Public Review of 2026 LIHEAP Weatherization Waiver Feedback Form

Date: _____

Your comments, suggestions, and feedback are important to us.
Please provide the following information:

What is the subject of your suggestion?

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Comments & Suggestions:

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The following information is optional:

Signature: _____

Name: _____

Address:_____
_____

Phone Number: _____

Email: _____

Return this form to your local Department of Social Services or by email to Jasmyne.Simmons@dhhs.nc.gov or mail postmarked, no later than June 2, 2026 to:

Carla West, Division Director, Human Services
LIHEAP Weatherization Waiver Comments
DHHS N.C. Division of Social Services
2420 Mail Service Center Raleigh, NC 27699-2420