

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



	STATE EMPLOYEE INFORMATION	2021 JUN 2 1
Name of state employee:	Sraymach Stephenson	NA OON 2 1
Title/ Position:	Counselor	
Agency/Department:	ServiceNet / DDS	
Agency Address;	21 Olander Dr Northampton, N	1A 01060
Office phone:	1-112 CUE 1200 902 N 6	11
Office e-mail	413-549-694 Ambros	1 mn
	I am a state employee, and I seek to have a financial interest in a contristate agency listed below, or by a provider or organization funded by a significant provider of organization funded by a significant provider of the state agency within the following Executive Offices: Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office. The purpose of the contract is: To provide personal services to a person or persons who receive services paid for by, these state agencies; or To provide educational services to people who work for these state or organizations funded by these state agencies.	ervices from, or have
	I seek approval of the arrangement from the agency for which I serve as the state agency above that made the contract.	a state employee and from
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGEN	NCY
) Comiles to a state	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.	
) Service to a state agency	I will provide personal or educational services to a state agency liste	ed above.
	Please identify the state agency and also the Executive Office it is in	n, if applicable.
	e .	

2) Consider to a		
Service to a provider or	i will provide personal or educational and to a	
organization	I will provide personal or educational services to a provider or organization funded by a state agency listed above.	
• **	Plane and the state of the stat	
	Please provide the name and address of the provider or organization.	
, fy c	Strike Not 21 Oktober Dr.	
	a Olandorter	
	Northampton, MA	
	Place identity in the	
	Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.	
	DAT	
	1003	
	LOHH S	
3) Service to a		
person or persons	I will provide personal services directly to a person or persons who receive services from, or	
99	have services paid for by, a state agency listed above.	
	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.	
*		
	Si	
	N 8 € 00	
Please describe the	Please provide information about the time of account to the	
services you will	you will Please do not include the name of any individual who receives services	
provide.	1 12/11 (ANCHOICE MOTEST CORE SUCCESSION)	
pionoc.	Will provide direct core supports ADG	
	to individuals which dischildes	
	to individuals w/ disabilities.	
Ų.	to individuals 6/ disabilities.	
What will you be	Will provide derect core supports/ANG for include calls w/disabilities. Please include a dollar amount, if possible.	
What will you be paid, or what other	Please include a dollar amount, if possible.	
What will you be	Please include a dollar amount, if possible.	
What will you be paid, or what other financial interest will	to individuals 6/ disabilities.	
What will you be paid, or what other financial interest will you have?	Please include a dollar amount, if possible.	
What will you be paid, or what other financial interest will	Please include a dollar amount, if possible. \$ 43,375.57 yearly - works 400	
What will you be paid, or what other financial interest will you have? Employee signature	Please include a dollar amount, if possible.	
What will you be paid, or what other financial interest will you have?	Please include a dollar amount, if possible. \$ 43,375.57 yearly - works 400 Ireyman Hepmun 13/19/19	
What will you be paid, or what other financial interest will you have? Employee signature Date:	Please include a dollar amount, if possible. \$ 43,375.57 yearly - works 400 Ireyman Hepmun 13/19/19	
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