WOMEN’S WAY REFERRAL
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF COMMUNITY & HEALTH SYSTEMS
SFN 58929 4-2020

To be completed by the health care provider:

Does the woman live in North Dakota?
_____Yes (continue) _____No (not eligible for Women’s Way)

Does the woman meet income guidelines below?
_____Yes (continue) _____No (not eligible for Women’s Way)

<table>
<thead>
<tr>
<th>Household Number</th>
<th>Income 200% FPL</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yearly</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$25,520</td>
<td>$2,126.67</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$34,480</td>
<td>$2,873.33</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$43,440</td>
<td>$3,620.00</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$52,400</td>
<td>$4,366.67</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$61,360</td>
<td>$5,113.33</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$70,320</td>
<td>$5,860.00</td>
<td></td>
</tr>
</tbody>
</table>

Each additional $8,960 per year or $746.66 per month

April 1, 2020-March 31, 2021

Is the woman aged 21 through 39?
_____Yes (continue) _____No (skip to question regarding woman aged 40 through 64)

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?
_____Yes (eligible for Women’s Way) _____No (Not eligible for Women’s Way)

Is the woman aged 40 through 64?
_____Yes (Eligible for Women’s Way) _____No (not eligible by age for Women’s Way)

Name of patient

Signature of patient

Patient telephone number

Best time to contact

Clinic name

Clinic contact name

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

Please call Women’s Way at 800-449-6636 or 800-280-5512 or 701-328-2389 for more information. To print more forms, go to: www.ndhealth.gov/womensway - click on: For Professionals - Downloads