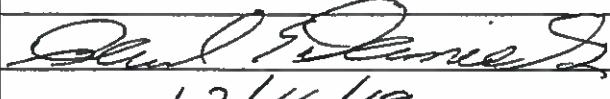


DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST RECEIVED
 IN A CONTRACT TO PROVIDE SOCIAL SERVICES STATE ETHICS COMMISSION
 PURSUANT TO 930 CMR 6.07

2021 JUN 21 AM 11:41

STATE EMPLOYEE INFORMATION	
Name of state employee:	Paul Daniels
Title/ Position:	DSW
Agency/Department:	DDS CCS
Agency Address:	212B River Drive Hadley, MA
Office phone:	413-586-7336
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><input type="checkbox"/> Executive Office of Public Safety and Security,</p> <p><input type="checkbox"/> Executive Office of Elder Affairs,</p> <p><input type="checkbox"/> Executive Office of Veteran's Services, or</p> <p><input type="checkbox"/> 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 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	
	<p>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</p>
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>

2) Service to a provider or organization	<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>ServiceNet 21 Olender Dr. Northampton, MA</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>DDS/EDHS</p>
3) Service to a person or persons	<p><input 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>
Please describe the services you will provide.	<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>Direct care/counselor</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>\$16.75 per hour - up to 14 hours per week occasionally up to 3d</p>
Employee signature	
Date:	<p>12/16/18</p>
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<p>Patricia Lyons CIO Dir. State Operated Community Services</p>
Office phone	<p>978-650-4048</p>
Office e-mail	<p>Patricia.lyons@state.ma.us</p>
Signature by appointing authority	<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> 
Date:	<p>3-12-18</p>