

FAMILY VISITS

Each sister will be provided with the means to visit with her family as needed. Plans for visits to family members who live at a distance should be made in consultation with the prioress.

TRAVEL/VACATION

The local prioress may give permission for all travel within the country. If the religious intends to spend some time in another province, she has an obligation in courtesy to inform the respective provincial of her plans.

Permission for travel outside the country is asked of the provincial after consultation with the local prioress; permission for the expense is asked of the local prioress. The sister should indicate the purpose of the travel and the extent and dates of the trip. The provincial informs the prioress general of any travel outside the country.

SPONSORS FOR BAPTISM AND CONFIRMATION

Religious of the province may be sponsors for persons being baptized or confirmed under the following conditions:

- 1) that the local prioress gives permission and the provincial is informed;
- 2) that the religious is not incurring an obligation, spiritual or material, which she cannot fulfill, and
- 3) that this policy is acceptable to the local ordinary.

TRANSITION

Transition in ministry or community may be considered by an individual sister for a number of reasons: a need for a different community lifestyle, a loss of a position or a decision to resign a position, a need to move into retirement or sabbatical time, etc. No matter the reason for the transition, it is assumed that discernment and dialogue with a sister's local prioress and with the provincial team are integral to the process. In some situations, dialogue with one's local living unit or community may also be helpful and/or important. Dialogue with one's prioress and with the provincial team will precede any final decision to change ministry or community.

MOVE TO A NEW COMMUNITY

When a sister is appointed to another community, any necessary furnishings, basic needs and transportation is the responsibility of the community in which she has been living and serving.
(*Rev. 7/2017*)

CONTRACTS

Not-for-profit institutions:

A contract is entered into between the "Ursuline Sisters" and the employer. It is signed by at least three persons: employer, sister, and her prioress.

For Profit institutions:

The sister's contract and check must be made in her name. Taxes are deducted throughout the year, and when the year ends all tax information is sent to the province business manager.

STUDY/SABBATICAL REQUESTS

Requests for study or sabbatical here referred to are for those programs, full-time or part-time, which are to be financed by the province. These requests must be postmarked 6 months or so preceding the year the study or sabbatical is to begin. (Please see page I-10 for the forms to use.)

Criteria used in Decisions

1. Needs of sister making the request: first master's? time since last degree or certificate obtained? change of ministry?
2. Needs of province.
3. Number of sisters currently in such programs.
4. Monies available.

Policy for Financing

All expenses for graduate and post-graduate degree and certificate programs approved by the provincial will be paid by the province.

Continuing Education

Ordinarily, it is the local community that will provide for continuing education opportunities.

When a sister completes a degree program or a certification program, an official transcript should be sent to the Provincial Secretary for province records.

ADVANCE DIRECTIVES FOR HEALTH CARE

Advance directive is a term that refers to both the medical power of attorney and the living will. The main purpose of an advance directive is to allow each sister to provide guidance to her loved ones and caregivers about how she wants to be treated if her health condition keeps her from speaking for herself.

Each sister is responsible to

- prayerfully consider what her personal health care directives will be
- discuss these with her prioress
- execute formal directives in writing

In the appendix of this directory there are advance directive documents drawn up by our province attorney. One document is legal in Missouri, Illinois, and Louisiana; one in Texas; and one in Minnesota.* Before executing any advance directive, each sister should carefully review the document and remove any provision that is contrary to her intent.

Once an advance directive is filled out and properly witnessed, a copy should be given

- to the agent(s) named
- the physician(s) treating the sister
- family members who would need to know her wishes
- the local prioress for the sister's file

Advance directives should be reviewed annually to ensure that the intentions of the sister regarding health care have not changed. They need to be redone when a sister moves from one state to another.

*A sister living in any other state is responsible for obtaining proper legal forms.

FUNERAL AND BURIAL ARRANGEMENTS

When a sister dies in a local community, her funeral is ordinarily held at that locale. She is usually buried in the local community plot. If a sister is not buried in the local community plot, the prioress should inform the provincial secretary of the name of the cemetery and exact location of the burial site.

