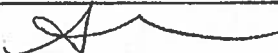
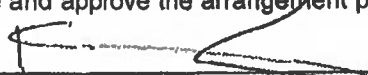



**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

RECEIVED
STATE ETHICS COMMISSION
2007 FEB -2 PM 1:20

	STATE EMPLOYEE INFORMATION
Name of state employee:	Samantha Erle
Title/ Position:	Social worker A/B
Agency/Department:	Department of Children and Families
Agency Address:	Haverhill Area Office 3 Ferry Street Bradford, MA 01835
Office phone:	781-473-3694
Office e-mail	Samantha.erle@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>A state agency within the following Executive Offices:</p> <p style="padding-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 40px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 40px;">Executive Office of Veteran's Services, or</p> <p>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	<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>Beth Israel Lahey Hospital 45 Mall Rd 41 Burlington, MA 01803</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>EOHHS - 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 will be working as a social worker in the emergency room providing support and consultation to patients and their families. I may make referrals for further services if needed. Individuals at the hospital may be utilizing Masshealth to receive hospital services.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>\$28.87/HR</p> <p>I will indirectly benefit from Masshealth compensation to the hospital for services rendered, (Sme)</p>
Employee signature	
Date:	12/21/2021
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	Kristin Simone Area Clinical Manager
Office phone	978 464 8800
Office e-mail	Kristin.Simone@Mass.gov
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:	12/31/21

	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	Monica Sawhney MassHealth Chief of Staff
Office phone	617-573-1649
Office e-mail	monica.sawhney@mass.gov
Signature by person giving approval	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. 
Date:	1/7/2022

Attach additional pages if necessary.

File with:

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