

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

	STATE EMPLOYEE INFORMATION
Name:	Heather E. Benabbou
Title or Position:	Community Engagement Coordinator
State Agency:	Department of Public Health
Agency Address:	250 Washington Street Boston, MA 01280
Office Phone:	339-201-1174
Office E-mail:	Heather.benabbou@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	PARTICULAR MATTER
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. I am employed at the Department of Public Health I am currently fostering a child in the DCFS custody on a temporary basis through Kinship Foster care program.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. Providing housing and basic needs, support as well as supervision until another permanent placement is found.
	FINANCIAL INTEREST IN THE PARTICULAR MATTER
Write an X by all that apply.	☒ I have a financial interest in the matter. ☐ My immediate family member has a financial interest in the matter. ☐ I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter.

	☐ I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.
Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it. DCFS provides compensation for housing the child until another placement is found. They provide a daily allowance for his placement.
Employee signature:	<i>Heather E. Benabben</i>
Date:	8/20/2026

DETERMINATION BY APPOINTING OFFICIAL

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	
Title or Position:	
Agency/Department:	
Agency Address:	
Office Phone:	
Office E-mail	
	DETERMINATION
Determination by appointing authority: Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. ☐ I am assigning the particular matter to another employee, or ☐ I am assuming responsibility for the particular matter, or ☐ I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	
Comment:	

Attach additional pages if necessary.

File copy with:

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

Form Revised February, 2012