

The Commonwealth of Massachusetts FIVED Executive Office of Health and Human Services COMMISSION Department of Developmental Services **SOUTHEAST REGION**

68 North Main Street Carver, MA 02330

Secretary

ELIN M. HOWE Commissioner

RICHARD J. O'MEARA Regional Director

Tel: 508-866-5000 TTY: 508-866-7602 FAX: 617-727-7822

October 8, 2013

State Ethics Commission One Ashburton Place Boston, MA 02108

To State Ethics Commission:

Attached please find a Disclosure By State Employee Of Financial Interest In A Contract To Provide Social Services submitted to me by employee Angelynn Andino.

Please note that as the Appointing Authority, I have reviewed this request and do NOT approve. The hours and scope of this position are not compatible with Ms. Andino's responsibilities as a state employee. I am concerned that the employee is working two full time jobs and is not able to fulfill her responsibilities in her state position.

Richard J.O'Meara Regional Director

Cc: Jackie Winslow Carol Boushell Angelynn Andino

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DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SOCIAL SERVICES 1 | AM 9: 40 PURSUANT TO 930 CMR 6.07

	STATE EMPLOYEE INFORMATION
Name of state employee:	Angelynn Andino
Title/ Position:	
Agency/Department:	DSW#
Agency/Department	SLS Southeastern Pesidential Services
Agency Address:	72 Kilbuen Steert
	New Bedford MA 02740
Office phone:	508 910 - 3000
Office e-mail	
	I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below.
	A state agency within the following Executive Offices:
	Executive Office of Health and Human Services, including the Human Service Transportation Office;
	Executive Office of Public Safety and Security,
	Executive Office of Elder Affairs,
55 42 No.	Executive Office of Veteran's Services, or
	A sheriff's office.
	The purpose of the contract is:
	 To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or
	 To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.
	I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.
Service to a state agency	I will provide personal or educational services to a state agency listed above.
	Please identify the state agency and also the Executive Office it is in, if applicable.
	next of

RECEIVED COMMISSION

	TE ETHICS COMMISSION
Service to a provider or organization	I will provide personal or educational services to a provider or organization funder by a state agency listed above.
	Please provide the name and address of the provider or organization.
	Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.
	The state of the s
Service to a person or persons	I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.
	Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.
	i i
Please describe the services you will provide.	Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.
p. C. C. C.	Fam a Residential discrete for Seven Hills
What will you be paid, or what other	Please include a dollar amount, if possible.
financial interest will	T was a second subsect of second
you have?	I earn a annual salary of 38,000
Employee signature	
Date:	
	APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of	T am not concerns of the accordance to
appointing authority	I am not approving of this arrangement Richard J. O'Meara Regional Director
Office phone	508-866-8871
Office e-mail	Rict. O'meara@ state. ma. US
Signature by	By signing here, Lindicate that I have reviewed the facts that the state employee has
appointing authority	disclosed above and approve the arrangement proposed by the state employee.
	Kital Meen Kegional Virector
Date:	10/7/13

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	-TATE LINIO		
	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT	OCT II AM 9: 4	
Name and title of person giving approval at the state	2013	OCT IT AN 35	
agency that made the contract			
Office phone			
Office e-mail			
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.		
Date:			

Attach additional pages if necessary.

File with:

State Ethics Commission One Ashburton Place, Room 619 Boston, MA 02108

Form revised February, 2012