



# Instructions for the Community Assessment Survey

The Community Assessment Survey is a useful instrument designed to provide a pregnancy care center (PCC) and Sheltering Church Ministry Network (SCMN) steering committees with the necessary data base to develop a PCC or SCMN in their community. It is also helpful for BFL to become more aware of the abortion providers and alternative resources in a state, region or locale. The following instructions will make completion of the survey easier. If you have questions, please do not hesitate to contact Baptists for Life.

1. First, read over the entire survey. It is divided into several sections, each of which provides a different type of data:
  - ◆ Availability of abortion and abortion referral activities in the community.
  - ◆ Pro-life organizations and services already present in the community
  - ◆ Area welfare services
  - ◆ The Women, Infants, and Children (WIC) Program as it is administered locally
  - ◆ Children's services
  - ◆ Area doctors and the availability of their assistance
  - ◆ Education services for pregnant students at secondary/college levels
  - ◆ General housing
  - ◆ Childbirth classes
2. The forms should be reproduced before any attempt is made to fill them out. In gathering information, separate copies should be used for each individual, office, or agency that is contacted. For example, a separate copy of the doctor's form would be used for each physician contacted.
3. Because the survey is divided into sections, it can be divided among a group of people who are committed to gathering the necessary information. The survey can be completed more quickly by several people than by one individual. Keep in mind that some sections will be harder to complete than others.
4. Most of the information requested by the survey can be gathered over the telephone. Occasionally a letter or personal visit will be required. Keep in mind that people tend not to respond to mailed surveys.
5. Set a deadline for the completion of the survey and stick to it! Because it is hard work, schedule a celebration at the meeting at which completed survey sections are compiled. People need to feel appreciated for the work they have done.
6. Once the survey is complete, mail a copy to Baptists for Life. Keep the original and arrange the information so that it is convenient and handy to volunteers making referrals at the PCC. The information can be placed in a loose-leaf notebook or index card file, indicating the name, address, and phone number of each agency or professional who is willing to help.

## COMMUNITY ASSESSMENT

# Form 1: Abortion Clinics and Referral Services

Helpful resources for gathering this information are the white and yellow pages of your phone book. Look under the headings for *Pregnancy, Abortion, Clinics, Women, and Birth Control and Family Planning*.

Because of the controversy surrounding abortion, abortion providers and referral services may not be willing to cooperate with this survey. Be persistent, but polite. Identify yourself, but it is not necessary to state that you are pro-life. The information requested should be open to anyone.

Remember to make copies of this form before filing it out. You will want a separate form for each clinic, hospital, or doctor. Please use black ink.

## COMMUNITY SURVEY

# Form 1: Abortion Clinics/Referral Services

Name of clinic/hospital/doctor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Hotline \_\_\_\_\_

Is it a 24-hour call in service? Yes \_\_\_\_\_ No \_\_\_\_\_ Please state the days of service and the hours of operation.

Please state the types of abortions performed and cost of each type of procedure.

1. \_\_\_\_\_ \$ \_\_\_\_\_ 2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_ 4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_ 6. \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_

Please state the latest stage of pregnancy at which an abortion will be performed:

First Trimester \_\_\_\_\_ Second Trimester \_\_\_\_\_ Third Trimester \_\_\_\_\_

Other \_\_\_\_\_

Does the service operate on a sliding scale based upon ability to pay? Yes \_\_\_\_\_ No \_\_\_\_\_

A group of individuals in the community are establishing a service, which will offer free and confidential care to women who want to carry their pregnancies to term. If you encountered a woman desiring to carry her pregnancy to term, would you refer her to an agency that would provide necessary services? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_ (Explain)

Other than abortion services, does this clinic/hospital/doctor provide any other services to the pregnant woman? (Pregnancy testing, counseling)

Give the name and phone number of each hospital's social worker.

Name \_\_\_\_\_ Phone \_\_\_\_\_

If the hospital has a pro-life doctors' or nurses' association, provide the following information:

Name of organization\_\_\_\_\_

Address\_\_\_\_\_

City/State\_\_\_\_\_ Zip\_\_\_\_\_ Phone\_\_\_\_\_

Contact person for association\_\_\_\_\_

Phone\_\_\_\_\_

After you have gathered all of your data on abortion services, please provide the following information.

How many hospitals in your area perform abortions?\_\_\_\_\_

How many abortion clinics are in your area?\_\_\_\_\_

Does your state pay for abortions for poor women?\_\_\_\_\_

**GENERAL REMARKS:**

Please use this space to make any comments or to pose any further questions.

