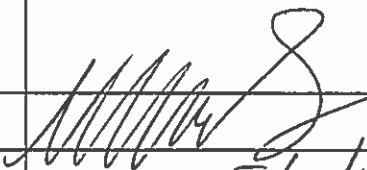


**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES
AS REQUIRED BY 930 C.M.R. § 6.05(b)**

RECEIVED
STATE ETHICS COMMISSION
2016 MAY -9 AM 10:20

Complete this form and submit it to the State Ethics Commission.

Name of employee:	Nelson Colon
Title/ Position	Supervisor
Agency:	DCF
Agency address:	112 Industry Ave Springfield, MA
	I am filing this disclosure because 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 receive financial benefits and/ or have financial obligations because of the contract or agreement made by DCF.
Please mark your answer with an X.	<p>I have an agreement to serve as:</p> <p><input type="checkbox"/> Foster parent;</p> <p><input type="checkbox"/> Guardian;</p> <p><input checked="" type="checkbox"/> Pre-adoptive parent;</p> <p><input type="checkbox"/> Adoptive parent;</p> <p><input type="checkbox"/> Other. Please explain. _____</p>
Please mark your answer with an X, and provide any requested information.	<p>My agreement is with:</p> <p><input type="checkbox"/> DCF directly;</p> <p><input checked="" 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>

	PLEASE DO NOT PROVIDE INFORMATION BELOW ABOUT THE IDENTITY OF THE CHILD.
	<i>In the answers below, please provide a dollar amount, if possible.</i>
<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>- clothing allowance</p> <p>- car and maintenance</p> <p>- health insurance</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>
Employee signature:	
Date:	5/4/16

Attach additional pages if necessary.

File copy with:

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