



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

	STATE EMPLOYEE INFORMATION
Name of state employee:	HANG THIMY TRAN
Title/ Position:	ASD Service Coordinator.
Agency/Department:	Department of Developmental Services (DDS)
Agency Address:	220R Forbes Road, Braintree MA 02184
Office phone:	781-356-8850 # 314
Office e-mail	Hang.Tran@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 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>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
3) Service to a person or persons	<p><input checked="" 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>- I plan to provide transportation to/from school.</i></p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p><i>I will be paid either by mileage or per hour work time for transportation</i></p>
Employee signature	
Date:	<i>7/21/2022</i>
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<i>Rich O'Heara, DDS Regional Director</i>
Office phone	<i>508 - 866 - 8871</i>
Office e-mail	<i>Rich.OHeara@mass.gov</i>
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>Approved for mile reimbursement. Time off to transport needs to be reconciled with state.</i></p>
Date:	<i>7/21/2022</i>
<i>Work time via use of personal time —</i> 	

	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	
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:	

Attach additional pages if necessary.

File with:

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

Form revised February, 2012