



## WOMEN'S WAY REFERRAL

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF CANCER PREVENTION AND CONTROL

SFN 58929 (03-13-2012)



NORTH DAKOTA  
DEPARTMENT of HEALTH

### To be completed by the health care provider:

Does the woman live in North Dakota?

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

Is the woman aged 40 through 64?

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

Is the woman enrolled or eligible for 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 Guidelines

Household Number	Income Yearly	Income Monthly
1	\$22,340	\$1,862
2	30,260	2,522
3	38,180	3,182
4	46,100	3,842
5	54,020	4,502
6	61,940	5,162
7	69,860	5,822
8	77,780	6,482
9	85,700	7,142
10	93,620	7,802

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 1.800.449.6636 or 1.800.280.5512 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*  
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Division of Cancer Prevention and Control  
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