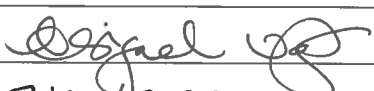


**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST  
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES  
AS REQUIRED BY 930 CMR 6.05(2)(b)**

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	ABIGAIL UOAT
Title/ Position	EXECUTIVE ASSISTANT TO COMMISSIONER
Agency:	DIVISION OF CAPITAL ASSET MANAGEMENT + MAINTENANCE - DCAMM
Agency address:	Level 14, 1 Ashburton Place, Boston, MA 02108
	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.
	<b>FINANCIAL INTEREST IN A DCF CONTRACT</b>
Please write an X beside your answer.	<p>I have an agreement to serve as:</p> <p>____ Foster parent;</p> <p>____ Guardian;</p> <p><u>X</u> Pre-adoptive parent;</p> <p>____ Adoptive parent;</p> <p>____ Other. Please explain. _____</p>
Please write an X beside your answer, and provide any requested information.	<p>My agreement is with:</p> <p><u>X</u> DCF directly;</p> <p>____ A person or organization that has a contract with DCF.</p> <p>- Please provide the name and address of the person or organization.</p>

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	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 foster care payments for the child placed in my home. I am a pre-adoptive parent fostering to adopt. Any payments will be for the care of the child. For example:</p> <ul style="list-style-type: none"> <li>• Reimbursement at a daily rate based on the age of a child to cover a child's living expenses</li> <li>• Clothing allowances and supplements for holidays or birthdays</li> <li>• Reimbursement for certain out of pocket expenses</li> </ul> <p>These payments will be from the Department of Children + Families, 600 Washington St, Boston, MA 02111</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>I did not accept any financial obligation. Essentially any monies given to me are for the child and their care.</p>
Employee signature:	
Date:	7/30/2022

Attach additional pages if necessary.

File copy with:

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