KNIGHTS OF COLUMBUS
ULTRASOUND INITIATIVE
DIOCESAN EVALUATION

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

Sponsoring Knights of Columbus Unit: _____Council #_____
K of C Contact - Name: _____ Email: _____ Telephone:_____
Pregnancy Care 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 care center (PCC) indicated. To assist the Knights of Columbus in qualifying the PCC for participation in the Ultrasound Initiative, based on the experience and knowledge you have of this PCC, please respond to each statement below, or indicate that you do not have enough information on which to make a judgment.

1 – The PCC 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 PCC's location, client load, and hours of operation.

Yes ____ No _____ Do not know _____

2 – The PCC'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 PCC is welcoming of Catholics as employees, volunteers and clients and is respectful of the beliefs and faith practices of those Catholics. The PCC 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 PCC has a Statement of Faith (SOF) that ___employees, ___volunteers, or ___clients (indicate those affected) are asked to sign or assent to in their participation, presence, or in order to provide or receive services at the PCC, it has been evaluated in light of the policies of the arch/diocesan culture of life office and the bishop.

____ The PCC does not have a SOF.
____ The PCC has a SOF (copy provided to the diocese) that is: consistent/inconsistent with Roman Catholic teaching (circle one): Consistent Inconsistent
Under discussion: Yes ____ No ____

5 – Additional comments: _____
_____

I recommend this PCC for participation in the Ultrasound Initiative. Yes _____ No _____
_____ I do not have enough information concerning this PCC to make a judgment.

Print name: _____ Signature: _____Title: _____ Date: _____
(Arch)Diocese of: _____ Telephone #:_____
Address: _____

Return to: **Culture of Life Office, Fraternal Mission**
Knights of Columbus, 1 Columbus Plaza, New Haven, CT 06510-3326

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