

Statement of No Financial Assistance

*For use with the Cecil J. Picard Early Childhood Program (LA 4) or
the Nonpublic Schools Early Childhood Development Program (NSECD)*

This form must be completed by any adult household member who is declaring that they do not provide financial support to the parent and/or child.

Child's Name _____

Adult's Name _____

Address _____

City, State, Zip Code _____

Phone _____

Adult's Email _____

Please briefly describe your relationship to the child. Check all that apply or provide a short explanation:

☐ Grandparent

☐ Friend

☐ Relative (other than Grandparent) - Relationship: _____

☐ Other: _____

I hereby certify that the information provided above is true, accurate, and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may affect the child's eligibility to participate in a publicly funded pre-K program.

Adult's Name (Print) _____

Adult's Signature _____

Date _____

Signature of Authorized Personnel _____

Date _____

NOTE: Any adult household member who contributes to the financial support of the parent and/or child, including payments towards rent or mortgage, utilities, food, transportation, or other living expenses, is required to provide documentation verifying these contributions.