

Seven Crucial Steps

Toward Developing a Successful Pregnancy Care Center

From the time interest is generated in a pregnancy care center (PCC) ministry, until the door of the center first opens, seven developmental steps must be taken. Omitting any one of these seven steps weakens the overall foundation of the ministry and, ultimately, its effectiveness. While desiring to provide a ministry to women facing unplanned or unwanted pregnancies is commendable, it should not be shortchanged by careless preparation or hurried planning.

These seven steps can generally be completed in about eight months, once a strong steering committee is established. Some centers may be established in less time while others may take longer. Additional assistance in PCC development can be obtained from Life Matters Worldwide.

I. BUILD A STRONG CORE GROUP THAT SERVES AS A STEERING COMMITTEE FOR THE PCC

From the time of its first meeting, the core group should function as an ad hoc committee with a chairman, secretary and treasurer. This is important in that it will eliminate problems when questions are later raised as to who is in charge and what has been decided. All decisions should be made by the steering committee and recorded. This committee should consist of not less than five members.

The best candidates for the steering committee should have a strong desire to see this PCC outreach become a reality; an uncompromising commitment to and thorough understanding of the pro-life ethic; certain skills (accounting, fundraising, administration, leadership, speaking, etc.) that will help facilitate the development of the PCC; a clear and consistent testimony of faith in Jesus Christ as their Lord and Savior; and be an active member in good standing of a conservative, evangelical local church. A recommendation from the candidate's pastor is also strongly advised.

An open meeting sponsored by the church/churches interested in a PCC can be used to recruit members for this committee. This meeting will also serve as an educational and motivational event to generate interest in the PCC.

It is important to begin generating a mailing list of those who express interest in a PCC. This can be done by having an interest list posted in churches sympathetic to the PCC ministry. Personnel and financial support can be obtained from those listed.

II. TAKE A COMMUNITY SURVEY TO PRODUCE A PROFILE OF RESOURCES FOR THE PCC

Community survey forms are available for download at lifemattersww.org or in the Standards for Excellence manual. They should be completed by the steering committee as its initial project. By completing this inventory of questions, information necessary for the PCC is obtained. The survey is comprised of twelve sections and can easily be divided up among committee members with an assigned time for completion. The data obtained will provide the committee with information necessary for making referrals to valuable community resources. It will also show where and how abortions are being performed in the community.

III. INCORPORATE THE PREGNANCY CARE CENTER AND APPLY FOR TAX-EXEMPTION

Since funds will be raised and disbursed for the ministry, it is necessary that incorporation papers are filed for the PCC and that tax-exempt status is received from the IRS. Although it is possible for a PCC to come under the corporate ministries of a church, experience has shown that other ministries are less likely to support the center under this arrangement. Another good reason is that independent incorporation effectively limits the extent of legal liability in the event that the PCC should be sued.

Sample copies of articles of incorporation, by-laws, constitution and application for tax-exempt status can be obtained from Life Matters Worldwide.

Once incorporated, the legal governing body of the PCC becomes the Board of Directors. The board should consist of no fewer than five members. The Board of Directors is to be an active board, meeting monthly. They set policy, evaluate programs and activities, hire, evaluate (and fire) the PCC director, and help secure the funds necessary for the ministry to operate. In addition, the Board of Directors is expected to head and participate in committee responsibilities that do not relate to the delivery of services to clients (e.g. finance, education, research, public relations, etc.).

Generally, through the process of steering committee activities and survey compilation, interested individuals are found who would be good members of the Board of Directors.

IV. ESTABLISH WORKING COMMITTEES, WHICH SUPPLY BASIC RESOURCES FOR THE PCC

The PCC cannot operate apart from a team of dedicated volunteers and funds. The Board of Directors must undertake the task of making Christians and churches aware of the need for the ministry and the opportunities to become involved. As a result of such developmental activities, funds are secured and volunteers are recruited to work in the PCC.

The main committees and key personnel positions are: Finance, Educational Research, Personnel & Training, Case Manager, Office Manager, Clothing Coordinator, New Mothers Coordinator, ChildBirth Instructor, Publicity & Promotion, Social Services Liaison.

Many groups wonder at what point they have adequate support to open a center. As a minimum, a sizable fund should have been built up for start up costs (\$5,000 - 7,000) and pledges of monthly support of at least \$1,000 should have been received.

V. APPOINT A CHIEF EXECUTIVE TO IMPLEMENT BOARD POLICY AND MANAGE THE PCC

The Board of Directors is solely responsible to appoint a chief executive, regardless of whether the position is salaried or volunteer. Accordingly, no one involved in initiating a PCC should make any assumptions regarding the directorship.

The chief executive's role is very important and a description of duties is available from Life Matters Worldwide. He or she should be involved in those committees that relate directly to delivery of services to clients and will serve as an *ex officio* (non-voting) member of the PCC's board.

VI. SECURE AND FURNISH A FACILITY TO HOUSE THE PCC

The work of locating the proper site for the PCC should have been in progress during the initial stages of the ministry's development.

