

West Virginia Department of Health and Human Resources

LIEAP Repayment Tracking Form

Complete the requested information below and forward it to the Repayment Investigator for your respective county.

Local Office: _____ **Date:** _____

Worker Name: _____

Case Name: _____ **Case Number:** _____

Amount of overpayment: _____

Reason for error: _____

Type of overpayment or claim:

- Regular LIEAP
- Emergency LIEAP

The following forms must be attached in order to complete the claim process in RAPIDS:

- LIEAP Repayment Agreement, DFA-LIEAP-3
- LIEAP Overpayment Notice (NVLE), RAPIDS generated letter