



<input type="checkbox"/>	Governing Board Member
<input type="checkbox"/>	Vendor Advisory on Board
<input type="checkbox"/>	Executive Director
<input checked="" type="checkbox"/>	Employee/Other

2. Do you or a family member<sup>2</sup> work for any entity or organization that is a regional center provider or contractor?  yes  no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local governmental entity, provide the specific name of the state or local governmental entity and describe your job duties at the state or local governmental entity.
3. Do you or a family member own or hold a position<sup>3</sup> in an entity or organization that is a regional center provider or contractor?  yes  no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.
4. Are you a regional center advisory committee board member?  yes  no -- If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers?  yes  no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.
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<sup>2</sup> Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parent-in-laws, brother-in-laws, sister-in-laws, son-in-laws and daughter-in-laws. See California Code of Regulations, title 17, sections 54505(f).

<sup>3</sup> For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526.

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6. Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member<sup>4</sup>? [Note: Governing board members do not have to answer “yes” to this question if the financial benefit would be available to regional center consumers or their families generally].  
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7. Are you responsible for negotiating, making,<sup>5</sup> executing or approving contracts on behalf of the regional center?  yes  no -- If yes, please explain.

8. Do you have a financial interest in any contract<sup>6</sup> with the regional center?  yes  no -- If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center?  yes  no -- If yes, please explain.

9. Do any of your family members have a financial interest in any contract with the regional center?  yes  no  
 If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center?  yes  no  
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<sup>4</sup> Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

<sup>5</sup> California Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

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10. Do you evaluate employment applications or contract bids that are submitted by your family member(s)?  
 yes  no -- If yes, please explain.

11. Your job duties require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers?  yes  no -- If yes, please explain.

I have been asked to serve in a five person committee to appoint a Trust Protector for a Special Needs Trust, if and when needed, for an individual I support. Please refer to my Conflict Resolution Plan dated 11/6/2020.

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**B. ATTESTATION**

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I \_\_\_\_\_ (print name) HEREBY CONFIRM that I have read and understand the regional center’s Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center’s Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center’s designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

Signature \_\_\_\_\_ Date 11/06/2020

**INTERNAL USE ONLY**

Date this Statement was received by Reviewer: \_\_\_\_\_

The reporting individual  does  does not have a  present  potential conflict of interest

Signature of Designated Reviewer	Date Review Completed
	_____



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RN, self employed contractor, performs Medicaid Waiver Recertification and data entry services

3. Do you or a family member own or hold a position<sup>3</sup> in an entity or organization that is a regional center provider or contractor?  yes  no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.

See above- financial interest is to earn a pay check

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7. Are you responsible for negotiating, making,<sup>5</sup> executing or approving contracts on behalf of the regional center?  yes  no -- If yes, please explain.

8. Do you have a financial interest in any contract<sup>6</sup> with the regional center?  yes  no -- If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center?  yes  no -- If yes, please explain.

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 If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center?  yes  no  
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10. Do you evaluate employment applications or contract bids that are submitted by your family member(s)?  
 yes  no -- If yes, please explain.

11. Your job duties require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers?  yes  no -- If yes, please explain.

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**B. ATTESTATION**

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I \_\_\_\_\_ (print name) HEREBY CONFIRM that I have read and understand the regional center’s Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center’s Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center’s designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

Signature \_\_\_\_\_ Date 07/21/2021


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**INTERNAL USE ONLY**

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Date this Statement was received by Reviewer: \_\_\_\_\_

The reporting individual  does  does not have a  present  potential conflict of interest

Signature of Designated Reviewer  <u></u>	Date Review Completed  _____
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Reset Form
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## CONFLICT OF INTEREST REPORTING STATEMENT DS 6016 (Rev. 08/2013)

The duties and responsibilities of your position with the regional center require you to file this Conflict of Interest Reporting Statement. The purpose of this statement is to assist you, the regional center and the Department of Developmental Services (DDS) to identify any relationships, positions or circumstances involving you which may create a conflict of interest between your regional center duties and obligations, and any other financial interests and/or relationships that you may have. In order to be comprehensive, this reporting statement requires you to provide information with respect to your financial interests.

A "conflict of interest" generally exists if you have one or more personal, business, or financial interests, or relationships that would cause a reasonable person with knowledge of the relevant facts to question your impartiality with respect to your regional center duties. The specific circumstances and relationships which create a conflict of interest are set forth in the California Code of Regulations, title 17, sections 54500 through 54530. You should review these provisions to understand the specific financial interests and relationships that can create a conflict of interest.

Please answer the following questions to the best of your knowledge. If you find a question requires further explanation and/or there is not enough space to thoroughly answer the question, please attach as many additional sheets as necessary, and refer to the question number next to your answer. If the regional center identifies a conflict involving you, it will be required to prepare a conflict resolution plan. Some relevant definitions have been provided in the footnotes to assist you in responding to this statement.

You are required to file this Reporting Statement within 30 days of beginning your employment with the regional center or from the date that you are appointed to the regional center board or advisory committee board. You are then required to file an annual Reporting Statement by August 1st of every year while you remain employed with the regional center or while you are a member of the regional center board or advisory committee board. You must also file a Reporting Statement within 30 days of any change in your status that could result in a conflict of interest. Circumstances that can constitute a change in your status that can require you to file an updated Reporting Statement are described below in footnote one.

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### A. INFORMATION OF REPORTING INDIVIDUAL

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Name: \_\_\_\_\_ Regional Center: Golden Gate Regional Center

**Regional Center Position/Title:**

<input type="checkbox"/> Governing Board Member	<input type="checkbox"/> Executive Director
<input type="checkbox"/> Vendor Advisory Committee sitting on Board	<input checked="" type="checkbox"/> Employee
<input type="checkbox"/> Contractor	<input type="checkbox"/> Agent
	<input type="checkbox"/> Consultant

**Reporting Status:**

<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> New Appointment (date): _____
<input type="checkbox"/> Change of Status <sup>1</sup>	

If a change in status, date and circumstance of change in status:

1. Please list your job title and describe your job duties at the regional center.

Lead Social Worker. Duties include training, coaching and providing mentoring on case management to multiple social workers while maintaining a caseload of ongoing individuals, including conducting needs assessments and developing, implementing and coordinating Individual Program Plans/ IFSPs for individuals supported and their families and acts as an advocate on behalf of persons supported and their families.

<sup>1</sup> Change of status includes a previously unreported activity that should have been reported, change in the circumstance of a previously reported activity, change in financial interest, familial relationship, legal commitment, change in regional center position or duties, change in regional center, or change to outside position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d).

- |   |
|---|
| <input type="checkbox"/> Governing Board Member   |
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| <input type="checkbox"/> Executive Director       |
| <input type="checkbox"/> Employee/Other           |

2. Do you or a family member<sup>2</sup> work for any entity or organization that is a regional center provider or contractor?  
 yes  no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local governmental entity, provide the specific name of the state or local governmental entity and describe your job duties at the state or local governmental entity.

is an employee at Lifehouse.

3. Do you or a family member own or hold a position<sup>3</sup> in an entity or organization that is a regional center provider or contractor?  yes  no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.

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4. Are you a regional center advisory committee board member?  yes  no -- If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers?  yes  no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.

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N/A

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Designated Reviewer

Date Review Completed





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is a parent vendor for respite (PPL).  
 is vendored as a personal assistant.

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yes  no -- If yes, please explain.

Will be assigned providers that are not affiliated with the services receives

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