Site preparation should be completed within two weeks of the training, so the center can be immediately opened. The facility should not be located in a church building, but in a neutral setting that is accessible both to clients and to volunteers. Selecting a location on or near a mass transit line is important. Additional information about location and furnishings can be obtained from Life Matters Worldwide.

VII. TRAIN VOLUNTEERS WHO PROVIDE THE BASIC SERVICES OF THE PCC

Training for volunteers can be arranged through Life Matters Worldwide. These are high level events, designed to motivate and equip volunteers to do the work of the ministry. Seminars are generally 18 hours in length. The best safeguard against the loss of volunteers is strong training so they will feel confident in their work and know why they are doing what needs to be done.

Experience shows that a training seminar should only be scheduled when enough interest has been generated to recruit at least 25 volunteers. Training fewer people proves frustrating to centers because the need arises so quickly for a subsequent training of additional volunteers. The training should be scheduled as close to the opening of the PCC as possible to avoid the loss of skills and interest among volunteers that always accompanies delays.

For additional information on operating a successful pregnancy care center, contact Life Matters Worldwide and ask about the manual, *Standards for Excellence*.

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Questionnaire for Developing Centers

It's helpful for pregnancy care centers under development to follow a protocol for ensuring the proper establishment of a center and its readiness for opening. The *Seven Crucial Steps Toward Developing a Successful Pregnancy Care Center* (pages 1-3) spell out the most basic requirements. This questionnaire will ensure each step is accomplished. It is highly recommended that centers also obtain and review the *Standards for Excellence* manual from Life Matters Worldwide as an additional guide.

STEP ONE: STEERING COMMITTEE

When did the steering committee begin meeting?

How often have you met since then?

How many, on average, have attended?

STEP TWO: COMMUNITY ASSESSMENT

Date survey was/will be completed.

How have you compiled the information for easy accessibility?

STEP THREE: INCORPORATION

Date articles of incorporation were/will be filed with the state:

Date tax exemption application was/will be filed with IRS:

Date board of directors was/will be appointed:

How many board members do you have?

How many would you like to have?

List the professions represented on the board:

Give the name, address, and phone number of your board chairperson:

STEP FOUR: WORKING COMMITTEES

Public Relations

Who is/will be doing public relations (presentations, etc.)?

How many general meetings has this committee held?

How many attended these meetings?

How many pastors have you contacted and met with to discuss the ministry?

How many formal presentations have been done?

How many presentations are scheduled?

Do you have a promotional brochure? (enclose a copy)

How many are currently on the mailing list?

Have you published a newsletter? If not, when do you anticipate publishing one?

How many potential volunteers have been recruited?

Development

Who is planning and carrying out development goals?

What is your development strategy?

What has been/will be done to raise funds (direct mailings, grant applications, banquets, church support, etc.)?

Finance

What is your estimated annual budget?

What are your estimated initial start-up expenses?

What is your present bank balance?

How much monthly support is currently pledged?

STEP FIVE: CHIEF EXECUTIVE

What steps have been taken toward appointing a chief executive?

Date chief executive was/will be appointed:

Full-time? Part-time?

If part-time, how many hours do you expect the chief executive to work?

Amount of salary?

Has a job description been written for the position?

STEP SIX: FACILITY

What steps have been taken to secure a facility?

Date of projected occupancy:

Describe the location, number of rooms, access to public transportation and parking, etc. of the facility.

How much will you be paying monthly for rent, utilities, etc.?

STEP SEVEN: TRAINING

Date of training seminar:

Plan for promoting the volunteer training seminar:

Training manual used:

Name of trainer:

Will you, by the date of the training, have all the other six steps completed?

Date for projected opening:

Community Assessment Survey

INSTRUCTIONS: The Community Assessment Survey found on the following pages is a useful instrument designed to provide a pregnancy care center (PCC) steering committees with the necessary data base to develop a PCC in their community. It is also helpful for the pro-life community at-large 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.

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, compile and arrange the information so that it is convenient and handy to volunteers making referrals at the PCC. The information can be scanned to create an electronic file, placed in a loose-leaf notebook, uploaded into a database featuring the name, address, and phone number of each agency or professional who is willing to help.

Community Assessment Survey

FORM 1: ABORTION CLINICS AND REFERRAL SERVICES

The Internet and the white and yellow pages of your phone book will be helpful resources for gathering this information. Look under the headings for Pregnancy, Abortion, Clinics, Women, and Birth Control and Family Planning.

Because of the controversial nature of 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.

Name of clinic/hospital/doctor _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Hotline _____ Website _____

Does it have a 24-hour call in service? Yes No State the days and 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 pregnant women? (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 _____

Phone _____ Website _____

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 Survey

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, post-abortion ministries, 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.

