

**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)**

RECEIVED  
STATE ETHICS COMMISSION  
2024 OCT 15 AM 10:50

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	Denise Washington
Title/ Position	Foster Family Support Worker
Agency:	Department of Children and Families
Agency address:	1530 River Street Hyde Park, MA 02136
	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><input checked="" type="checkbox"/> Foster parent;</p> <p><input type="checkbox"/> Guardian;</p> <p><input type="checkbox"/> Pre-adoptive parent;</p> <p><input type="checkbox"/> Adoptive parent;</p> <p><input type="checkbox"/> Other. Please explain. _____</p>
Please write an X beside your answer, and provide any requested information.	<p>My agreement is with:</p> <p><input checked="" type="checkbox"/> DCF directly;</p> <p><input type="checkbox"/> A person or organization that has a contract with DCF.</p> <p>- Please provide the name and address of the person or organization.</p>

	<b>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.</b>
	<b><i>In the answers below, please provide a dollar amount, if possible.</i></b>
<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 receive reimbursement of expenses paid on behalf of the foster child in the amount of approximately 500 dollars every two weeks. A quarterly clothing reimbursement of 300 dollars.</p> <p>The Department of Children and Families provides the reimbursement benefit for the foster child. 600 Washington Street, Boston, MA</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 have not received any financial compensation to maintain homeowners insurance to provide foster care for the foster child.</p>
Employee signature:	<i>Denise Washington</i> Denise Washington
Date:	October 4, 2024

**Attach additional pages if necessary.**

**File copy with:**

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