For sisters who die while at province health care facilities:

- Ordinarily the sister's funeral and burial will be in that local area. The Ursuline delegate sister for that facility, in conversation with the province team liaison, will be responsible for all planning and arrangements.
- Local prioresses are encouraged to discuss with each sister her wishes regarding place of funeral and burial before the transfer to a province health care facility. These desires should be put into writing and kept in the sister's file. It is important, however, that the sister be helped to understand that her desires may not be able to be honored, if circumstances change in the locale from which she came.
- The provincialate is responsible for the funeral and burial expenses, regardless of place of burial.

Bodies to Science

A sister who wants her body donated to science at death should:

1. In prudence and charity talk the matter over with her immediate family and local prioress;
2. Choose a school of medicine or other organization close to the community in which she resides, to which she wants to make the donation, and obtain from it the necessary application forms;
3. Fill out the forms and have them witnessed; send one copy back to the medical school or organization, send one copy to the provincial for provincialate files, and give one copy to the local prioress.
4. If a sister changes communities, she should change the designated hospital or organization to one near her new place of residence.

Cremation

A sister who wishes to have her body cremated at death should:

1. In prudence and charity talk the matter over with her immediate family and local prioress;
2. Give a signed statement of this request to the prioress for her file.

It is understood that burial of the sister's remains will ordinarily be in the local community plot.

Notification of Deaths

At the death of a religious, the prioress should notify the provincial by telephone. The provincial will see that the prioress general is notified, and that the sisters of the province are notified by fax and/or email.

GUIDELINES FOR ANGELA MERICI FUND

Guidelines

(approved by Team 3/6/09)

1. The grant will benefit the economically poor.
2. Emphasis will be given to projects where Central Province Ursulines are in ministry.
3. Priority will be given to projects within Central Province boundaries.
4. Projects where a Central Province Ursuline is or would like to be in ministry to the economically poor and her salary is below the norm may be given priority.
5. Projects where other funding is not easily available will be given priority.
6. New projects may have priority over those which have had previous funding.

Policies

- Normally, no more than 5% of the principal will be used in a given year.
- No more than \$10,000 per sister will be distributed as a salary supplement.

General Procedures

March-April	A reminder will be put in the PTR concerning the Angela Merici Fund.
May 1	Evaluation forms due for grants awarded the previous year.
May 1	Applications due.
May-June	Provincial team allocates fund; applicants notified of grants; award information is published.
August	Checks sent to grant recipients.

REQUEST TO CHANGE ONE'S ACT OF RENUNCIATION

Province _____ Community _____

Name of Religious _____

In my act of renunciation¹, I designated the following as my beneficiary (beneficiaries):

I now wish to change the above in favor of the following:

Reasons:

Date

Signature

Date

Prioress General (signature)

¹A copy of this act of renunciation is to be included with this request.

REQUEST TO CHANGE ONE'S WILL

Province _____ Community _____

Name of Religious _____

In my will made before profession¹, I designated the following as my beneficiary (beneficiaries):

I now wish to change the above² in favor of the following:

Reasons:

Date

Signature

Date

Prioress General or Provincial Prioress

¹A copy of this will is to be included with this request.

²Important:

- a) a new will must be validated according to Civil Law
- b) a will provides for the disposal of personal property only after the death of the testator

ACT OF ADMINISTRATION

(for use of sisters who have not made the Act of Renunciation)

I, _____
name _____ to be the
administrator of my inheritance.

The interest on this money is to go to: _____

Done at: _____

Date: _____

Signature: _____

REQUEST FORM FOR STUDY

Due: Six months before the time of study begins.

Name _____ Community _____

Educational Background Information

Most Recent Degree earned _____ (Type: B.S., M.A., Ph.D.)

Area of concentration _____

Date earned _____ University/College _____

Year of tertianship _____

Previous Time Off for study or sabbatical

Program _____ Dates _____

Present Request for Study

Check one: I wish to study ___Full time ___Summers ___Part-time

University/College _____

Location (city) _____

Program (degree sought) _____

Projected cost (Room, Board, Tuition):

Full time (total program) _____

Summer (per summer) _____

Part time (total program) _____

How do you see using this degree or certificate for the future? (Use the back of this paper for additional space.)

