

Embrace Iowa Application Guidelines for 2017-2018

APPLICATION DEADLINE: January 26, 2018

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. Check for local phone listings or call 515-244-0307 to locate an agency outreach center nearby. 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 HHS 2017 poverty guidelines. The 2017 poverty guidelines will be used for **the entire application period**. Exceptions to this rule may be made by a Community Action Agency on a case-to-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 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.
5. The Embrace Iowa program monies are not intended to be used for Christmas gifts or food.
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 \$500.
8. Documentation of need must be included with the application including a cost estimate for benefit item. Benefit items may include beds, clothing, car repairs, medical expenses (including pharmacy, dental and corrective lenses), furniture, rent, utilities, home repairs, household items, appliances, and miscellaneous.
9. Checks will be issued to a vendor for the service or goods on behalf of the approved applicant. Checks must be used within 90 days and cannot be redeemed for cash.
10. We will ask applicants receiving a benefit to consider writing a note of thanks. All notes received will be sent to *The Des Moines Register*. It is important for them and to contributors to know how much this project is appreciated so they will continue doing it each year.
11. All inquiries by 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:

- **Each Community Action Agency will draw Embrace Iowa benefit funding from their allocation of proceeds.**
- **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.**
- **Incomplete applications will not be accepted for consideration.**
- **Embrace Iowa money will not be used to assist families with purchasing motor vehicles due to liability reasons. (This doesn't prohibit vehicle repairs.)**
- **Funds will be issued to each Iowa Community Action Agency on December 19, 2017, January 9, 2018, January 30, 2018 and March 27, 2018 (if funds remain) with allocation of funds made within 30 days of receipt of donor funds to the Embrace Iowa account.**
- **Each agency will be required to complete a final report and have it submitted to ICAA by April 2, 2018.**



"Embrace Iowa" Application Form 2017-2018

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

Applications will be accepted December 1, 2017 – Jan. 26, 2018

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: _____

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:

To help spread Embrace Iowa benefits to the many Iowans 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 _____

2017-2018 Embrace Iowa Participant Story Form

This form is for any family who received Embrace Iowa last year or 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 year's campaign. Please answer **only the section that applies to the family you are submitting**. Please email to zbuchanan@iowacaa.org when completed.

Participant Name: _____

County: _____

Address: _____

Telephone number: _____

Email Address: _____

Current Applicant who will share story with the Des Moines Register to promote donations:

Please write an explanation of this family's current situation and how they will use the funds.

Is this family willing to have a picture taken for the paper? ___ yes ___ no

Community Action Agency _____ Staff Person Name _____

Staff Phone Number _____ Staff Person Email _____

Past Applicant who will share their story with the Des Moines Register to promote donations:

Please write an explanation of how the funds were used to support helped the family and they year they received Embrace Iowa funds.

Is this family willing to have a picture taken for the paper? ___ yes ___ no

Community Action Agency _____ Staff Person Name _____

Staff Phone Number _____ Staff Person Email _____