

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

	STATE EMPLOYEE INFORMATION	2016 FEB -1 AM 11:12
Name of state employee:	Sarah Fenton	
Title/ Position:	Clinical Director / CSW (C)	
Agency/Department:	Department of Youth Services	
Agency Address:	Goss 4 Revocation Unit 60 Hodges Avenue Taunton MA 02780	
Office phone:	(508) 828-3876	
Office e-mail	Sarah.E.Fenton@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 style="padding-left: 40px;">A state agency within the following Executive Offices:</p> <p style="padding-left: 80px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 80px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 80px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 80px;">Executive Office of Veteran's Services, or</p> <p style="padding-left: 40px;">A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <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>	
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY	
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.	
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 style="padding-left: 40px;">Please identify the state agency and also the Executive Office it is in, if applicable.</p>	

<p>2) Service to a provider or organization</p>	<p><input checked="" type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Eliot Community Human Services/ DYS Pilot Detention Program 425 Harvard Street Dorchester MA 02124</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable. Department of Youth Services</p>
<p>3) Service to a person or persons</p>	<p><input type="checkbox"/> 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.</p> <p>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.</p>
<p>Please describe the services you will provide.</p>	<p>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.</p> <p>I am a licensed aesthetician as well as a licensed mental health counselor. I will provide a therapeutic, skin care education group to educate young people of the essentials of skin care while reinforcing the principals of Dialectical Behavior Therapy and Mindfulness. The group takes the form of a Mindfulness "Spa like" atmosphere. The aim is to expose the young people's 5 senses and open their minds to mindful relaxation and self-care.</p>
<p>What will you be paid, or what other financial interest will you have?</p>	<p>Please include a dollar amount, if possible.</p> <p>\$300.00 per session. I will be providing all products and materials with the exception of water.</p>
<p>Employee signature</p>	<p><i>Sarah Tate</i></p>
<p>Date:</p>	<p>9/17/15</p>
<p>Name and title of appointing authority</p>	<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>
<p>Office phone</p>	
<p>Office e-mail</p>	

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.
Date:	
	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	ok provided that services referenced are provided outside of Sarah's work hours w/ DHS. <i>[Signature]</i> Commissioner, DHS
Office phone	617-960-3304
Office e-mail	
Signature by person giving approval	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.
Date:	9.21.15

Attach additional pages if necessary.

File with:

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