



Newborn Screening: Request for Fee Waiver/Exemption

For babies born in Oregon only

When the Newborn Screening (NBS) Program receives this form, we will check that your family qualifies. If you qualify and the kit has already been paid for, we will send a refund or replacement kit to the person or facility that originally purchased your baby's newborn screening kit. If you qualify and have not purchased a kit, we will send a kit at no cost.

Your family qualifies if:

- 1. The baby's mom does not have health insurance and
2. Your family income would qualify you for Oregon WIC (www.bitly.com/oregon-wic).

To apply:

- 1. Fill in this form.
2. Send the form to the NBS Program. (No later than 30 calendar days after birth.)

My family is eligible for a newborn screening fee exemption:

- I am the baby's parent or legal guardian.
The baby's mom does not have health insurance.
My family makes \$ \_\_\_\_\_ each year and this supports \_\_\_\_\_ (number) family members.

Please send a:

- No-Cost Kit Refund Replacement kit

If the baby was already born:

Baby's Name: \_\_\_\_\_ Baby's Date of Birth: \_\_\_\_\_

Enter the name and address for mailing a no-cost kit, or details for who paid for the kit.

Facility or Person Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If the kit was already purchased - Newborn Screening Kit Number: \_\_\_\_\_

By signing this form, I am certifying that the information is accurate and complete to the best of my ability. I understand that I may need to show proof of this information.

Parent's printed name Signature Date

Fax: (503) 693-5601 or Mail to:
OSPHL - Newborn Screening
Attn: Program Manager
PO Box 275

Portland, OR 97201

Questions?

Call the NBS Program Manager
(503) 693-4172