

## DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT

AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY

RECEIVED  
STATE ETHICS COMMISSION

AS REQUIRED BY G. L. c. 268A, § 7(b)

RECEIVED  
STATE ETHICS COMMISSION

20-13-1649

STATE EMPLOYEE INFORMATION	
Name of state employee:	2014 MAR 21 AM 10:14 Selena Branan Robertson
Title/ Position	HS Coordinator C - Case Management Supervisor
Fill in this box if it applies to you.	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization. NA
Agency/ Department	DMH / Children & Adolescent Case Management
Agency Address	49 Hillside St. Fall River, MA 02720
Office phone:	508-235-7236
Office e-mail:	Selena.robertson@MassMail.MA.US
	Check one: <input type="checkbox"/> Elected <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	6/24/2013
BOX # 1	<p><b>ELECTED, COMPENSATED STATE EMPLOYEE</b> N/A</p> <p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. OR</p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.</p>
BOX # 2	<p><b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am a non-elected, compensated state employee.</p> <p><input type="checkbox"/> <b>STATEMENT # 1:</b> I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.</p>

<p><b>Write an X beside your financial interest.</b></p>	<p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>STATEMENT # 2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input checked="" type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.</p>
<p><b>Name and address of state agency that made the contract</b></p>	<p><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>
	<p><b>Please put in an X to confirm these facts.</b></p>
<p><b>FILL IN THIS BOX OR THE BOX BELOW</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <ul style="list-style-type: none"> <li>- Please explain what the contract is for.</li> </ul>
<p><b>FILL IN THIS BOX OR THE BOX ABOVE</b></p>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p> <ul style="list-style-type: none"> <li>- Please identify the person or entity that has the contract with the state agency.</li> <li>- What is your relationship to the person or entity?</li> <li>- What is the contract for?</li> </ul> <p>- Arbour Counseling Services 1082 Davol St. 2nd fl. Fall River MA Part-time Evening Fee-for-Service Therapist/ Clinician 02120</p> <p>- Arbour Counseling has a contract to provide MA Health related services to consumers seeking <sup>outpatient</sup> therapy.</p>

What is your financial interest in the state contract?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>I may provide therapy to consumers with MA Health - this treatment will be billed to MA Health by Arbour Counseling Services I will then be paid for the fee for service by Arbour</p>
Date when you acquired a financial interest	Have not begun evening part-time position yet. Likely to start in April 2014.
What is the financial interest of your immediate family?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>N/A</p>
Date when your immediate family acquired a financial interest	N/A
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES –</b></p> <p><b>N/A</b></p> <p>Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	Selena Braman Robertson, LICSW
Date:	3/18/14

Attach additional pages if necessary.

**NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:**

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

**SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.**

**FOR CONTRACTS FOR PERSONAL SERVICES ONLY:**

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

**CERTIFICATION BY HEAD OF CONTRACTING AGENCY**

*NIA*

<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>	
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
<b>CERTIFICATION</b>	
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	

Attach additional pages if necessary.

File disclosure and certification with:

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