

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

RECEIVED
STATE ETHICS COMMISSION

2024 SEP 15 AM 11:08

STATE EMPLOYEE INFORMATION	
Name of state employee:	Pauline Gomis
Title/ Position:	Clerk IV
Agency/Department:	DDS/Wrentham Developmental Center
Agency Address:	150 Emerald St Wrentham Massachusetts
Office phone:	508-384-5601
Office e-mail	Pauline.gomis@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 style="margin-left: 20px;">A state agency within the following Executive Offices:</p> <p style="margin-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="margin-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="margin-left: 40px;">Executive Office of Elder Affairs,</p> <p style="margin-left: 40px;">Executive Office of Veteran's Services, or</p> <p style="margin-left: 20px;">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	<input type="checkbox"/> I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable.
2) Service to a provider or organization	<input type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above. Please provide the name and address of the provider or organization.

	<p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>OPEN SKY COMMUNITY SERVICES</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>Direct care provider:</p> <p><i>Insuring that people's basic needs and human rights are satisfied, basic care services include teaching and/or helping people with eating, bathing, using the restroom, clothing, maintaining their dental and personal hygiene, exercising self-preservation, and other activities.</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>\$17 / hour As a relief, I worked 7 to 20 hours every 2 weeks (Most likely Friday evening and Saturday morning)</p>
Employee signature	
Date:	08/18/2024
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	Judith E. Lydon-Ruby, Facility Director
Office phone	508-384-1601
Office e-mail	judi.lydon-ruby@mass.gov
Signature by appointing authority	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:	8-30-2024
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