



**WOMEN'S WAY REFERRAL**

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES  
HEALTH PROMOTION & CHRONIC DISEASE PREVENTION  
SFN 58929 (2-2023)

**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, 2023-March 31, 2024**

Household Number	Income 200% FPL	
	Yearly	Monthly
1	\$29,160	\$2,430.00
2	\$39,440	\$3,286.67
3	\$49,720	\$4,143.33
4	\$60,000	\$5,000.00
5	\$70,280	\$5,856.67
6	\$80,560	\$6,713.33

Each Additional household member - \$10,280 per year **OR** \$856.67 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: [hhs.nd.gov/womensway](https://hhs.nd.gov/womensway)