



WOMEN'S WAY REFERRAL

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF CANCER PREVENTION AND CONTROL
SFN 58929 (3-2015)



To be completed by the health care provider:

Does the woman lives in North Dakota?

Yes (continue) No (not eligible for *Women's Way*)

Is the woman aged 40 through 64?

(Women ages 21 to 39 may be eligible if have not had Pap test within last 3 years or have breast symptoms)

Yes (continue) No (not eligible by age for *Women's Way*)

Is the woman enrolled or eligible for Medicaid Expansion, Medicare Part B or Medicaid?

No (continue) Yes (not eligible for *Women's Way*)

Does the woman meet income guidelines below?

Yes (woman eligible for *Women's Way*, please fax to our office)

No (not eligible for *Women's Way*)

Current Income Eligibility 2014 Guidelines

Household Number	Income Yearly	Income Monthly
1	\$23,540	1,961.67
2	\$31,860	2,655.00
3	\$40,180	3,348.33
4	\$48,500	4,041.67
5	\$56,820	4,735.00
6	\$65,140	5,428.33
7	\$73,460	6,121.67
8	\$81,780	6,815.00

Name of patient	Signature of patient
Patient telephone number	Best time to contact
Clinic name	Clinic contact name

Fax form to *Women's Way* @ **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](http://www.ndhealth.gov/womensway) - [click on: For Professionals - Downloads](#)

Women's Way
North Dakota Department of Health
Division of Cancer Prevention and Control
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