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## COMMUNITY ASSESSMENT

### Form 2: Pro-Life Organizations and Services

The information gathered in this section will enable you to know what services are currently provided to women with crisis pregnancies by local pro-life groups. Include adoption agencies, other pregnancy care centers, lobbying groups, pro-life church groups, maternity homes, group homes, etc. See *Abortion Alternative Organizations* in the yellow pages.

Remember to make copies of this form before filling it out. You will want a separate form for each pro-life organization. Please use black ink.

## COMMUNITY SURVEY

# Form 2: Pro-Life Organizations and Services

Please provide the following information for each pro-life organization in your area.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Hotline \_\_\_\_\_

Does this organization have a 24-hour call-in-service? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check the services this organization offers for pregnant women?

\_\_\_\_ Pregnancy testing

\_\_\_\_ Adoption agency/service

\_\_\_\_ Pregnancy counseling

\_\_\_\_ Foster care licensing/services

\_\_\_\_ Ongoing Personal Counseling

\_\_\_\_ Clothing (maternity/baby)

\_\_\_\_ Childbirth instruction

\_\_\_\_ Food distribution

\_\_\_\_ Parenting classes

\_\_\_\_ Continuing education

\_\_\_\_ Medical assistance

\_\_\_\_ Bible studies

\_\_\_\_ Financial assistance

\_\_\_\_ Career training/counseling

\_\_\_\_ Legal aid

\_\_\_\_ Political activities

\_\_\_\_ Short term housing

\_\_\_\_ Lobbying

\_\_\_\_ Maternity home/group home

Other \_\_\_\_\_

Please state the days and hours of operation

Please state the fees or terms of service: \_\_\_\_\_

General comments on this organization:

Contact Person \_\_\_\_\_

# **COMMUNITY ASSESSMENT**

## **Form 3: Welfare Survey**

The purpose of this section is to determine what qualifications a pregnant woman must meet to receive welfare benefits. To obtain this information, look in the phone book under *Welfare Department* or *Services, Public Assistance, U.S. Government, State Government, City Government, or County Government*. Also try to contact people in your church who work in public assistance or know someone who does.

Remember to make copies of this form before filling it out. You will want a separate form for each agency. Please use black ink.

# COMMUNITY SURVEY

## Form 3: Welfare Survey

Name of Agency/Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Days of service \_\_\_\_\_ Hours of service \_\_\_\_\_

1. What are the age requirements for assistance?
  
2. Can a woman be single? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Can she be living with her parents? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explanation)
  
4. Can she be legally separated from her husband? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)

### RESIDENCE (Ques. 5-8)

5. How long must she have lived in the state in order to be eligible for welfare benefits?  
(Explanation)
  
6. Must she establish by some means, e.g. letter, utility bill, etc., that she is a resident?  
(Explanation)
  
- 7a. When applying for benefits, what legal papers are required?  
Driver's license \_\_\_\_\_ Birth Certificate \_\_\_\_\_  
Social Security Card \_\_\_\_\_ Letter from landlord \_\_\_\_\_  
Certification of Pregnancy \_\_\_\_\_
- 7b. How much per month would she receive in a cash grant? \_\_\_\_\_

- 7c. Can she apply at any time during her pregnancy? \_\_\_\_\_
8. In order to receive benefits, must she pay her own room and board, or can she live in the house of someone who provides her with room and board?
- 9a. Can she receive benefits while working? Yes \_\_\_\_\_ No \_\_\_\_\_ Stipulations, if any
- 9b. If yes, how much money can she earn and still receive benefits
10. Can the woman retain personal assets and receive welfare benefits (savings account, insurance)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much in assets can she have
11. What are the requirements to receive food stamps?
- 12a. What are the requirements for a medical card?
- 12b. What will the medical card cover?
- 12c. Does this cover private doctors as well as clinics? \_\_\_\_\_
13. How does a person apply for welfare benefits? (e.g. by appointment?)
14. If she keeps the baby, will welfare benefits be increased? \_\_\_\_\_
15. Does the agency have a case worker?  
Name \_\_\_\_\_ Phone \_\_\_\_\_

ADDITIONAL COMMENTS ABOUT THIS AGENCY:

## **COMMUNITY ASSESSMENT**

# **Form 4: Women, Infants & Children (WIC) Program**

The WIC Program is a federally funded program designed to help the pregnant woman with her special nutritional needs. In completing this section, call your local welfare office to determine the requirements for the WIC Program in your area. Please use black ink.

