

ULTRASOUND PROGRAM

DIOCESAN EVALUATION

(This section to be completed by the Knights of Columbus Council)

Sponsoring Knights of Columbus Unit: _____ Number: _____

Contact Name: _____ Email: _____ Telephone: _____

Pregnancy Center: _____ City: _____ State/Province: _____

Arch/diocese where center is located: _____

(This Section to be completed by the Arch/diocesan Culture of Life Director)

The Knights of Columbus Council noted above is exploring the option of raising funds to provide (circle one):

1 - an ultrasound machine; or, 2 - an ultrasound machine and a vehicle (mobile unit) (i.e. – Bus, RV, Truck, Van, etc.), to the pregnancy center indicated. To assist the Knights of Columbus in qualifying the pregnancy center for participation in the Ultrasound Program, based on the experience and knowledge you have of this pregnancy center, please respond to each statement below, or indicate that you do not have enough information on which to make a judgment.

1. The pregnancy center has the staffing, finances and other resources to justify and support the purchase and continued operation of an ultrasound machine/mobile unit. This major expenditure and the ongoing costs and staffing commitments are justified by the pregnancy center's location, client load, and hours of operation.

Yes ____ No ____ Do not know ____

2. The pregnancy center's practices, policies and history regarding abortion, abortifacients, birth control and other associated practices appear to be consistent with Catholic moral and ethical principles.

Yes ____ No ____ Do not know ____

3. Experience shows the pregnancy center is welcoming of Catholics as employees, volunteers and clients and is respectful of the beliefs and faith practices of those Catholics. The pregnancy center has no official policies, practices, or office climate that discriminates against Catholics, or that would encourage Catholic employees, volunteers or clients to leave their Catholic faith.

Yes ____ No ____ Do not know ____



4. If the pregnancy center has a Statement of Faith (SOF) that (indicate those affected) _____ employees, _____ volunteers, or _____ clients are asked to sign or assent to in their participation, presence, or in order to provide or receive services at the pregnancy center, it has been evaluated in light of the policies of the arch/diocese Culture of Life Office and the bishop.

_____ The pregnancy center does not have a SOF.

_____ The pregnancy center has a SOF (copy provided to the diocese) that is: consistent/inconsistent with

Roman Catholic teaching (select one): Consistent Inconsistent

Under discussion: Yes _____ No _____

5. Additional comments:

I recommend this pregnancy center for participation in the Ultrasound Program. Yes _____ No _____

_____ I do not have enough information concerning this pregnancy center to make a judgment.

Print name: _____ Signature: _____ Title: _____ Date: _____

arch/diocese: _____ Telephone #: _____

Address: _____

Email a copy of this document to: fraternalmission@kofc.org
(Councils should also retain a copy of this completed form for their files)