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

Name _____

Full address _____

Contact person _____ Phone _____ Hotline _____

Email _____ Website _____

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

Please check the services this organization offers for pregnant women:

- | | |
|--|---|
| <input type="checkbox"/> Pregnancy testing | <input type="checkbox"/> Adoption agency/service |
| <input type="checkbox"/> Pregnancy counseling | <input type="checkbox"/> Foster care licensing/services |
| <input type="checkbox"/> Ongoing personal counseling | <input type="checkbox"/> Clothing (maternity/baby) |
| <input type="checkbox"/> Childbirth instruction | <input type="checkbox"/> Food distribution |
| <input type="checkbox"/> Parenting classes | <input type="checkbox"/> Continuing education |
| <input type="checkbox"/> Medical assistance | <input type="checkbox"/> Bible studies |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Career training/counseling |
| <input type="checkbox"/> Legal aid | <input type="checkbox"/> Political activities |
| <input type="checkbox"/> Short term housing | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Maternity home/group home | <input type="checkbox"/> Other _____ |

Please state days and hours of operation:

Please state fees or terms of service:

General comments on this organization:

Community Assessment Survey
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.

Name of agency/department _____

County _____ Address _____

City _____ State _____ Zip _____

Contact person _____ Phone _____

Email _____ Website _____

Days and 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 (explain)

4. Can she be legally separated from her husband? Yes _____ No _____ (explain)

5. How long must she have lived in the state in order to be eligible for welfare benefits? (explain)

6. Must she establish by some means, e.g. letter, utility bill, etc., that she is a resident? (explain)

7. When applying for benefits, what legal papers are required?
Driver's license _____ Birth certificate _____
Social Security card _____ Letter from landlord _____
Certification of pregnancy _____
How much per month would she receive in a cash grant? _____
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?
9. Can she receive benefits while working? Yes No Stipulations, if any?

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 can she have in assets?

11. What are the requirements to receive food stamps?

12. What are the requirements for a medical card?

What will the medical card cover?

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 her baby, will welfare benefits be increased?

15. Does the agency have a case worker?

Name _____ Phone _____

Additional comments about this agency:

Community Assessment Survey

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 Services, 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.

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

1. Do they have special services for pregnant teens? Yes No (explain)

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 (i.e., do they take custody, etc.)
5. Will they supply a medical card, cash grant, etc?

Community Assessment Survey 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.

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.

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 (explain)

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 Uncertain

If yes: Would you be interested in talking to [name of center's] chief executive about working with our clients on a tax deductible basis? Yes No Uncertain

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 Uncertain

If no or unsure: Would you be interested in talking to a member of our board of directors about the services of [name of center]?

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 [name of center] to keep you informed of its progress? Yes No

Community Assessment Survey
FORM 7: EDUCATION SERVICES

Today, an education or proficiency in a particular skill is a must for anyone seeking employment. Some of the young women seeking assistance from the PCC 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. Enabling a student to further her education is very important.

To help alleviate these problems, you will need to obtain information about the educational opportunities in your area. In completing this section, call your 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.

High Schools in the 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 (explain)

If so, please answer the following:

Contact person _____ Phone _____

When is the service offered? _____

Is there a fee? Yes No

2. Is a pregnant student allowed to attend classes until she delivers her baby? Yes No (explain)

3. Can her course schedule be rearranged if necessary? Yes No (explain)

4. Would a pregnant student be allowed to march with her class during graduation ceremonies?

Yes No (explain)

5. Are there any night school opportunities for pregnant students? Yes No (explain)

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 student apply?

How long is the program?

Additional comments:

Colleges/Universities in the Geographical Area

Name of institution _____

Dean of students _____ Phone _____

Name of student health center _____

Director _____ Phone _____

Size of student population:

Services available to pregnant students from health center:

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

Yes No (explain)

Are pregnant students granted an incomplete grade for course work interrupted by the pregnancy?

Yes No (explain)

Can a pregnant student make special arrangements for class assignments and exams?

Yes No (explain)

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

Additional comments:

Community Assessment Survey
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 pregnancy care center. 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.

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Contact person _____ Phone _____

Email _____ Website _____

Service(s) offered:

Qualifications for service:

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

Additional notes on service:

Community Assessment Survey
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.

Name of organization/institution _____
Address _____ Phone _____
City _____ State _____ Zip _____
Hotline _____ Contact person _____
Email _____ Website _____

What are the criteria for admittance into the facility?

Is there a cost involved in staying at the facility? Yes No (explain)

How long may a woman stay at the facility?

Describe the general program and services offered:

Are there accommodations for woman with small children? Yes No (explain)

Does this facility hold to any particular religious belief? Yes No (explain)

Additional comments:

Community Assessment Survey
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.

Name of organization/instructor _____

Address _____ State _____ Zip _____

Contact person _____ Phone _____

Email _____ Website _____

Do you have special classes for single women? Yes No (describe)

Does a support person need to accompany the woman to classes? Yes No (explain)

How long do classes last?

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

What is the cost for the classes?

Are classes available free-of-charge to women who are unable to pay? Yes No (explain)