HAGIMO FAMILY ADVOCATES · NASHVILLE, TENNESSEE

FOR PARENTS AND GUARDIANS

A few questions about your child

Eight questions, about five minutes. This is only to see whether your child may qualify.
It costs nothing, and filling it out does not commit you to anything.

Answer what you remember.

You do not need any paperwork. If you do not know an answer, check **“I’m not sure”** and keep going — that is a real answer and it will not hurt your child’s chances.

REFERENCE NUMBER

NAS-HQZJCE-7

Printed on the form or handout you were given. If you don’t have one, leave it blank.

1. Was your child diagnosed with **NAS** or **NOWS** at birth? Those stand for neonatal abstinence syndrome and neonatal opioid withdrawal syndrome. Either may appear on hospital paperwork, and some hospitals just call it newborn withdrawal.

Yes No I’m not sure

2. When and where was your child born?

DATE OF BIRTH

STATE

HOSPITAL, IF YOU REMEMBER

3. Was the child’s mother **ever** prescribed any of these medicines? Check every one you remember.

It counts even if it was years before this child was born. If the mother is you, answer about yourself. Nobody here is judging anyone — a doctor’s prescription is not a fault, and none of this changes whether your child qualifies.

OxyContin Percocet Vicodin, Norco, or Lortab Roxicodone (“roxies”) Opana Dilaudid Morphine or MS C
Fentanyl (patch or lozenge) Methadone Suboxone, Subutex, or buprenorphine Codeine, or cough syrup with c
Tramadol or Ultram Something else, or I don’t know the name I’m not sure

4. Did your child stay in a special care nursery — sometimes called the NICU — after birth?

Yes No I’m not sure

6. Your name, and your child's name.

YOUR NAME

YOUR CHILD'S NAME

7. You are the child's…

Mother Father Grandparent Adoptive parent Foster or kinship caregiver Legal guardian

8. How should we reach you?

PHONE

EMAIL, IF YOU HAVE ONE

Morning Afternoon Evening You may leave a voicemail You may text Please use Spanish

Please read and sign

I am the parent or guardian of the child named above. I am asking Hagimo to help me find out if my child may be able to make a claim. I understand that **Hagimo is not a law firm**, that this costs me nothing, and that I can stop at any time.

YOUR SIGNATURE

DATE

When you are done

Mail this form to:

Hagimo Intake
c/o W. Sean Harrison
1268 LaSalle Dr.
Smyrna, TN 37167

Or, if you would rather go through it with someone on the phone, go to **nas.outreach.hagimo.com** and the website will give you the number to call.