DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTERESTETHICS COMMISSION IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES

AS REQUIRED BY 930 CMR 6.05(2)(b)

STATE EMPLOYEE INFORMATION OF CHILDREN AND FAMILIES

STATE EMPLOYEE INFORMATION

	STATE EMPLOYEE INFORMATION	
Name of state employee:	Carrie Banks	
Title/ Position	Regional Planner IV	nersial benefit you
	Executive Office of Health & Human Services Department of Children and Families	
Agency:	Division of Ecological Restoration Department of Fish & Game	Yno provides these
	Cally rate, effective as of March 1", 2015.	nancial benefits to
Agency address:	251 Causeway Street, 4 th Floor Boston, MA 02114	Coordina brunching
	Age 0-6: \$197.50 per chills	
	I am a state employee, and I also have agreed to serve as a foster pre-adoptive or adoptive parent, or to serve in a comparable status of Children and Families ("DCF") has a contract or agreement with person or organization relating to the service I am providing. I am receive financial benefits and/ or have financial obligations because agreement made by DCF.	us. The Department th me or with another n disclosing that I
	FINANCIAL INTEREST IN A DCF CONTRACT	
Please write an X beside your answer.	I have an agreement to serve as: Foster parent; Guardian; X Pre-adoptive parent; Adoptive parent; Other. Please explain.	
Please write an X beside your answer, and provide any requested information.	My agreement is with:	Please identify any financial obligation you have accepted in connection with this service. Inoitasinature consolves signature obtained to consolve the consolves of the consol
	Attach additional pages if necessary.	

	PLEASE DO NOT PROVIDE INFORMATION BELOW ABOUT THE CHILD. Please refer to the child as "the child" or "the fo	DO NOT PROVIDE INFORMATION BELOW ABOUT THE IDENTITY OF D. Please refer to the child as "the child" or "the foster child," etc.	
	In the answers below, please provide a dollar amount, if pos	sible. Orale IC emili egyolom	
Please identify any inancial benefit you receive because of your service.	Do you receive, e.g., a subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance? Executive Office of Health & Human Services Department of Children and Families		
Who provides these financial benefits to you? Include the name and address.	600 Washington Street, 6 th Floor Total Street, 6 to House Street, 6		
	\$21.92 per child Quarterly Clothing Allowance, as of May 1 st , 2015: \$150 AM .noizo8	genry address	
	Age 0-5: \$197.50 per child		
s. The Dapartment me or with another disclosing that !	As of July 15, 2015, placed with two foster/pre-adoptive children. The state eldered and a compared with two foster/pre-adoptive children. The state eldered and the sample of the service is an providing a lambdar of the service is an providing a lambdar elective timencial obligations because generate made by DCF.		
	FINANCIAL INTEREST IN A DCF CONTRACT		
	I have an agreement to serve as:		
	Guardian, Pre-adoptive parent.	ease write an X aside your answer.	
	Adoptive parent		
	Other Please explain.		
Please identify any financial obligation you have accepted in connection with this service.	I I I		
	X_ DCF directly, A person or organization that has a contract with DCF,	ease write an X seide your answer, of provide any quested formation.	
	Please provide the name and address of the person or		
	Executive Office of Health & Human Services Department of Children and Families and Magnifeston Street All Eliza		
Employee signature:	Boston: MA 02114		