

# "Embrace Iowa" Application Form 2021-2022

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

**Applications will be accepted November 26, 2021 – January 28, 2022**

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

Date of application: \_\_\_\_\_ Staff Person assisting \_\_\_\_\_  
Outreach Office Location: \_\_\_\_\_

## **Applicant Information (person or family member requesting assistance):**

Name: \_\_\_\_\_  
(First name) (Middle Initial) (Last name)

Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ For what purpose(s): \_\_\_\_\_

Does this applicant have children in the home? Yes or No If yes, how many children and what are their ages:  
(example: 3 children, ages 5, 7, and 9)

Describe the situation for application and reason for request:

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To help spread **Embrace Iowa** benefits to the many lowans in need, would a partial payment help? No \_\_\_ Yes \_\_\_

I 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) Yes \_\_\_ No \_\_\_ (If yes, please complete a Participant Story Form)

Has applicant received an 'Embrace Iowa' benefit in the last two years? Yes \_\_\_ No \_\_\_  
If yes, amount of benefit \$ \_\_\_\_\_ for \_\_\_\_\_

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

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

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