

High Abortion Community Assessment Tool

This assessment tool will help you to identify if your organization is located in a high abortion community. Please complete this form on your computer, save it, and email to OptionUltrasound@fotf.org. Thank you!

Organization Name:					
Address - City, State, Zip:					
Telephone:					
Website:					
Your name and position:					
Email:					
Confirm Email:					
	If yes, wi		rant from Focus on the Family: \(\bigcup \) d what was the result: \(\bigcup \) you are applying: \(\bigcup \) Sonography Training	Yes No Medical Conversion Grant	
Please (check ye	s or no on the follow	ving questions:		
YES	NO	External Circumsta	nces: Please check Yes or No		
		1. Does your organ	ization directly serve a population of 30	0,000 or more?	
		_	for abortion available in your state bey ick <u>here</u> to check the funding in your sta		
		3. Does your services abortion services	vice area have four or more public abortion providers that actively market their ces?		
			vice area have a four-year university with a student body of 15,000 or more (age ing online students)?		
		5. Does your clinic l	ic have a paid nurse manager with a minimum of 20 hours per week?		
			ic have a minimum of a \$125,000 operating budget?		
YES	NO		ria - Special circumstances		
		•	a been targeted by a large abortion pro Please include more information in your	-	
YES	NO	-	ents for your organization to consid		
			p (staff and board) committed to reachi ssion and is this reflected in the mission ives?*	•	
		*If not, does you	r organization desire to make this shift?		
		-	rship (staff and board) demonstrate a te nyour organization by employing standa		
		budgeted and ra	•	lity (i.e. organization has correctly s). In addition, is your leadership willing	

Please Note: The final determination as to whether or not an organization meets the High Abortion Community Criteria will made by the Option Ultrasound Program team at Focus on the Family.

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