

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

TIP LOG

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

Participant Name: _____ **Participant ID:** _____

Month: _____

Enter the amount of tips earned each day for each week of the month. If your tips are recorded on your pay stubs and those tip amounts are representative of ongoing income, only the pay stubs need to be provided. If the amounts on your pay stubs do not correctly reflect the amount of tips that you earn, you must keep a daily record of tips earned. This log can be used for tracking daily tips.

	Week 1	Week 2	Week 3	Week 4	Week 5
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Comments: _____

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

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

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

I certify that the tips entered above are correct and complete.

Participant Signature: _____ **Date:** _____