



# KNIGHTS OF COLUMBUS

## ULTRASOUND INITIATIVE

### DIOCESAN EVALUATION



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

**Participating Knights of Columbus Unit:** \_\_\_\_\_ **Council #** \_\_\_\_\_  
**K of C Contact (name/address):** \_\_\_\_\_  
**Pregnancy Care Center:** \_\_\_\_\_ **City/State** \_\_\_\_\_  
**(Arch)Diocese where center is located:** \_\_\_\_\_

*(This Section to be completed by the Diocesan Pro-Life Director)*

The Knights of Columbus Council noted above is exploring the option of raising funds to provide an ultrasound machine 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. 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 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 are asked to sign or assent to in their participation or presence at the PCC), it has been evaluated in light of the policies of the diocesan pro-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.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Arch)Diocese of:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

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