

## 2024-2025 HEAP Outreach Plan

District:

Contact Person:

Phone Number:

Date:

- I. Which agency is primarily responsible for outreach to special populations in your county?  
(e.g., district, OFA, Alternate Certifier)
  - A. Elderly:
  - B. Disabled:
  - C. Hearing Impaired:
  - D. Sight Impaired:
  - E. Non-English Speaking:
  - F. Non-Categorical Working Poor:
  - G. NPA Medical Assistance:
  - H. Other (specify):
  
- II. Describe how HEAP information is distributed through media, materials, and contacts in your county. Please indicate the timeframes when applicable outreach activities are performed.
  - A. Media Announcements
    - Radio:
    - Television:
    - Newspaper:
    - Other:
  - B. Materials
    - Posters:
    - Brochures:
    - Newsletters:
    - Other:

C. Contacts

- Local/State Legislators:
- Utility/Fuel Companies:
- Human Services Agencies:
- Veterans Groups:
- Unemployment Insurance Offices:
- Churches/Religious Associations:
- Community Organization:
- Other: