



WOMEN'S WAY REFERRAL
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF COMMUNITY AND HEALTH SYSTEMS
 SFN 58929 (4-2022)

To be completed by health care provider:

1. Does the woman live in North Dakota? <input type="checkbox"/> Yes (continue) <input type="checkbox"/> No (not eligible for <i>Women's Way</i>)
2. Does the woman meet income guidelines below? <input type="checkbox"/> Yes (continue) <input type="checkbox"/> No (not eligible for <i>Women's Way</i>)

April 1, 2022-March 31, 2023

Household Number	Income 200% FPL	
	Yearly	Monthly
1	\$27,180	\$2,265.00
2	\$36,620	\$3,051.67
3	\$46,060	\$3,838.33
4	\$55,500	\$4,625.00
5	\$64,940	\$5,411.67
6	\$74,380	\$6,198.33

Each Additional household member - \$9,440 per year **OR** \$786.67 per month

3a. Is the woman aged 21 through 39? <input type="checkbox"/> Yes (continue) <input type="checkbox"/> No (skip to question regarding woman aged 40 through 64)
3b. Does the woman have breast symptoms, or is at high risk for breast cancer, or is due for a Pap test or need breast or cervical diagnostic procedures? <input type="checkbox"/> Yes (eligible for <i>Women's Way</i>) <input type="checkbox"/> No (not eligible for <i>Women's Way</i>)
4. Is the woman aged 40 through 64? <input type="checkbox"/> Yes (eligible for <i>Women's Way</i>) <input type="checkbox"/> No (not eligible for <i>Women's Way</i>)

Name of Patient	Telephone Number	Best Time to Contact
Name of Clinic	Name of Clinic Contact	

Fax completed form to *Women's Way* at 701-328-2036.

Call *Women's Way* at 800-449-6636 or 800-280-5512 or 701-328-2389 for more information.

For additional forms, go to: health.nd.gov/womens-way