

DDS Approval

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

2025 MAY 22 AM 11:48

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Jayleene Noyes
Title/ Position:	Transition Coordinator (Human Services Coordinator I)
Agency/Department:	Department of Developmental Services
Agency Address:	100 Cummings Center Suite 419E Beverly MA 01915
Office phone:	978-896-3984
Office e-mail	Jayleene.A.Noyes@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"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <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>
	<b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>
	<b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>
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><u>X</u> 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>The agency that I am looking to work for part-time outside of my DDS position, is called "Shine Your Star". Their address is 200 Washington Street, Boxford MA, 01921.</p> <p>Please identify the state agency that funds the provider or organization, and the Executive Office it is in, if applicable.</p> <p>Mass Health EOHHS DDS EOHHS</p>
<p>3) Service to a person or persons</p>	<p><u>X</u> 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>Some of the families that I will work with at Shine Your Star may have MassHealth insurance for the ABA services they receive or may be DDS child eligible and receiving DDS supports.</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. <b>Please do not include the name of any individual who receives services.</b></p> <p>The duty of this part-time job is to provide 1:1 ABA services for the children in their home or at the ABA clinic. I would be tracking data and behaviors as well as implementing behavior plans. I would be working under a BCBA to provide these services.</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 be paid by Shine Your Star \$30/Hour to provide ABA services.</p>
<p>Employee signature</p>	<p>Jaylene A. Noyes (electronically signed on 5/7/25 @ 4:16pm)</p>
<p>Date:</p>	<p>5/7/2025</p>
<p><b>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</b></p>	
<p>Name and title of appointing authority</p>	<p>Kelly Lawless – Regional Director for DDS</p>
<p>Office phone</p>	
<p>Office e-mail</p>	<p><a href="mailto:Kelly.d.Lawless@mass.gov">Kelly.d.Lawless@mass.gov</a></p>
<p>Signature by appointing authority</p>	<p>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.</p>

	<i>Kelly Lawless</i>
Date:	5/19/2025
	<b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>
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**