

**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)**

RECEIVED
STATE ETHICS COMMISSION

STATE EMPLOYEE INFORMATION		2019 JAN 15 AM 10:53
Name of state employee:	Danielle ENOS	
Title/ Position	Family Resource Recruiter / Social Worker A/B	
Agency:	Department of Children + Families	
Agency address:	110 Mulberry St. Brockton, MA 02302	
	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 am disclosing that I receive financial benefits and/ or have financial obligations because of the contract or agreement made by DCF.	
FINANCIAL INTEREST IN A DCF CONTRACT		
Please write an X beside your answer.	I have an agreement to serve as:	
	<input checked="" type="checkbox"/>	Foster parent;
	<input type="checkbox"/>	Guardian;
	<input type="checkbox"/>	Pre-adoptive parent;
	<input type="checkbox"/>	Adoptive parent;
	<input type="checkbox"/>	Other. Please explain. _____
Please write an X beside your answer, and provide any requested information.	My agreement is with:	
	<input checked="" type="checkbox"/>	DCF directly;
	<input type="checkbox"/>	A person or organization that has a contract with DCF. - Please provide the name and address of the person or organization.

	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.
	<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>Department of Children + Families will provide the following financial benefits.</p> <p><u>Central office</u>: 1600 Washington St. Boston, MA 02111</p> <p><u>Daily rate</u>: \$27.79</p> <p><u>Quarterly Clothing Allowance</u>: \$251.18</p> <p><u>Annual Birthday Allowance</u>: \$50</p> <p><u>Annual Holiday Allowance</u>: \$100</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> <p>No. - N/A</p>
Employee signature:	<u>Aprielle R. Evans</u>
Date:	<u>7/10/2020</u>

Attach additional pages if necessary.

File copy with:

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