

**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)**

2020 MAY 18 AM 10:20

STATE EMPLOYEE INFORMATION	
Name of state employee:	Tameka Barlow
Title/ Position	Personnel Officer II
Agency:	DOR
Agency address:	600 Arlington St. Chelsea, MA 02150
	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. <i>Kinship Foster parent</i>
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.

	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? Bi-monthly stipend Quarterly clothing Child's birthday & holiday EOHHS DCF 1 Ashburton Place Boston, MA 02108
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? Employment and acceptable living space that meet the DCF guidelines
Employee signature:	/S/ Tameka Barlow 
Date:	05/12/2026

Attach additional pages if necessary.

File copy with:

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