

The Sheltering Church Ministry



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A RATIONALE FOR THE CHURCH BY DR. ERWIN LUTZER

IN OUR EFFORTS TO PROMOTE THE PRO-LIFE MESSAGE:

- I. Our Primary BATTLE is Theological** – not political or social; it concerns the sovereignty of God and the sanctity of human life
- II. Our Primary RESOURCE is the Church**
- III. Our Primary MODEL is Jesus Christ**
 - Jesus changed his world . . .
 - by where he went – going where others would not go
 - by what he saw – determined by who he was
 - by who he touched – the untouchable
 - by what he spoke
- IV. Our Primary INFLUENCE is Through Individuals**
- V. Our Primary MOTIVATION is Love**
 - Because we have experienced grace, we extend grace

Outline of a message given March 8, 2007 at the Baptists for Life banquet

Does Your Town Need a Sheltering Church Ministry?

- Are there any abortion clinics, or doctors performing abortions within a 30 mile radius?**

- Does a local Planned Parenthood office, or other agency, make referrals for abortions?**

- Are there women in your area who might seek to obtain abortions?**

- Are there high schools, colleges, or universities with female students in your town?**

- Does your town have an evangelistic pregnancy care center?**

- Are there needy people in your town?**

**If you answered 'Yes'
to any of the questions above,
your town needs
a Sheltering Church Ministry.**

The Sheltering Church Ministry

What is the Sheltering Church Ministry?

The Sheltering Church Ministry (SCM) is an opportunity for local, evangelical churches to minister to the needs of women facing crisis pregnancies. These women need the love and understanding that only the family of God — those who have been redeemed by a loving and caring Savior — can provide. The SCM gives the local church this opportunity in a unique and viable way.

The ministry accepts these women unconditionally, as Christ accepts each one of us in our sinful condition. In cooperation with an existing pregnancy care center (PCC), it offers women alternatives to abortion through various means of assistance and care. If no PCC exists in your area and your church would like to establish one, BFL can help direct your efforts. The ministry has a number of goals.

- to terminate the *crisis* for a woman, so she will not feel the need to terminate her *pregnancy*.
- to share the gospel message of forgiveness and transformation
- to train new believers in godliness

The extent of help made available depends entirely on how much the local church chooses to become involved or is able to offer in respect to its resources and abilities. The church can begin its sheltering ministry at any stage. This allows the ministry to grow as the church becomes more comfortable in what it is able to provide and as the Lord opens the doors to additional opportunities.

Participation in the Sheltering Ministry doesn't depend on church size. That is one aspect of this ministry that makes it so workable. Each church is able to determine the extent of its involvement as it best fits its congregation's profile.

Why Have a Sheltering Church Ministry?

Spiritually, the Church is a refuge from sin and a place of eternal security in Jesus Christ. Reaching out to others unconditionally reflects what God did for us spiritually through Jesus Christ. The Word of God instructs us to “love your neighbor as yourself.” Historically, the Church has provided refuge to the unwanted, the poor, and social outcasts. It was the Church that first established hospitals and orphanages — not the state. The Body of Christ recognized its responsibility to be “salt and light” — to combat the world's attitude of unconcern and selfishness toward the weak and needy.

The SCM is a visible testimony of “salt and light” in a festering and darkened world. It seeks to stem the tide of sin that threatens to destroy our culture. It stands as a beacon of hope to women in crisis, guiding them to a safe refuge, a shelter against life's raging storms.

How does the Sheltering Church Ministry work?

The SCM combines the ministry skills of laypeople and the resources of the local body and makes them available to women in crisis. Networking between Bible-centered churches and evangelistic pregnancy care centers assures that a woman in crisis will be able to obtain as much help as possible.

Baptists for Life will work with churches and PCCs to help establish an initial contact. We will continue to exist as a source of information and help in the church's effort to be a supportive and guiding pro-life testimony in their community.

Involvement for churches may include the following (see our Membership Skills Survey for other suggestions):

- Encouraging members to volunteer at a PCC
- Financially supporting a PCC or providing material aid on a regular basis
- Inviting the director of an area PCC to speak during a church service
- Observing Sanctity of Human Life Sunday, preaching pro-life messages, and teaching pro-life curriculum
- Broadening the outreach of an area PCC by referring clients and/or offering transportation where needed
- Mentoring a PCC client, teaching life skills, or discipling a new believer

To develop a concerted sense of mission among the SCM churches, BFL will publish an SCM Email Newsletter to keep participating churches informed on the Sheltering Church Ministry and to serve as a forum for the exchange of ideas and encouragement.

Developing a Sheltering Church Ministry

1. Present the Sheltering Church Ministry to the pastor(s) and deacons.

Explain how it works and discuss how your church could fit into the ministry. The ministry cannot exist without pastoral and diaconal support.

2. Hold a ministry introduction meeting for interested church members.

Schedule a congregational meeting to detail the Sheltering ministry and encourage participation for service.

3. Distribute the Membership Skills Survey to determine the potential help available from within the congregation.

This tool will reveal the variety of vocational and avocational interests represented within your church. The range of available skills will help you to develop an effective ministry representative of your congregation.

4. Complete a Community Resource Survey to discover the social service assistance agencies in your area.

There are a number of helpful, tax-supported social service benefits available to women and their dependant children.

5. Based on the interests and skills revealed through the Membership Skills Survey, determine the types of assistance your church will offer in the Sheltering Church Ministry.

The ministry can begin small and grow as the congregation gains the vision of service to others.

