

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

RECEIVED
STATE ETHICS COMMISSION

2019 JAN 15 PM 1:20

STATE EMPLOYEE INFORMATION	
Name of state employee:	Kathleen P. Stoffel
Title/ Position:	shared living
Agency/Department:	Department of Developmental Services @ Wrentham Developmental Center
Agency Address:	131 Emerald Street Wrentham, MA 02093
Office phone:	
Office e-mail	
<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"/> Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <p><input checked="" type="checkbox"/> To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</p> <p><input checked="" type="checkbox"/> To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</p> <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 checked="" 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>Kennedy Donovan Center, INC 1 Maple Street Milton, MA 01757</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>Kennedy Donovan Center, FNC 1 Maple Street Millford, MA 01757</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>Health and Human Services Dept. of Developmental Services</p>
<p>3) Service to a person or persons</p>	<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>Health + Human Services Dept. of Developmental Services</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> <p>24 hour life care within my home. Includes all personal care ^{life skills} accompanied with 24 hour 7 days a week supervision.</p>
<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>approximately \$36,000.00 Annually</p>
<p>Employee signature</p>	<p>Kathleen P. Stoffel</p>
<p>Date:</p>	<p>12/18/19</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	<p>Judi Lydon-Ruby, Facility Director Judith Lydon-Ruby</p>
<p>Office phone</p>	<p>508-384-1601</p>
<p>Office e-mail</p>	<p>Judi.Lydon-Ruby@mass.gov</p>
<p>Signature by appointing authority</p>	<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> <p>Judi Lydon-Ruby</p>
<p>Date:</p>	<p>1-8-2020</p>

	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	Michelle Harris, Area Director
Office phone	508 634-3345
Office e-mail	michelle.harris@mass.gov
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. Michelle Harris
Date:	1-6-20

Attach additional pages if necessary.

File with:

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