Embrace Iowa Participant Story Form | Campaign 2021-2022

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 circumstances and how the funds will be used:

_____

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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): _____