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)

	STATE EMPLOYEE INFORMATION		19
Name of state employee:	Judith Alexandre	7018 A	13131
Title/ Position	Domestic Violence Supervisor	ALG -6 A	THIES 09
Agency: Agency address:	Department of Children and Families Bill Pay Unit 600 Washington St Boston	H: 56	MHSSION
	600 Washington St. Boston, MA 02111		Α
	I am a state employee, and I also have agreed to serve as a foster parent, gua pre-adoptive or adoptive parent, or to serve in a comparable status. The Depart of Children and Families ("DCF") has a contract or agreement with me or with person or organization relating to the service I am providing. I am disclosing to receive financial benefits and/ or have financial obligations because of the configurement made by DCF.	artme anoth that I	nt ier
	FINANCIAL INTEREST IN A DCF CONTRACT	,	
Please write an X beside your answer.	I have an agreement to serve as: XFoster parent; Guardian; Pre-adoptive parent; Adoptive parent; Other. Please explain		
Please write an X beside your answer, and provide any requested information.	My agreement is with: X DCF directly; X A person or organization that has a contract with DCF. - Please provide the name and address of the person or organization MSPCC – Kid's Net Boston Region 3815 Washington St. 2nd Floor Jamaica Plain, MA 02130 Phone #: 857-728-2157 or 617-983-5850 Fax: 617-983-5854	1.	
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	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.
	In the answers below, please provide a dollar amount, if possible.
Please identify any financial benefit you receive because of your service.	Do you receive, e.g., a subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance? Reimbursement at a daily rate based on the age of a child to cover a child's living expenses; Clothing allowances and supplements for holidays or birthdays; Reimbursement for certain out-of-pocket expenses;
Who provides these financial benefits to you? Include the name and address.	Department of Children and Families 600 Washington Street 6 th Floor Boston, MA 02111
Please identify any financial obligation you have accepted in connection with this service.	Did you agree to accept any financial obligation, e.g., to maintain homeowner's insurance?
Employee signature:	Tudith M. Yeleur
Date:	7/12/18

Attach additional pages if necessary.

File copy with:

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