

20-13-5374

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION  
2013 SEP 18 AM 9:47

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	Marie White
Title/ Position:	DSW1
Agency/Department:	DDS
Agency Address:	140 High St Springfield, Ma 01105
Office phone:	413-205-0800
Office e-mail:	
	<p>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 <u>organization funded by a state agency listed below:</u></p> <p>A state agency within the following Executive Offices:</p> <p style="padding-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 40px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 40px;">Executive Office of Veteran's Services, or</p> <p style="padding-left: 40px;">A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <p>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.</p>
<b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>	
PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.	
1) Service to a state agency	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>

<p>2) Service to a provider or organization</p>	<p>I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
<p>3) Service to a person or persons</p>	<p><input checked="" type="checkbox"/> 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.</p> <p>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.</p> <p>DDS + DMH</p>
<p>Please describe the services you will provide.</p>	<p>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> <p>Assistance w/ personal care Transportation to appointments, shopping, activities Medication teaching + Assistance w/ Administration</p>
<p>What will you be paid, or what other financial interest will you have?</p>	<p>Please include a dollar amount, if possible.</p> <p>I receive an hourly wage for every hour I work @ \$14.87 from the Bridge of Central MA.</p>
<p>Employee signature</p>	<p>Maura White</p>
<p>Date:</p>	<p>8-2-13</p>
<p>Name and title of appointing authority</p>	<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>
<p>Office phone</p>	<p>Dan Lunden Regional Director Dept of Developmental Services</p>
<p>Office e-mail</p>	<p>413-265-0903</p>
<p>Signature by appointing authority</p>	<p>dan.lunden@massmail.state.ma.us</p>
<p>Date:</p>	<p>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.</p>
<p>Date:</p>	<p>Dan Lunden, RD</p>
<p>Date:</p>	<p>10/4/13</p>

Name and title of person giving approval at the state agency that made the contract	<b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>  <div style="text-align: right;"> RECEIVED  STATE ETHICS COMMISSION  2013 SEP 18 AM 9:48 </div>
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