Don't underestimate what your congregation is capable of doing. Ministry goals should challenge, but not frustrate, the congregation.

Some existing ministries of your church may fall under the heading of Sheltering Church Ministry (e.g. food pantry, clothing distribution, needy fund, etc.).

6. Include the needs of the Sheltering Church Ministry in the church budget.

The financial needs of SCM will be determined by the types of assistance your church offers. Consider financial support for existing PCCs, fees for volunteer training, costs for material supplies, advertising and other promotional costs, etc.

Promoting Your Sheltering Church Ministry

Making the community aware of your Sheltering Church Ministry is critical to its success. Here are some elements your church can include in your promotion of the ministry:

Website. Include information about the SCM on your church website. Offer links to area PCCs.

Press releases. Write a news release on the SCM outreach at your church. Send the information to local and metropolitan newspapers, and radio and television stations. Suggest an interview for the local talk radio or Christian radio station. Write a 30-second radio spot. Some radio stations may agree to use the piece as a Public Service Announcement. Be sure to include a contact name and telephone number (day and evening) on every piece of literature.

Phone book. Advertise in the yellow pages under “Abortion Alternatives,” and with your yellow page church listing. Some telephone directories may include a free listing for human services.

Referrals. Establish a relationship with the social service agencies in your community. Inform them of your ministry and availability to help. They may refer women who need spiritual counseling and Christian encouragement.

Schools. Contact local high schools and colleges. Some schools may send students your way for pregnancy testing, abortion information, abstinence counseling, Shepherding Housing, spiritual direction, etc. You may be able to advertise in the school newspaper or yearbook.

Joining the Sheltering Church Ministry BFL Information Form

Meeting the physical needs of individuals in the name of the Lord Jesus Christ is an effective way in which the local church can share the life-changing message of the Gospel. When these helps are strengthened through a network of concerned churches, the impact of the Gospel is multiplied many times over. This form should be completed and a copy sent to Baptists for Life (P.O. Box 3158, Grand Rapids, MI 49501). We will use it to inform area PCCs of your desire to minister with them in your community. It will also enable us to contact you with helpful resources and make you aware of needs you may address.

Church _____

Address _____

City/State/Zip _____

Phone Number(s) _____

Email _____

Web Site _____

Pastor(s) _____

SCM Contact:

Name _____

Address _____

City/State/Zip _____

Phone Numbers () _____ Home () _____ Work

Email _____

Church Profile:

Membership size _____ Average Attendance _____

Demographic Information:

Population of your town _____

If under 20,000, please name a larger town nearby and driving distance/time to reach it

Area colleges/universities and their sizes _____

Ministry Objectives:

Please summarize your church's goals and plans in implementing Sheltering Church Ministries. List specific ministries your church wants to offer.

Sheltering Church Ministry Membership Skills Survey

Name _____

Address _____

City/State/Zip _____

Phone Numbers () _____ Home () _____ Work _____

Email _____

Member of this church? Yes No

How long have you been a Christian? ____ Years ____ Months

Marital Status Married Single Divorced

Number of Children ____ Ages ____ ____ ____ ____ ____ ____ ____

Education:	School	Degree
High School	_____	_____
College	_____	_____
Graduate	_____	_____
Post-Graduate	_____	_____
Technical	_____	_____
Other	_____	_____

Vocational Skills:

Present Occupation/Employer _____

Previous Occupation/Employer _____

Avocational Skills:

Interests/Hobbies

Skill Level (1=low, 5=high)

The Sheltering Church Ministry (SCM) is a local church ministry to women faced with crisis pregnancies. If our church becomes involved, how would you be willing to give of your time and talents to this outreach? Please check as many as apply. (*Denotes ministries that require some training or orientation by experienced individuals.)

Goods

- Donate good, new/used maternity and baby clothing
- Donate baby furnishings (cribs, car seats, high chairs, etc.)
- Hunt for baby furnishings at garage sales
- Mend, launder, label and fold clothing for SCM
- Knit/sew baby or maternity clothes

Services – at the PCC

- Serve as volunteer counselor to women in crisis*
- Lead a women’s Bible study at a local PCC
- Provide maintenance/mechanical skills for a local PCC
- Drive women to doctor appointments, childbirth classes, etc.
- Provide free child care for PCC volunteers
- Volunteer ___ hrs/week or month at the local PCC
- Volunteer as a childbirth coach*

Services – in the community

- Provide a woman a home for the duration of her pregnancy*
- Provide professional services to women with unwelcome pregnancies (legal, medical, counseling, etc.)
- Offer a young woman a job or job training
- Teach sewing, mending, cooking, cleaning, child care or parenting classes (circle all that apply)

Other Helps

- Disciple a women who becomes a Christian through SCM or the local PCC
- Help with medical, food, rent costs
- Befriend women in crisis pregnancies (invite to church, introduce to friends, have to home for meals, etc.)
- Be a prayer partner with a volunteer advisor, Bible study leader, etc.
- Serve as a liaison between the PCC and church



Instructions for the Community Assessment Survey

The Community Assessment Survey is a useful instrument designed to provide pregnancy care center (PCC) and Sheltering Church Ministry (SCM) steering committees with the necessary data base to develop a PCC or SCM 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, we suggest you schedule a celebration when 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.

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 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 SURVEY

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 SURVEY

Form 6: Doctor's Survey

Name of Doctor _____

Address _____

City _____ State _____ Zip _____

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 SURVEY
Form 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 SURVEY

Form 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 SURVEY
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 SURVEY
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 SURVEY
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)