#  MATURA Embrace Iowa Application Form 2024-2025

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

**Applications will be accepted: Dec 2, 2024- March 31, 2025** *(date range)*

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

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| --- | --- | --- | --- |
| **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?**  | [ ]  **Yes**[ ]  **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)** | [ ]  **Yes**[ ]  **No** |
| **Has applicant received an ‘Embrace Iowa’ benefit in the last two years?** | [ ]  **Yes** [ ]  **No** |
| **If yes, amount of benefit:** |  |

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

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