

**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)**

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STATE ETHICS COMMISSION

2020 OCT 16 AM 10:40

STATE EMPLOYEE INFORMATION	
Name of state employee:	Lydia Podia Saydee
Title/ Position	Social Work Technician
Agency:	DCF
Agency address:	Worcester East Area Office 151 West Boylston drive. Worc, MA. 01605
<p>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.</p>	
FINANCIAL INTEREST IN A DCF CONTRACT	
<p>Please write an X beside your answer.</p>	<p>I have an agreement to serve as:</p> <p><input checked="" type="checkbox"/> Foster parent;</p> <p><input type="checkbox"/> Guardian;</p> <p><input type="checkbox"/> Pre-adoptive parent;</p> <p><input type="checkbox"/> Adoptive parent;</p> <p><input type="checkbox"/> Other. Please explain. _____</p>
<p>Please write an X beside your answer, and provide any requested information.</p>	<p>My agreement is with:</p> <p><input checked="" type="checkbox"/> DCF directly;</p> <p><input type="checkbox"/> A person or organization that has a contract with DCF.</p> <p>- Please provide the name and address of the person or organization.</p>

	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>N/A</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>yes I did; which includes: Food, Diapers, Misc. Items necessary for daily care.</p>
Employee signature:	<i>Nydia Scuyell</i>
Date:	<i>10/13/2020</i>

Attach additional pages if necessary.

File copy with:

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

**INSTRUCTIONS FOR DISCLOSURE BY STATE EMPLOYEE  
AS REQUIRED BY 930 CMR 6.05(2)(b)**

**FINANCIAL INTEREST IN A CONTRACT  
WITH THE DEPARTMENT OF CHILDREN AND FAMILIES**

**WHEN TO USE THIS DISCLOSURE FORM**

You are a state employee, and you have a financial interest in a contract or agreement with the Department of Children and Families ("DCF") to serve as a foster parent, guardian, pre-adoptive or adoptive parent or serve in a comparable status.

Your financial interest may be that you receive payments directly or indirectly from DCF in relation to serving in such a capacity, or you may have another financial interest.

Examples of the type of financial interests that require disclosure include, but are not limited to:

- Any subsidy or benefits to which you are entitled under DCF regulations, standards or policies, such as adoption or guardianship subsidies;
- 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;
- Compensation for providing services to a child with special needs;
- Financial obligations that you accept as a condition of your service, such as a requirement to maintain homeowner's insurance;
- Reimbursement from DCF of amounts secondary to primary insurance in the event of particular circumstances.

**FILING THE DISCLOSURE**

Complete the disclosure form below.

Please **DO NOT INCLUDE** information about the identity of the child in your disclosure. Please refer to the child as "the child" or "the foster child," etc.

File the disclosure with the State Ethics Commission.

If you need advice about completing the disclosure, please call the Attorney of the Day at (617) 371-9500 or e-mail the State Ethics Commission at [requestadvice@massmail.state.ma.us](mailto:requestadvice@massmail.state.ma.us).