

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

	STATE EMPLOYEE INFORMATION
Name of state employee:	Ashelyne Babb
Title/ Position:	Ongoing Social Worker
Agency/Department:	Department of Children and Families
Agency Address:	45 Congress Street Building #4 Salem, MA 01970
Office phone:	978-825-3823
Office e-mail	Ashelyne.Babb@massmail.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 align="center">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p align="center">Executive Office of Public Safety and Security,</p> <p align="center">Executive Office of Elder Affairs,</p> <p align="center">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"> - 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>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 12 Orchard Street Lynn, MA 01902</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>Department of Children and Family 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> <ul style="list-style-type: none"> • Support youth by being involved in assisting in the gathering of information to be utilized in comprehensive strengths and needs based assessment and treatment planning. • Provide interventions and skill building opportunities with the youth and family in the program, home and in the community. • Support youth in transition to next placement including foster home, independent living, etc. • Serve as an active member of the youth's treatment team. • Commit to the principles of Wraparound and practice within a Family Driven and Youth Guided framework that embraces Family Voice and Choice. • Become trained in The Building Bridges, Trauma Informed Care and ARC (Attachment, Self-Regulation and Competency) and use these models within all aspects of the work. • Provide linkages to ongoing community treatment and support services, ranging from traditional services such as medication and individual therapy to less traditional services such as mentors, tutoring and transportation. • Coordinate and execute the plan of the day in accordance with program, DCF, DMH, DEEC and ECHS policies and procedures. • Serve as person in charge of designated shifts. • Participate in the development and implementation of Individual Action Plans (IAP)
<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>\$14/hour</p>

Employee signature	<i>Ashley B. U.</i>
Date:	3/6/2020
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<i>Christian Amieta-Rodriguez Area Administrative Manager</i>
Office phone	<i>978-825-3804</i>
Office e-mail	<i>christian.amieta-rodriguez@state.ma.us</i>
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. <i>[Signature]</i>
Date:	<i>03/06/2020</i>
APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	
Name and title of person giving approval at the state agency that made the contract	
Office phone	
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:	

Attach additional pages if necessary.

File with:

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