



LIHEAP CLAIM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
SFN 62164 (11-2024)

Worker Name	
Worker Telephone Number	Worker Email Address
Case Number	Primary Individual

Claim Type <input type="checkbox"/> Agency Error <input type="checkbox"/> Client Error <input type="checkbox"/> Fraud
Claim Reason
Fiscal Year Billing Number
Are you able to correct the system so the system can create the overpayment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No - explain why:

Over Issuance Period (dates of the reads/deliveries that were overpaid)

Read Date	Issued Amount	Eligible Amount	Claim Amount
Total Claim Amount			

Date Submitted

Submit completed form to: dhsliheapsys@nd.gov