

Mar. 4. 2026 3:08PM

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Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families

Maura T. Healey
Governor

Kimberley Driscoll
Deputy Governor

North Quabbin Patch, DCF Office
109 Lumber St, Athol, MA 01331
Tel. 978-249-5070 Fax 978-249-7260
www.state.ma.us/dcf

Mary A. Beckman
Acting Secretary

STARVERNE MILLER
Commissioner

FAX COVER SHEET

TO: State Ethics Commission
FROM: S. Hakala-Whaland
NUMBER FAXING TO: 617 723 5851
DATE: 3-4-26
MESSAGE: _____

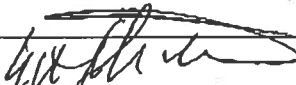
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STATE ETHICS COMMISSION
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Number of pages including Cover Sheet: 3

**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)**

STATE EMPLOYEE INFORMATION	
Name of state employee:	Samantha Hakala-Whaland
Title/ Position	Ongoing Supervisor
Agency:	Dep. Children and Families Greenfield Office / Athol Patch
Agency address:	109 Lumber St Athol, MA 01331
	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.	I have an agreement to serve as: ☐ Foster parent; ☐ Guardian; ☒ Pre-adoptive parent; ☐ Adoptive parent; ☐ Other. Please explain. _____
Please write an X beside your answer, and provide any requested information.	My agreement is with: ☒ DCF directly; ☒ A person or organization that has a contract with DCF. - Please provide the name and address of the person or organization. RFK Bright Futures 971 Main St Lancaster, MA 01523

	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>
Please identify any financial benefit you receive because of your service. Who provides these financial benefits to you? Include the name and address.	Do you receive, e.g., a subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance? - subsidy when approved - reimbursement at daily rate, based on age of child - clothing allowances and supplements for holiday or birthday - reimbursement from DCF for secondary to primary insurance - reimbursement for certain out of pocket expenses ^{1 Ashburton Pl} - Paid by DCF upon Placement Boston, MA
Please identify any financial obligation you have accepted in connection with this service.	Did you agree to accept any financial obligation, e.g., to maintain homeowner's insurance? - requirement to maintain homeowners insurance - subsidy when approved
Employee signature:	
Date:	3-4-26

Attach additional pages if necessary.

File copy with:

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