



**WOMEN'S WAY REFERRAL**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF COMMUNITY AND HEALTH SYSTEMS  
 SFN 58929 (5-2021)

**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, 2021-March 31, 2022**

Household Number	Income 200% FPL	
	Yearly	Monthly
1	\$25,760	\$2,146.67
2	\$34,840	\$2,903.33
3	\$43,920	\$3,660.00
4	\$53,000	\$4,416.67
5	\$62,080	\$5,173.33
6	\$71,160	\$5,930.00

Each Additional household member - \$9,080 per year **OR** \$756.67 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](http://health.nd.gov/womens-way)