

**Public Review of 2025 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: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Return this form to your local Department of Social Services or by email to [Jasmyne.Simmons@dhhs.nc.gov](mailto:Jasmyne.Simmons@dhhs.nc.gov) or mail postmarked, no later than March 31, 2025 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