

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Matthew Morgan

BOARD/COMMISSION NAME: DDA Waiver Advisory Council

PART 2:

Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature) <input checked="" type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
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I request exemption for: Financial Interest Employment

Financial Interest	Employment
Name of Entity where the financial interest exists:	Employment to be Exempted: Fello, Inc.
Address of Entity:	Your Position/Job Title: Chief Program Officer
Interest to be Exempted:	
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000 or More	

Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

I am an employee of Fello, a licensed and approved DDA provider that also provides Financial Management and Counseling Services funded by DDA for participants that self-direct their services.

PART 3:

Appointee: Matthew Morgan

Signature: Matthew Morgan

Date: 10/29/25

Please return completed form to:
Michelle Teoli Morningred, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations
Email: michelle.morningred@maryland.gov
Phone: (667) 203-8985