


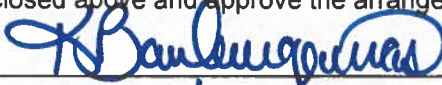
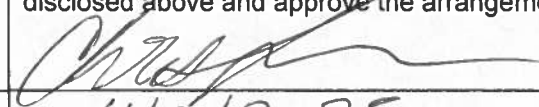
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

RECEIVED
STATE ETHICS COMMISSION

2025 APR 18 AM 10:19

	STATE EMPLOYEE INFORMATION
Name of state employee:	Michael P Boudo
Title/ Position:	Social Worker Tech
Agency/Department:	EOHHS / DCF / Park St
Agency Address:	50B Park St Dorchester, MA 02122
Office phone:	
Office e-mail	Michael.boudo@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>Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>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>

<p>2) Service to a provider or organization</p>	<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>Children's Services of Roxbury 520 Dudley St. Roxbury MA 02119</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>Children's Services of Roxbury is funded in part by the following: EOHHS, Department of Children and Families EOHHS, Department of Mental Health EOHHS, Department of Public Health Executive Office of Housing and Livable Communities EOE, Department of Early Education and Care EOE, Department of Elementary and Secondary Education</p>
<p>3) Service to a person or persons</p>	<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>
<p>Please describe the services you will provide.</p>	<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 provide professional human service work as a case aide in the Family Visitation Program at Children's Services in Roxbury. I will supervise visits with Non-custodial parents and their children. I will work with roughly 8 families. The families usually have a history of trauma and/or domestic violence. This is a job I have had since October 2023.</p>
<p>What will you be paid, or what other financial interest will you have?</p>	<p>Please include a dollar amount, if possible.</p> <p>I will work approximately 8 hours a week, at \$22/hour. The days and hours I will work are: Thursdays 5:30 PM-9:00 PM, and Sundays 10 AM to 6 PM. The hours vary from week to week. These times do not conflict with my full time schedule at DCF.</p>
<p>Employee signature</p>	
<p>Date:</p>	<p>3/28/2025</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	

Name and title of appointing authority	Kerry Boulougouras, DCF Area Program Manager
Office phone	(617) 822-4778
Office e-mail	Kerry.boulougouras@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:	03/28/2025
APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	
Name and title of person giving approval at the state agency that made the contract	Christela Lewis, CSB Family Visitation Program Manager
Office phone	617-989-9484
Office e-mail	Clouis@CSROX.org
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:	4/3/2025

Attach additional pages if necessary.

File with:

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