

20-15

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION  
JUL 22 AM 9:16  
JUL 1

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	DOLORES TOWER
Title/ Position:	SERVICE COORDINATOR
Agency/Department:	DEPT OF DEV SVCS. 1 NORTH ST SOUTHBRIDGE, MA 01550
Agency Address:	1 NORTH ST SOUTHBRIDGE, MA 01550
Office phone:	(508) 764-5304
Office e-mail	DOLORES.TOWER@STATE.MA.US
<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p style="padding-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 40px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 40px;">Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>	
<b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>	
<b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>	
1) Service to a state agency	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>

2) Service to a provider or organization

☒ I will provide personal or educational services to a provider or organization funded by a state agency listed above.

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

2015 JUL 22 AM 9:05  
Seven Hills Family Services  
81 Hope Ave.  
Worcester, MA 01603

Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.

Dept. of Developmental Services  
Exec. Office of Health & Human Services

3) Service to a person or persons

☒ I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.

Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.

Dept. of Developmental Services  
1 North St.  
Southbridge, MA 01550  
Exec. Office of Health and Human Services

Please describe the services you will provide.

Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.

Guidance in activities of daily living  
Teaching life skills ie cooking, banking, etc  
Daily peer counseling - deescalating anxiety & stress.

What will you be paid, or what other financial interest will you have?

Please include a dollar amount, if possible.

~ 36500/yr. or \$100.00/day stipend

Employee signature

*[Signature]*

Date:

5/17/15

APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE

Name and title of appointing authority

Dan Lunden  
Regional Director

Office phone

413-205-0903

Office e-mail

dan.lunden@state.ma.us

Signature by appointing authority

By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.

*[Signature]*

Date:

6-18-15