## COMMUNITY ASSESSMENT

# Form 4: Women, Infants & Children (WIC) Program

Please call your local welfare office for the following information:

1. How does a girl go about making an application for the WIC Program?
  
2. What are the requirements for a girl to be eligible for the WIC Program?
  
3. What will they supply if the criteria are met?
  
4. How long will the service be provided?
  
5. May a person reapply for subsequent pregnancies?      Yes\_\_\_\_\_      No\_\_\_\_\_ (Other/Explanation)

NOTES/COMMENTS:

## COMMUNITY ASSESSMENT

# Form 5: Children's Services Information

Studies show that roughly 70 percent of unmarried women living in metropolitan areas have had sexual intercourse by age 19. Some who experience crisis pregnancy are between the ages of 11 and 16. In an effort to help these young girls, you need to know the names of available children's services and their requirements for assistance. Many children's services offer foster care, and in some instances medical and financial assistance. In either the white pages under your county name or in the yellow pages under *Social/Human Service*, look for the following listings in order to obtain the information requested in this section: *Children and Youth*, *Children's Services*, *Bureau of Children's Services*, and *Foster Care*.

Remember to make copies of this form before filling it out. You will want a separate form for each agency. Please use black ink.

## COMMUNITY ASSESSMENT

### Form 5: Children's Services Information

When you reach the agency, try to find out the following information:

1. Do they have special services for pregnant teens? Yes\_\_\_\_\_ No\_\_\_\_\_  
(Explanation) If yes, give name, department head, and phone number.
2. Do they have foster homes or group homes for pregnant girls?
3. Must the girl's family pay for care? What is the criteria?
4. What is the legal criteria for a girl to receive their help (ie., do they take custody, etc.)
5. Will they supply a medical card, cash grant, etc?

# **COMMUNITY ASSESSMENT**

## **Form 6: Doctor's Survey**

Prenatal and postnatal care is important to ensure the health of the pregnant woman and her unborn child. The purpose of this survey is to locate pro-life physicians who would be interested in offering their services to women with crisis pregnancies. A good way to locate pro-life doctors is through pastors and other medical personnel who are pro-life. Pro-life organizations might also be able to refer you to pro-life doctors. Seek out obstetricians, gynecologists, and family practitioners especially.

It might be advisable, in a large community, to copy this form onto your church or PCC letterhead and mail it to physicians. Include a cover letter stating the purpose of your organization. Make it clear that answering the survey does not obligate the doctor. Follow up with a phone call if you receive no answer by a deadline.

Remember to make copies of this form before filling it out. You will want separate forms for each doctor. Please use black ink.

# COMMUNITY ASSESSMENT

## Form 6: Doctor's Survey

Name of Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Partner \_\_\_\_\_

1. In your practice, do you encounter patients with crisis pregnancies? (NOTE: A crisis pregnancy is one which, for some reason, is not desired by the patient). Yes \_\_\_ No \_\_\_  
(Explanation)

2. Are you familiar with the services of pregnancy care centers? (A PCC is a non-profit organization which provides confidential and free assistance to women with crisis pregnancies). Would you work informally with this facility by referring patients to us or by receiving referrals from us for medical services? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

If yes: Would you be interested in talking to our director about working with our clients on a tax deductible basis? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

Or would you be willing to offer an adjusted fee, whereby the amount that a patient pays for a service would be based on the patients' income? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

If no or unsure: Would you be interested in talking to a member of our Board of Directors about our services?

3. Fees: What are your regular fees for prenatal care and childbirth? \_\_\_\_\_

At which hospital do you deliver? \_\_\_\_\_

Do you accept Medicaid patients? \_\_\_\_\_

Do you perform abortions? \_\_\_\_\_ How much do you charge? \_\_\_\_\_

Do you refer for abortions? \_\_\_\_\_ To whom? \_\_\_\_\_

If in a partnership, does your partner perform or refer for abortion? \_\_\_\_\_

Would you like us to keep you informed of the progress of our community outreach?

Yes \_\_\_ No \_\_\_

## **COMMUNITY ASSESSMENT**

### **Forms 7A & 7B: Education Services**

Today, a high school education or proficiency in a particular skill is a must for anyone seeking employment. Some of the young women seeking assistance from the PCC or SCMN will be lacking in one or both of these areas. In addition, a crisis pregnancy can interrupt a woman's plans for a college education. To help alleviate these problems, you will need to obtain information about the educational opportunities in your area. In completing this section, call you State Board of Education and your local colleges and universities to discover the policies which apply to a woman who is pregnant.

Remember to make copies of this form before filling it out. You will want a separate form for each school. Please use black ink.

# COMMUNITY ASSESSMENT

## Forms 7A: Education Services

Enabling a girl to further her education is very important. Call your school districts to find out the following information.

