LOUISIANA DEPARTMENT OF EDUCATION

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.