


**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)**

RECEIVED
STATE ETHICS COMMISSION
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STATE EMPLOYEE INFORMATION	
Name of state employee:	Paula Rodney-Bonnette
Title/ Position	Family Resource Social Worker
Agency:	Department of Children and Families
Agency address:	Brockton Area Office 110 Mulberry Street Brockton, MA 02302
	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.
FINANCIAL INTEREST IN A DCF CONTRACT	
Please write an X beside your answer.	I have an agreement to serve as: <input checked="" type="checkbox"/> Foster parent; <input type="checkbox"/> Guardian; <input type="checkbox"/> Pre-adoptive parent; <input type="checkbox"/> Adoptive parent; <input type="checkbox"/> Other. Please explain. _____
	My agreement is with: <input type="checkbox"/> DCF directly; <input checked="" type="checkbox"/> A person or organization that has a contract with DCF. - Please provide the name and address of the person or organization. Justice Resource Institute Intensive Foster Care and Adoption Program 132 South Main Street Berkley, MA 02779
Please write an X beside your answer, and provide any requested information.	

	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>I do not currently have a foster child and receive no subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance at this time.</p> <p>Justice Resource Institute (address above) may provide when a child is placed in my home.</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 agree to accept financial obligation, such as to maintain homeowner's insurance, in connection with this service.</p>
Employee signature:	
Date:	02/24/2021

Attach additional pages if necessary.

File copy with:

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