Date

Signature

REQUEST FORM FOR SABBATICAL

Due: Six months before the sabbatical begins.

Name _____ Community _____

Educational Background Information

Most Recent Degree earned _____(Type: B.S., M.A., Ph.D.)

Area of concentration _____

Date earned _____ University/College _____

Year of tertianship _____

Previous Time Off for Study or Sabbatical

Program _____ Dates _____

Program _____ Dates _____

Present Request for Sabbatical

I would like a time of sabbatical of _____ months.

Sabbatical Program _____

Location (city) _____

Projected cost of total program (Room, Board, Fee): _____

How do you see using this sabbatical for the future? (Use the back of this paper for additional space.)

Date

Signature

**CENTRAL PROVINCE ANGELA MERICI FUND
APPLICATION FORM Due May 1**

(Please type if possible)

Project Name/
Organization _____ Telephone _____

Address _____

City State Zip

Ursuline Sister Amount
Contact _____ Requested _____

1. Describe the need addressed by your project.
2. Explain how your project meets the criteria of the Ursuline Angela Merici Fund.
3. Describe specifically how your project will operate and who will carry it out.
4. Estimate as closely as possible the number of people who will benefit directly from your project.
5. Give a brief financial breakdown of the expenses for which the grant will be used.
6. Give an approximate timeline for your project.
7. Describe the criteria for evaluating your project.
8. List other funding sources awarded and applied for.

Signature

Date

ANGELA MERICI FUND

Due: May 1, Request for Salary Supplement

Name _____ Community _____
(sister making request)

Amount Requested _____

Briefly describe ministry and reason for request:

Salary received or offered for this ministry: _____ Part-time ____ Full-time ____

Other benefits received such as: housing ____; transportation ____; health insurance ____

Number of years you have received previous funding from the Angela Merici Fund ____

When? _____ Amount Received _____

Prioress and council should submit the following information:

Net excess/deficit for the last two years: _____

Net excess/deficit budgeted for year for which funds are being requested: _____

Please submit the most recent Balance Sheet and Income Statement and the budget for the year for which funds are requested.

Signature of sister

Date

Signature of prioress

Date

CENTRAL PROVINCE ANGELA MERICI FUND

Due: May 1, Evaluation of Grant Received

Recipient _____

Project Name/
Organization _____ Telephone _____

Address _____

City

State

Zip

Sister Applicant _____ Amount Received _____

Nature of Grant: () Project Funding
() Salary Supplement
() Other (Specify) _____

1. Briefly describe the effectiveness of the grant: What needs were met that otherwise may not have been met? How many persons benefited? What long-term benefits do you see?
2. Please give a financial breakdown of how the funds were used.
3. Did this project receive supplemental or matching funds from other sources? If so, please indicate source(s) and amount.
4. How would you evaluate the effect of this grant in terms of the criteria you initially described in your application? (See #7 on application form.)

Signature

Date

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ACTIVITIES OF DAILY LIVING CHECKLIST

Name of Sister _____

This checklist is provided to assist each Sister in determining the level of care that she needs. As a help in your discernment of your own situation, please indicate with a check mark, which of these services you would be able to contribute, if living in a small community.

- I can plan a menu and prepare a simple dinner for myself or a small group.
- I can assist a cook by doing chopping or other services, but cannot prepare a meal by myself.
- I can help with the shopping for food (including driving to the store).
- I can help with the cleaning of common rooms, including bathrooms.
- I can clean my own room.
- I can change my bedding on a regular basis.
- I can take care of my own laundry and can help with laundering common towels, etc.
- I would be able to stay by myself in the house if the other community members were away for a night or two.
- I am comfortable using public transportation.
- I can use and accurately account for petty cash.

