

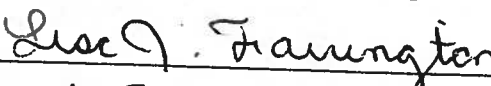
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION

2013 JUN 10 AM 9:36

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Kimberly Katherine Ernst
Title/ Position:	Human Services Coordinator
Agency/Department:	Department of Developmental Services
Agency Address:	181 North Street Hyannis, MA 02601
Office phone:	508 790-6103 (direct)/508-771-2595
Office e-mail	Kimberly.Ernst@state.ma.us
	<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 organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p>Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>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>
	<b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>
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><input type="checkbox"/> 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>Mass Health under the Executive Office of Health &amp; Human Services. - Office of Medicaid</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>I will provide personal care directly to 3 individuals who are consumers of Cerebral Palsy of MA. (mobility, transfers, medications, bathing, grooming, toileting, eating, dressing)</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 will be paid an hourly rate of \$12.68</p>
<p>Employee signature</p>	<p><i>Kymberly Ernst</i></p>
<p>Date:</p>	<p>5/8/2013</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	<p><i>Richard O'Meara, Regional Director</i></p>
<p>Office phone</p>	<p>508-866-8871</p>
<p>Office e-mail</p>	<p>Rick.O'meara@state.ma.us</p>
<p>Signature by appointing authority</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><i>Richard O'Meara</i></p>
<p>Date:</p>	<p></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> Lisa J. Farrington, Surrogate Cerebral Palsy of MA, options program
Office phone	508-360-8597
Office e-mail	lfarrington@cepesibilities.org
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:	6-7-13

Attach additional pages if necessary.

File with:

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