

LIHEAP Attestation and Documentation of Public Participation Form

_____ County Department of Social
Services/Human Services

State the locations in which the LIHEAP Plan was displayed in the DSS/DHS agency:

Dates it was displayed:

State what Community Action Agencies and partner agencies the plan was provided to:

Did they return any attendance sheets &/or comment sheets?

- Yes, information attached
- No, information was displayed but, no one viewed or provided comments

Are there any additional comments, feedback, or suggestions identified by the Director or any staff members? (If so provide this information):

Final Checklist:

- Return all Attendance Sheets from my agency, Community Action Agencies and partner agencies.
- Return all comments/feedback forms.
- Return this form.

Please compile all documents to send via email to Arlisha Cooper at Arlisha.Cooper@dhhs.nc.gov