Place a check mark, please, by the items which apply to or describe you:

- I walk with the assistance of a cane or walker.
- I am able to drive a car.
- I am able to be responsible for maintenance of the car I drive.
- I use a motorized cart.
- I am able to do light yard work.
- I am able to eat without assistance, but I do need some help in opening cartons, cutting up some food.
- I need someone else to serve my meals to me.
- I need to use a handicap-accessible toilet (one with higher seat, with bars or handles and/or a wider cubicle space for use of a walker.)
- I wear incontinence garments, but I know when they need changing and can do so myself.
- I need a commode in my room.
- I can take care of the commode myself.
- I have difficulty remembering important things.

- I need assistance to get in and out of the shower or to reach some parts of the body in bathing.
- I need to use a bath chair or bench.
- I bathe (take a full bath or shower) at least once a week.
- I find it difficult to shampoo my hair on my own.
- I need help with cleaning my teeth and other tasks of personal grooming.
- I change my clothes frequently and notice when items need to be laundered.
- I need assistance to get to doctors, dentist, and other health-care providers as well as to my relatives/friends and for other excursions
- I need help getting to shops, finding items on shelves, hearing what I need to pay, etc.
- I know what is going on but am occasionally forgetful.
- I need help in regulating my medicines and in understanding and carrying out doctor's orders.
- I can take medications independently.
- I am able to manage my own health care appointments and paper work.
- I am able to do stairs with only the assistance of handrails.
- I can walk more than a block with ease.
- I am visually disabled but can manage most tasks of daily living.
- I need help in preparing for medical tests.
- I need help in getting dressed or undressed.
- I need help with putting in my hearing aid(s) and/or with changing the batteries.
- The number of times I have had to go to the emergency room and/or been admitted to the hospital in the past year is: _____

revised 3/14

ACTIVITIES OF DAILY LIVING

Name of Sister

Date

Completed by

This checklist is to be used by the prioress or her delegate in conjunction with the Sister's personal checklist each Fall. The following are activities of daily living. If any of these apply to the Sister or describe her, place a check next to it.

A. Mobility/Ambulation

Walks with assistance of a cane or walker

Uses a motorized cart

Cannot open doors easily; needs handicap-accessible doors

B. Nutrition

Able to eat without assistance, but does need minimal aid in opening cartons, cutting some foods

Needs a special diet – diabetic, no cholesterol, no salt, no acid, etc.--and cannot prepare it for herself

Needs someone else to prepare her meals and serve them to her

C. Toileting

Requires handicap-accessible toilet (higher seat, with bars or handles, and/or wider cubicle space for use of walker)

Wears incontinence garments but knows when she is wet and needs to change

Cannot fully clean up, on her own, incontinence "accidents"

Needs a commode in her room

D. Hygiene

Needs assistance to get in and out of shower or to reach some parts of the body in bathing

Needs to use a bath chair or bench

Bathes (takes a full bath or shower) infrequently (not even once a week)

Finds it difficult to shampoo her hair and needs assistance, or does not shampoo hair until it appears dirty and has a bad odor

Needs help with personal hygiene and grooming, e.g. help cleaning her teeth

Does not see obvious spots or stains on clothing or has a tendency to wear the exact same clothes day after day

E. Transportation

Needs assistance in getting to doctors, dentist, or other health-care providers as well as to relatives/friends and for other excursions

Requires assistance in getting to shops, finding items on shelves, hearing what she needs to pay, etc.

F. Mental Status

- Is oriented to person, place and time, alert and responsive to environment, but occasionally is forgetful or repeats herself
- Requires continuous monitoring of psychological or emotional needs
- May be in initial stages of Alzheimer's disease, Parkinson's disease, or dementia

G. Communication

- Communicates clearly and understands what is said to her, but **occasionally** forgets or doesn't hear accurately

H. Supervision Needs

- Needs help in regulating her medicines and in understanding and carrying out doctor's orders
- Needs assistance in preparing for medical tests
- Feels (or is) unable to stay safely in the house by herself, especially at night

I. Other

- Needs some help in dressing
- Cannot take care of her own laundry
- Unable to clean her own bedroom, change her own bed linens
- Needs assistance in putting in and/or maintaining hearing aids

April 2003