

# Embrace Iowa Application Guidelines for 2022-2023

## APPLICATION PERIOD: November 30, 2021-January 31, 2023

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) 393-7811 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-approved income determination criteria. Current poverty guidelines will be used based on application date.

Family Size	Annually	Monthly	Weekly
1	27,180.00	2,265.00	522.69
2	36,620.00	3,051.67	704.23
3	46,060.00	3,838.33	885.77
4	55,500.00	4,625.00	1,067.31
5	64,940.00	5,411.67	1,248.85
6	74,380.00	6,198.33	1,430.38
7	83,820.00	6,985.00	1,611.92
8	93,260.00	7,771.67	1,793.46

\*Applicant **MUST** provide proof of income (for all household members age 18 and over). Depending upon your household income type, income documentation from the past 30 days, the last 12 months, or last calendar year, whichever is easier or more beneficial to you.

**Wage Earners:** provide copies of your check stubs for the 30-day period preceding the date of application, or a copy of your most recent federal income tax return.

**Fixed Income:** this income may include Social Security Benefits, Supplemental Security Income, Veteran's Assistance, Unemployment Insurance, and pensions. Provide copies of your check stubs from the previous 30 days.

**Self-Employed/Farmers:** provide a copy of your most recent federal income tax return.

3. The application must be signed (via verbal attestation, 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 response to this question will not be used to determine whether or not a benefit is awarded. Please fill out a **Participant Story Form** for households willing to share.
5. The Embrace Iowa program monies are not intended to be used for Christmas gifts, food, rent or utility assistance.
6. First time Embrace Iowa applicants will be given priority by the Community Action Agency review process. Agencies may set their own requirements for prioritization as they deem fit.

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, rent, utilities, 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. Gift cards may not be purchased. 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.
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 should not be accepted for consideration.

# Hawkeye Area Community Action Program Embrace Iowa Application Form 2022-2023

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

**Applications will be accepted: November 30, 2022-January 31, 2023**

The information in this **application form**, and the **CAA basic intake form** must be completed for every **Embrace Iowa** applicant. Income for the past 30 days or last year's taxes for everyone over the age of 18 are required to be considered for this program.

<b>Date of App:</b>		<b>Staff Person assisting:</b>	
<b>Outreach Office Location:</b>			
<b>Applicant Information (person or family member requesting assistance):</b>			
<b>Full Name:</b>			
<b>Street Address:</b>			
<b>City:</b>		<b>Zip Code:</b>	
<b>County:</b>		<b>Telephone:</b>	
<b>Email Address:</b>			
<b>Amount Requested:</b>		<b>For What Purpose(s):</b>	
<b>Describe the situation for application and reason for request:</b>			
<b>To help spread Embrace Iowa benefits to the many Iowans in need, would a partial payment help?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The household will make up the difference by:</b>			
<b>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)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has applicant received an 'Embrace Iowa' benefit in the last two years?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, amount of benefit:</b>			

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Wage Earners:** provide copies of your check stubs for the 30-day period preceding the date of application, or a copy of your most recent federal income tax return.

**Fixed Income:** this income may include Social Security Benefits, Supplemental Security Income, Veteran's Assistance, Unemployment Insurance, and pensions. Provide copies of your check stubs from the previous 30 days.

**Self-Employed/Farmers:** provide a copy of your most recent federal income tax return.

**Hawkeye Area Community Action Program, Inc.**  
**PO Box 490, Hiawatha, IA 52233**  
**Basic Intake Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Language \_\_\_\_\_

<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>Race</u>	<u>EMPLOYMENT (Work Status)</u>	<u>INCOME SOURCE</u>	<u>Pension</u>
Head of Household	White	Employed Full-Time	Salary/Wages	Pension
Spouse	Black/African American	Unemployed	Self-Employment	SSI (SS Supplement)
Foster child	American Indian/Alaska Native	Retired	SSA (retirement/Elderly)	SSDI (SS Disability)
Parent	Native Hawaiian and Other Pacific Islander	Not in Labor Force	Unemployment Benefits	
	Multi-Race			
	Other			
	Unknown/not reported			

**HOUSEHOLD MEMBERS:**

Name (first and last)	Relationship to Head of Household	Gender	Date of Birth	Hispanic, Latino, or of Spanish Origin	Race	Member Income Source
1	Self					
2						
3						
4						
5						

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Applicant MUST provide proof of income (for all household members age 18 and over). Depending upon your household income type, income documentation from the past 30 days, the last 12 months, or last calendar year, whichever is easier or more beneficial to you.**

**Wage Earners:** provide copies of your check stubs for the 30-day period preceding the date of application, or a copy of your most recent federal income tax return.

**Fixed Income:** this income may include Social Security Benefits, Supplemental Security Income, Veteran's Assistance, Unemployment Insurance, and pensions. Provide copies of your check stubs from the previous 30 days.

**Self-Employed/Farmers:** provide a copy of your most recent federal income tax return.

Community Action Staff: Please email to [kharrington@iowacommunityaction.org](mailto:kharrington@iowacommunityaction.org) when completed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Amount Approved (if applicable): \_\_\_\_\_

## VERIFICATION OF MINIMAL INCOME

Complete this form ONLY IF you are reporting NO or very little income.

Have you, or has any member of your household, had income from any of these sources during the past three months? If your answer is yes, please list the approximate date and amount received.

	No	Yes	Dates/Amounts Received
Employment	_____	_____	_____
Social Security	_____	_____	_____
SSI	_____	_____	_____
Veterans Benefits	_____	_____	_____
Military Allotment	_____	_____	_____
Pension	_____	_____	_____
FIP	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Unemployment	_____	_____	_____
Strike Benefits	_____	_____	_____
Workers Compensation	_____	_____	_____
Insurance Benefits	_____	_____	_____
Rental Property	_____	_____	_____
Interest - Savings, CD's, etc.	_____	_____	_____
Loans	_____	_____	_____
Savings	_____	_____	_____
Scholarships, Grants, Etc.	_____	_____	_____
Food Stamps	_____	_____	_____
Relief/General Assistance	_____	_____	_____
Friends or Family	_____	_____	_____
Other _____	_____	_____	_____

Please describe how your household has paid for the following basic needs during the past three months:

Rent or Mortgage Payment: \_\_\_\_\_

Food: \_\_\_\_\_

Utility/Heating Bills: \_\_\_\_\_

I certify that the information provided on this form is true and correct to the best of my knowledge. I declare that I am the only person in my household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given above.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_