State of California–Health and Human Services Agency

Department of Developmental Services

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: Emely Hernandez Regional Center: Orange County

Regional Center Position/Title:
- ☐ Governing Board Member
- ☐ Vendor Advisory Committee sitting on Board
- ☐ Contractor
- ☐ Agent
- ☐ Executive Director
- ■ Employee
- ☐ Consultant

Reporting Status:
- ☐ Annual
- ☐ New Appointment (date): _____
- ■ Change of Status[1]

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

Younger brother is providing services of PAWA and Respite to his older brother.

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

   Service Coordinator. Provide families with support in coordinating services to help assist person served meet their needs, manage their case, and create and renew purchase of services, complete annual/quarterly meetings, and provide on going support as needed.

[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).

- ❑ Governing Board Member
- ❑ Vendor Advisory on Board
- ❑ Executive Director
- ☑ Employee/Other

2. Do you or a family member[2] 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.

   Parent company, Premier Healthcare Services, LLC DBA Aveanna Healthcare (RCOC FMS vendor).
   My younger brother is providing services of PAWA and Respite to his older brother.

3. Do you or a family member own or hold a position[3] 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.

   My younger brother is providing services of PAWA and Respite to his older brother, through the RCOC FMS vendor, Premier Healthcare Services, LLC DBA Aveanna Healthcare.

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.

5. If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest? ❑ yes ❑ no -- If yes, please explain.

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[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).

[3] 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.

- ❑ 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 center have the potential to financially benefit you or a family member[4]? [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].
   ❑ yes ☑ no -- If yes, please explain.

7. Are you responsible for negotiating, making,[5] 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[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.

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
   If yes, please explain.

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[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.

- ☐ Governing Board Member
- ☐ Vendor Advisory on Board
- ☐ Executive Director
- ☑ Employee/Other

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.

B. ATTESTATION

I Emely Hernandez (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 Emely Hernandez Date 10/15/2026

INTERNAL USE ONLY

Date this Statement was received by Reviewer: 10/15/2026

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

Signature of Designated Reviewer	Date Review Completed
Stacy K. Wong	10/15/2026