

**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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STATE ETHICS COMMISSION
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	STATE EMPLOYEE INFORMATION
Name of state employee:	Shannon Bridget Burns
Title/ Position	Associate Director of Program Implementation & Provider Network
Agency:	University of Massachusetts Medical School – Shrewsbury Commonwealth Medicine
Agency address:	333 South Street Shrewsbury, MA 01545
	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 checked="" type="checkbox"/> Foster parent; <input type="checkbox"/> Guardian; <input 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: <input checked="" type="checkbox"/> DCF directly; <input type="checkbox"/> A person or organization that has a contract with DCF. - Please provide the name and address of the person or organization.
	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.
	<i>In the answers below, please provide a dollar amount, if possible.</i>
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.	<ul style="list-style-type: none"> • Departmental Foster Care, Per Diem \$20.79 • Clothing Reimbursement \$185/qtr • Birthday \$100 • Holiday \$100
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? <ul style="list-style-type: none"> • Maintain homeowners insurance • Provide loving and safe home • Participate in service plan meetings • Bring the child to medical appointments, etc,
Employee signature:	<i>Shannon Burns</i>
Date:	<i>2/18/2014</i>

Attach additional pages if necessary.

File copy with:
**State Ethics Commission
 One Ashburton Place, Room 619
 Boston, MA 02108**

