

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

RECEIVED
STATE ETHICS COMMISSION

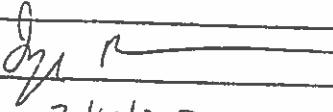
STATE EMPLOYEE INFORMATION	
Name of state employee:	Candice Latta
Title/ Position:	Human Service Coordinator A/B
Agency/Department:	Department of Developmental Services Charles River West
Agency Address:	255 Elm Street suite 205 Somerville MA 02144
Office phone:	(617)623-5950 ext. 222
Office e-mail:	Candice.Latta@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 style="margin-left: 20px;">A state agency within the following Executive Offices:</p> <p style="margin-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="margin-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="margin-left: 40px;">Executive Office of Elder Affairs,</p> <p style="margin-left: 40px;">Executive Office of Veteran's Services, or</p> <p style="margin-left: 20px;">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	<input type="checkbox"/> I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable.

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>Bridgewell 10 Dearborn Road Peabody MA 01960</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>Department of Developmental Services and MassHealth</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>I provide direct care services in DDS funded residential homes - not within the Charles River West office</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>\$13.67 per hour</p>
Employee signature	<p><i>Candice Tattu</i></p>
Date:	<p><i>01/29/21</i></p>
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<p><i>ERIC Scribner, Human Service Coordinator Supervisor</i></p>
Office phone	<p><i>617-623-3950 ext 218</i></p>
Office e-mail	<p><i>eric.scribner@mass.gov</i></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> <p><i>Eric Scribner</i></p>
Date:	<p><i>1-29-2021</i></p>

FOR CONTRACTS FOR PERSONAL SERVICES ONLY:

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

CERTIFICATION BY HEAD OF CONTRACTING AGENCY

INFORMATION ABOUT HEAD OF CONTRACTING AGENCY	
Name:	INGE PETERS
Title/ Position	Chief Human Resources Officer
State Agency:	Bridgewater
Agency Address:	10 Dearborn Rd Pembroke, MA 02366
Office Phone:	328-887-2101
CERTIFICATION	
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	2/4/2012

Attach additional pages if necessary.

File disclosure and certification with:

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