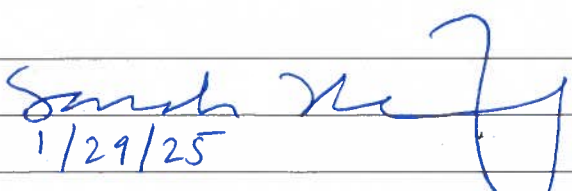


**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES
AS REQUIRED BY 930 CMR 6.05(2)(b)**

RECEIVED

2025 FEB -3 PM 1:42

| STATE EMPLOYEE INFORMATION | |
|--|--|
| Name of state employee: | Sarah Fleming |
| Title/ Position | Staff Attorney |
| Agency: | Committee for Public Counsel Services |
| Agency address: | 75 Federal Street, 6 th Floor, Boston, MA 02110 |
| | 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. |
| FINANCIAL INTEREST IN A DCF CONTRACT | |
| 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> |

| | |
|--|---|
| | 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>The Department of Children and Families will provide stipends to my household to care for any foster child(ren) living in my home for such things as clothing, food, transportation, Christmas and birthday gifts, and other living expenses. The stipend amount depends on the age of the particular child(ren) in care at the time. They will also provide reimbursement for any exorbitant medical expenses I may incur on behalf of such child(ren).</p> <p>Department of Children and Families One Ashburton Place Boston, MA 02108</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>n/a</p> |
| Employee signature: |  |
| Date: | 1/29/25 |

Attach additional pages if necessary.

File copy with:

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