PAFS-121 (02/16)

Member Name:

COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Department for Community Based Services Division of Family Support

Date:		
Case I	Number:	

RETURN TO DCBS: P.O. Box 2104 Frankfort, KY 40602 (502) 573-2007

IRREGULAR WORK FORM

YOU MAY USE THIS FOR AS ODD JOBS OR SEASO		ARNED INCOME FROM IRREGU	LAR SOURCE SUCH		
NOTICE TO EMPLOYERS SIGNING THIS FORM: This record is used for determination of the applicant's eligibility for program benefits. PLEASE cooperate by completing the requested information. If you provide false information, you may be prosecuted for fraud.					
Date Paid	Gross Wages	Employer's Name/Signature	Phone		

RECIPIENT'S STATEMENT: I certify that the above record of my income is true. I understand that if I knowingly provide false information or withhold information, I may be subject to prosecution for fraud.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1 of 2

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, DC 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov Web Site: kynect.ky.gov/benefits This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St, 5C-D, Frankfort, KY 40621 or call (502) 564-7770 EXT. 4107.

If you have other complaints about your case, you can call the Ombudsman's Office at 1-800-372-2973. TTY is available at 1-800-627-4702.