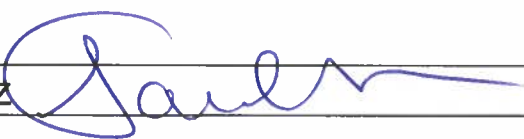


**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES
AS REQUIRED BY 930 CMR 6.05(2)(b)**

2021 AUG -9 AM 11:23

STATE EMPLOYEE INFORMATION	
Name of state employee:	Saul Martinez
Title/ Position	Social Worker I
Agency:	Harbor Office/ Department of Children and Families
Agency address:	80 Everett Ave. Chelsea, MA. 02150
	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.	<p>I have an agreement to serve as:</p> <p><input checked="" type="checkbox"/> Foster parent;</p> <p><input type="checkbox"/> Guardian;</p> <p><input type="checkbox"/> Pre-adoptive parent;</p> <p><input type="checkbox"/> Adoptive parent;</p> <p><input type="checkbox"/> Other. Please explain. _____.</p>
Please write an X beside your answer, and provide any requested information.	<p>My agreement is with:</p> <p><input checked="" type="checkbox"/> DCF directly;</p> <p><input type="checkbox"/> A person or organization that has a contract with DCF.</p> <p style="margin-left: 40px;">- Please provide the name and address of the person or organization.</p>

	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 will be receiving the following:</p> <p>Daily rate: \$25.26 Quarterly clothing rate of \$250.88 Birthday compensation of \$50.00 Holiday compensation of \$100.00</p> <p>These amounts will change upon age of child.</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>At this time, there are no obligations I have been required to accept.</p>
Employee signature:	Saul Martinez 
Date:	July 30, 2021

Attach additional pages if necessary.

File copy with:

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