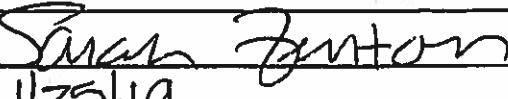
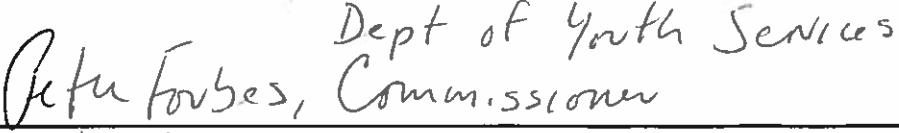
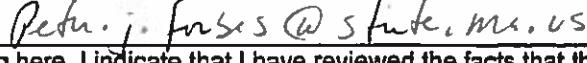


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION

| <b>STATE EMPLOYEE INFORMATION</b> |  | 2010 FEB 21 PM 11:59 |
|-----------------------------------|--|----------------------|
| Name of state employee:           | Sarah Fenton   |                      |
| Title/ Position:                  | Clinical Social Worker C   |                      |
| Agency/Department:                | Department of Youth Services   |                      |
| Agency Address:                   | 60 Hodges Avenue<br>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="text-align: center;">A state agency within the following Executive Offices:</p> <p style="text-align: center;">*** Executive Office of Health and Human Services,<br/>including the Human Service Transportation Office;</p> <p style="text-align: center;">Executive Office of Public Safety and Security,</p> <p style="text-align: center;">Executive Office of Elder Affairs,</p> <p style="text-align: center;">Executive Office of Veteran's Services, or</p> <p style="text-align: center;">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>  |                      |
|                                   | PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW<br>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>Please identify the state agency and also the Executive Office it is in, if applicable.</p>   |                      |

|  |  |
|--|--|
| 2) Service to a provider or organization                               | <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.<br/>         Justice Resource Institute (Butler Center)<br/>         288 Lyman Street<br/>         Westborough MA 01581.</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.<br/>         Department of Youth Services</p> |
| 3) Service to a person or persons                                      | <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>  |
| Please describe the services you will provide.                         | <p>Please provide information about the type of personal or educational services you will provide.<br/>         Please do not include the name of any individual who receives services.<br/> <b>I will teach and lead a group of clients on the basics of skincare education, using mindfulness, meditation and DBT. This group will give clients a hands-on approach to taking care of their faces, hands and feet while reinforcing the principals of DBT.</b></p>   |
| What will you be paid, or what other financial interest will you have? | <p>Please include a dollar amount, if possible.</p> <p>The fee is \$300 per group session.</p>   |
| Employee signature   |   |
| Date:  |   |
|  | <b>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</b>  |
| Name and title of appointing authority                                 |    |
| Office phone   | 617- 960 - 3304  |
| Office e-mail  |    |
| Signature by appointing authority                                      | <p>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.</p>  |