### High Schools in Geographical Area

Name of School \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Principal \_\_\_\_\_ Phone \_\_\_\_\_  
Name of school nurse \_\_\_\_\_ Phone \_\_\_\_\_  
Name of school counselor \_\_\_\_\_ Phone \_\_\_\_\_

1. Does this school have a special program for pregnant teens? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)

If so, please answer the following:

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
When is the service offered? \_\_\_\_\_  
Is there a fee? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is the girl allowed to attend classes until the time of delivery? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)
3. Can her course schedule be rearranged if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)
4. Will a pregnant girl be allowed to march with her class during graduation ceremonies? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explanation)

5. Are there any night school opportunities for pregnant girls? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)

6. Does the school district or the state board of education offer a high school  
equivalency program? Yes \_\_\_\_\_ No \_\_\_\_\_ What is the criteria for entrance?

What cost is involved?

How/when does a girl apply

How long is the program?

ADDITIONAL COMMENTS ABOUT THE SCHOOL:

# COMMUNITY ASSESSMENT

## Forms 7B: Education Services

Enabling a girl to further her education is very important. Call your local colleges/universities to find the following information:

Colleges/Universities in Geographical Area

Name of institution \_\_\_\_\_

Dean of Students \_\_\_\_\_ Phone \_\_\_\_\_

Name of student health center \_\_\_\_\_

Director \_\_\_\_\_ Phone \_\_\_\_\_

Services available to pregnant student from health center

Does this institution allow pregnant women to continue their education without interruption?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Explanation)

Will she be granted an incomplete grade for course work interrupted by the pregnancy?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Explanation)

Can she make special arrangements for class assignments and exams? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)

Are there formal procedures/policies affecting a student who becomes pregnant while enrolled in your institution?

Size of student population \_\_\_\_\_

ADDITIONAL COMMENTS ABOUT THIS SCHOOL:

# **COMMUNITY ASSESSMENT**

## **Form 8: Special Service Form**

In this section, provide information on those services not covered elsewhere in this survey but which you feel would be helpful in establishing a local PCC or SCMN. These services might include hospital clinics (that do not refer for abortion), legal aid, professional counseling services, emergency food and clothing outlets, parenting education, etc.

Remember to make copies of this form before filling it out. You will want a separate form for each service. Please use black ink.

# COMMUNITY ASSESSMENT

## Form 8: Special Service Form

Special services would include those services not included in this survey, but which you discover are helpful in fulfilling your ministry.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Business Phone \_\_\_\_\_

Service Offered

Qualifications for service

How will this service help you to establish and maintain the ministry of your PCC?

General Notes on Service:

# COMMUNITY ASSESSMENT

## Form 9: General Housing Survey

This survey is intended to collect information about housing facilities which are available to pregnant women, but which may not have been covered on other forms. Some facilities may be specialized, such as shelters for battered women, runaways, or those with drug-related problems. Some women with crisis pregnancies will have other serious problems, and specialized housing referrals will be helpful. In addition, you will want to locate housing which is available to any woman in need, such as the Salvation Army. To find these agencies, look under *Religious Organizations* and *Crisis Intervention* in the yellow pages.

Remember to make copies of this form before filling it out. You will want a separate form for each agency. Please use black ink.

**COMMUNITY ASSESSMENT**  
**Form 9: General Housing Survey**

Name of organization/institution \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hotline \_\_\_\_\_ Contact Person \_\_\_\_\_

What are the criteria for admittance into the facility?

Is there a cost involved in staying at the facility? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explanation)

How long may a woman stay at the facility?

Describe the general program and services offered:

Are there accommodations for a woman who has small children? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Explanation)

Does this facility hold to any particular religious belief? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explanation)

GENERAL REMARKS ABOUT THIS FACILITY:

# COMMUNITY ASSESSMENT

## Form 10: Childbirth Services

This information will put you in contact with people who conduct childbirth instruction classes. Suggested resources are the Red Cross and pro-life doctors. Listings in the yellow pages are *Childbirth Education* and *Social Service Organizations*.

Remember to make copies of this form before filling it out. You will want a separate form for each service. Please use black ink.

# COMMUNITY ASSESSMENT

## Form 10: Childbirth Services

Name of organization/instructor \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Do you have special classes for a single woman? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the woman need to have a support person with her in the classes? Yes \_\_\_\_\_  
No \_\_\_\_\_ (Explanation)

How long do the classes last?

How far along in pregnancy does the woman need to be in order to join the classes?

What is the cost for the classes?

Are free classes available to the woman who is unable to pay for the cost? Yes \_\_\_\_\_  
No \_\_\_\_\_ (Explanation)