


**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)**

RECEIVED
JULY 2015 ETHICS COMMISSION

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STATE EMPLOYEE INFORMATION	
Name of state employee:	Carrie Banks
Title/ Position	Regional Planner IV
Agency:	Division of Ecological Restoration Department of Fish & Game
Agency address:	251 Causeway Street, 4 th 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. _____
	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. Executive Office of Health & Human Services Department of Children and Families 600 Washington Street, 6 th Floor Boston, MA 02114
Please write an X beside your answer, and provide any requested information.	

<p style="text-align: center;">DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES</p>	
<p>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.</p>	
<p><i>In the answers below, please provide a dollar amount, if possible.</i></p>	
<p>Please identify any financial benefit you receive because of your service.</p> <p>Who provides these financial benefits to you? Include the name and address.</p>	<p>Do you receive, e.g., a subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance?</p> <p>Executive Office of Health & Human Services Department of Children and Families 600 Washington Street, 6th Floor Boston, MA 02114</p> <p>Daily rate, effective as of March 1st, 2015: \$21.92 per child</p> <p>Quarterly Clothing Allowance, as of May 1st, 2015: Age 0-5: \$197.50 per child</p> <p>As of July 15, 2015, placed with two foster/pre-adoptive children.</p>
<p>Please identify any financial obligation you have accepted in connection with this service.</p>	<p>Did you agree to accept any financial obligation, e.g., to maintain homeowner's insurance?</p> <p>Homeowner's Insurance</p> <p><input checked="" type="checkbox"/> DCF directly</p> <p><input type="checkbox"/> A person or organization that has a contract with DCF</p> <p>Please provide the name and address of the person or organization.</p>
<p>Employee signature:</p>	<p></p>
<p>Date:</p>	<p>7/15/15</p>

Attach additional pages if necessary.