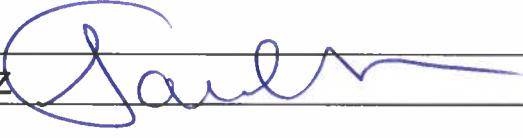


**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES
AS REQUIRED BY 930 CMR 6.05(2)(b)**

STATE ETHICS COMMISSION

| STATE EMPLOYEE INFORMATION | | 2021 AUG - 9 AM 11:23 |
|---|--|------------------------------|
| 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. | 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. _____. | |
| Please write an X beside your answer, and provide any requested information. | My agreement is with: | |
| | <input checked="" type="checkbox"/> DCF directly; | |
| | <input type="checkbox"/> A person or organization that has a contract with DCF. - Please provide the name and address of the person or organization. | |

| | |
|--|---|
| | 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**