

**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:	Yussif Alhassan
Title/ Position:	MHW 1
Agency/Department:	EOHHS - DMH
Agency Address:	High St. Apartment Program, 329 High St. Lawrence, Ma 01841
Office phone:	978 794 2092
Office e-mail	Debbie.finn@mass.gov
<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> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <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 - 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 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>
<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 style="text-align: center;">EOMHS / DMH</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 style="text-align: center;">Support People with mental health and developmental disabilities.</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>Employee signature</p>	<p style="text-align: center;"><i>[Signature]</i></p>
<p>Date:</p>	<p style="text-align: center;">9/20/21</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	
<p>Office phone</p>	
<p>Office e-mail</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>Date:</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	
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**