

**INSTRUCTIONS FOR DISCLOSURE BY STATE EMPLOYEE
AS REQUIRED BY 930 CMR 6.05(2)(b)**

**FINANCIAL INTEREST IN A CONTRACT
WITH THE DEPARTMENT OF CHILDREN AND FAMILIES**

WHEN TO USE THIS DISCLOSURE FORM

You are a **state employee**, and you have a financial interest in a **contract or agreement with the Department of Children and Families** ("DCF") to serve as a **foster parent, guardian, pre-adoptive or adoptive parent** or serve in a comparable status.

Your financial interest may be that you receive **payments directly or indirectly from DCF** in relation to serving in such a capacity, or you may have another financial interest.

Examples of the type of financial interests that require disclosure include, but are not limited to:

- Any subsidy or benefits to which you are entitled under DCF regulations, standards or policies, such as adoption or guardianship subsidies;
- Reimbursement at a daily rate based on the age of a child to cover a child's living expenses;
- Clothing allowances and supplements for holidays or birthdays;
- Reimbursement for certain out-of-pocket expenses;
- Compensation for providing services to a child with special needs;
- Financial obligations that you accept as a condition of your service, such as a requirement to maintain homeowner's insurance;
- Reimbursement from DCF of amounts secondary to primary insurance in the event of particular circumstances.

FILING THE DISCLOSURE

Complete the disclosure form below.

Please **DO NOT INCLUDE** information about the identity of the child in your disclosure. **Please refer to the child as "the child" or "the foster child," etc.**

File the disclosure with the State Ethics Commission.

If you need advice about completing the disclosure, please call the Attorney of the Day at (617) 371-9500 or e-mail the State Ethics Commission at requestadvice@massmail.state.ma.us.