

**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES
AS REQUIRED BY 930 CMR 6.05(2)(b)**

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COMMISSION
2014 MAR 31 AM 11:45

Name of state employee:	STATE EMPLOYEE INFORMATION Carrie M. Banks
Title/ Position	Regional Planner IV
Agency:	Division of Ecological Restoration/ Department of Fish & Game
Agency address:	251 Causeway Street, 4th Floor, Boston, MA 02114
	I am a state employee, and I also have agreed to serve as a foster parent, guardian, or pre-adoptive or adoptive parent, or to serve in a comparable status. The Department of Children and Families ("DCF") has a contract or agreement with me or with another person or organization relating to the service I am providing. I am disclosing that I receive financial benefits and/ or have financial obligations because of the contract or agreement made by DCF.
	FINANCIAL INTEREST IN A DCF CONTRACT
Please write an X beside your answer.	I have an agreement to serve as: <input type="checkbox"/> Foster parent; <input type="checkbox"/> Guardian; <input checked="" type="checkbox"/> Pre-adoptive parent; <input type="checkbox"/> Adoptive parent; <input type="checkbox"/> Other. Please explain. _____

**Please write an X
beside your answer,
and provide any requested information.**

My agreement is with:

DCF directly;

A person or organization that has a contract with DCF.

Please provide the name and address of the person or organization.

Kaisa Clark, Homefinder Social Worker
Berkshire Children and Families

220 Russell Street, Suite 200

P.O. Box 343

Hadley, MA 01035

(413) 584-5690

**PLEASE DO NOT PROVIDE INFORMATION
BELOW ABOUT THE IDENTITY OF THE
CHILD. Please refer to the child as "the
child" or "the foster child," etc.**

*In the answers below, please provide a
dollar amount, if possible.*

**Please identify any financial benefit you
receive because of your service.**

Do you receive, e.g., a subsidy or benefits,
compensation, reimbursement of expenses, or a
clothing allowance?

**Who provides these financial benefits to
you? Include the name and address.**

Daily stipend from Department of Children and
Families (DCF) of \$20.79 per day.

Mileage reimbursement at \$0.45/mile from DCF
for:

Specialists appointments

Transporting for visits as well as doing sib
visits.

Meetings at DCF in regards to the child
(Foster Care Review, 6 week review, etc.)

Going to court on the child's case

Approx. \$185.00 Quarterly Clothing Allowance
from DCF.

Respite and Childcare Services through MSPCC's
Kids Net Program at a rate of \$8.00/hour.

Please identify any financial obligation you have accepted in connection with this service.	Did you agree to accept any financial obligation, e.g., to maintain homeowner's insurance? Renter's insurance
Employee signature:	
Date:	3/26/14

Attach additional pages if necessary.

File copy with:

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