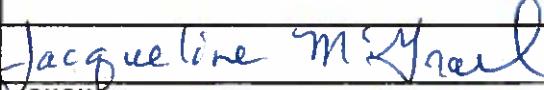


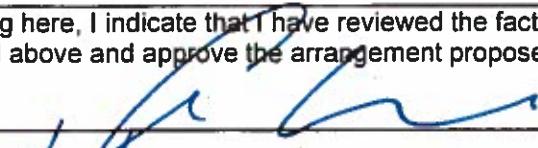
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

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2010 DEC 26 AM 10:53

STATE EMPLOYEE INFORMATION	
Name of state employee:	Jacqueline McGrail
Title/ Position:	Human Service Coordinator
Agency/Department:	Department of Developmental Services South Valley/Milford area office
Agency Address:	194 West Street Milford, MA 01757
Office phone:	(508)634-3345 ext. 117
Office e-mail	Jackie.m.mcgrail@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><input checked="" type="checkbox"/> <u>Executive Office of Health and Human Services,</u> <u>including the Human Service Transportation Office;</u></p> <p>Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office.</p> <p>The purpose of the contract is:</p> <p><input checked="" type="checkbox"/> <u>To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</u></p> <ul style="list-style-type: none"> - 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	
<p>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</p>	
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 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>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
3) Service to a person or persons	<p><input checked="" 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>Community Healthlink EOHHS</p>
Please describe the services you will provide.	<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> <p>I work at Faith House, a residential treatment facility in Worcester, MA as a Residential Counselor providing support to women with Substance Use Disorder. I ensure their safety, run skill building and addiction related groups, bring them to AA or NA meetings in the community, and provide emotional support as needed.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>I have a regular PT 20 hour/week position (generally work closer to 25-30/week) at \$16.80/hour.</p> <p>This job is to supplement my income.</p> <p>I have been working at this job since July 2018, before I was hired by DDS in May 2019.</p>
Employee signature	
Date:	12/13/19
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	
Office phone	413-205-0867
Office e-mail	Anthony.M.Keane@massmail.state.ma.us

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. 
Date:	11/19/2020
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**