Reset Form

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.

A. INFORMATION OF REPORTING INDIVIDUAL						
Name: Andrea Hogan		Regional Center:	San Diego Regional Center			
Regional Center Position/Title:	☐ Governing Board III☐ Vendor Advisory C☐ Contractor	Member Committee sitting on Board □ Agent	☐ Executive Director☐ Employee☐ Consultant			
Reporting Status: If a change in status, date and	✓ Annual ☐ Change of Status¹ circumstance of chan):			

1. Please list your job title and describe your job duties at the regional center.
Federal Programs Assistant: assesses and certifies SDRC individual's eligibility and continued enrollment in the Home and Community Bases Services Medicaid Waiver and State Plan Amendment programs.

¹ 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).

		☐ Executive Director ☐ Employee/Other
2.	Do you or a family member ² work for any entity or organization that is a regional center property of the provided of the entity or organization and describe what so regional center or regional center consumers. If the provider or contractor is a state or laprovide the specific name of the state or local governmental entity and describe your job of governmental entity. My sister, Abby Shull, is a Director of Childcare Services at the YMCA. YMCA is a vechildcare and respite services.	ervices it provides for the ocal governmental entity, duties at the state or local
3.	Do you or a family member own or hold a position ³ in an entity or organization that is a recontractor? yes no If yes, provide the name of the entity or organization, provides for the regional center or regional center consumers, and describe your or your interest.	describe what services it
4.	Are you a regional center advisory committee board member?	_
5.	If you are a regional center advisory committee board member and answered yes to all the above, do any of the following apply to you: (a) are you an officer of the regional center purchasing services from a regional center provider; or (c) do you vote on matters where you interest? \square yes \square no If yes, please explain.	board; (b) do you vote on

☐ Governing Board Member☐ Vendor Advisory on Board

² 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).

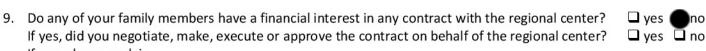
sections 54505(f).

Tor 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.

		☐ Governing Board Member ☐ Vendor Advisory on Board ☐ Executive Director ☐ Employee/Other
6.	Do any of the decisions you make when performing your job duties with the regional cerfinancially benefit you or a family member 4 ? [Note: Governing board members do not have question if the financial benefit would be available to regional center consumers or their factory yes no If yes, please explain.	ve to answer "yes" to this

7.	Are you	responsibl	e for	negotiating,	making, ⁵	executing o	or approving	contracts	on beł	alf of	the r	egional
	center?	☐ yes	no	If yes, plea	se explair	٦.						

8.	Do you have a financial interest in any contract ⁶ 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.



⁴ 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.

⁵ 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.

⁶ For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

		Executive Director Employee/Other
	Do you evaluate employment applications or contract bids that are submitted by y	our family member(s)?
	☐ yes ☐ no If yes, please explain.	
11 1	Value in body time require you to get in the best interests of the regional center and re-	ogianal cantor consumors. Do you
- 1	Your job duties require you to act in the best interests of the regional center and rehave any circumstances or other financial interests not already discussed above the tin the best interests of the regional center or its consumers? \Box yes \bigcirc no If	nat would prevent you from acting
В.	ATTESTATION	
	Andrea Hogan (print name) HEREBY CONFIRM that	
_	onal center's Conflict of Interest Policy and that my responses to the questions in tement are complete, true, and correct to the best of my information and belief.	
	information that might indicate that this statement is not accurate or that I have	
	ter's Conflict of Interest Policy or the applicable conflict of interest laws, I will notif	
	vidual immediately. I understand that knowingly providing false information on tement shall subject me to a civil penalty in an amount up to fifty thousand dollars	
	itutions Code section 4626.	(350,000) pursuant to Wenare and
	eSigned via SeamlessDocs.cóm	
	Signature Date	08/03/2021
	INTERNAL USE ONLY	
	Date this Statement was received by Reviewer: 08/10/2021	
	The reporting individual \square does \square does not have a \square present \square positive \square	tential conflict of interest
	Signature of Designated Reviewer	Date Review Completed
	Christine Lux-Whiting Key: 81370d2d4bebf1c8fabd701e8f51de83	08/10/2021

☐ Governing Board Member☐ Vendor Advisory on Board