize a company credit card to make purchases. Checks must be used within 90 days and cannot be redeemed for cash. 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.

Additional Iowa Community Action Agency guidelines:

- 11.If an applicant is denied an Embrace Iowa benefit, the Community Action Agency will notify applicant with the reason why, which may include the funds are exhausted.
- 12.Incomplete applications will not be accepted for consideration.

HACAP
Embrace Iowa Application Form 2025-2026

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

Applications will be accepted: December 1, 2025-January 31, 2026

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 _____



HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

(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: _____ STATE: _____ LANGUAGE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____ STATE: _____
PHONE NUMBER: _____ PREFERRED CONTACT: Phone _____ Email _____ Text _____ Mail _____
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 1 = Spouse 2 = Child 3 = Foster Child 4 = Grandchild 5 = Parent 6 = Grandparent 7 = Other 8 = Not Related 9 = Sibling	C = White B = Black or African American AS = Asian AI = American Indian AN = Alaskan Native N = Native Hawaiian/ Other Pacific Islander MR = multi-racial (2 or more) O = Other	1 = Medicare 2 = Medicaid 3 = Military Health Care 4 = Direct Purchase 5 = Unknown 6 = Hawk-/ CHIP 7 = Love Health & Wellness for Adults 8 = Employment based 9 = No Health Insurance	1 = 0-8th Grade 2 = 9th-12th Grade/Non-Grad 3 = High School Graduate 4 = GED/HISET/High School Equivalency 5 = 12th Grade + Some Post-Secondary 6 = 2-4 Year College Graduate 7 = Graduate School or other Post-Secondary School	1 = Employed Full-Time 2 = Employed Part-Time 3 = Migrant Seasonal Farm Worker 4 = Unemployed Short Term (6 months or less) 5 = Unemployed- Long Term (6 months or more) 6 = Unemployed- Not in the Labor Force 7 = Retired	1= Salary/Wages 2= Self Employment 3= SSA (Retirement/Elderly) 4= Pension 5= SSI (Age 0-17) 6= SSI (Age 18+) 7= SSDI (Age 0-17) 8= SSDI (Age 18+) 9= VA SCD Compensation 10= VA NSCD Pension 11= Unemployment 12= Private Disability/Workers Comp 13= TANF/FIP 14= Cash Assistance (Family/Friends) 15= Alimony/Spousal Support 16= General Assistance 17= Child Support 18= Foster/Adoption Subsidy 19= No Income 20= Other Income	

HOW MANY PEOPLE ARE LIVING IN THE HOME? _____ DO YOU HAVE ANY MEMBERS THAT ARE HOMEBOUND? _____

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

LEGAL NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	SEX (CIRCLE ONE)	DATE OF BIRTH	SOCIAL SECURITY or I-94 NUMBER	HISPANIC, LATINO, OR SPANISH ORIGIN?	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	DISABILITY	MILITARY STATUS (CIRCLE ONE)	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all that apply)
1	SELF	MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
2		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
3		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
4		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
5		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
6		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
7		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
8		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		

CERTIFICATION STATEMENT

I am hereby making an application for the Embrace Iowa Program. I understand that my signature on this application gives permission to the agency processing this application to use the information I have provided to determine my household's eligibility for this program, and for other programs administered by this agency for which I have applied. Further, My signature on this application or 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 this program. 3) I understand that any willful misrepresentation of the information provided is subject to program disqualification and penalty of law.

I UNDERSTAND THE ABOVE STATEMENT

Applicant Signature	Date
Staff Signature	Date

Embrace Iowa Participant Story Form | Campaign 2025-2026

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