


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

RECEIVED
STATE ETHICS COMMISSION
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	STATE EMPLOYEE INFORMATION
Name of state employee:	Melanie Batista-Ortiz
Title/ Position:	Service Coordinator ABI/MFP Walver
Agency/Department:	DDS Metro Region
Agency Address:	465 Waverly Oaks Waltham, MA 02452
Office cell:	774-423-4259
Office e-mail	<u>Melanie.G.Batista-Ortiz@mass.gov</u>
	<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 align="center">A state agency within the following Executive Offices:</p> <p align="center">Executive Office of Health and Human Services, Including the Human Service Transportation Office;</p> <p align="center">Executive Office of Public Safety and Security,</p> <p align="center">Executive Office of Elder Affairs,</p> <p align="center">Executive Office of Veteran's Services, or</p> <p align="center">A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - 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>Eliot Community Human Services – Main Office: 120 Hartwell Ave. Lexington MA</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>I have worked for Eliot Community Human Services for about seven years. I currently have held the role of relief then the asleep counselor in a DD home prior to starting my role with DDS. I work the overnight Thursday-Sun Morning 11p-9am. I have currently alternated my Thursday schedule in which I assist with the medicines at 8pm and end at 8am the next morning to not affect my work schedule with the state. I assist clients with their medications, as well as any ADLS they need assistance with. My primary role is to ensure their safe evacuation as the second staff who gets to rest from the hours of 11p-6am.</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>My hourly rate is \$15 an hour for my scheduled 30 hours a week. I currently have insurance through Eliot for myself and my family through my benefits offered.</p>
<p>Employee signature</p>	<p><i>Mel Daniels</i></p>
<p>Date:</p>	<p>2/22/21</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	<p>Gail Gillespie Regional Director</p>
<p>Office phone</p>	<p>781. 314. 7501</p>
<p>Office e-mail</p>	<p>gail.gillespie@mass.gov</p>

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:	02.23.21
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