

TOURETTE SYNDROME ASSOCIATION \_\_\_\_\_ CHAPTER  
LOCAL AREA SUPPORT GROUP  
STATEMENT OF UNDERSTANDING

The Tourette Syndrome Association - \_\_\_\_\_ Chapter authorizes Tourette Syndrome support group activity in the area of the Chapter defined by the postal zip codes \_\_\_\_\_. The Undersigned agree to act as Support Group Leader and as members of the Support Group Steering Committee.

1. Support and other activities will be conducted in accordance with the Tourette Syndrome Association Chapter Relations Policy Statement and Chapter Agreement, and The Chapter By-laws.
2. Support group activities include:
  - Responding to telephone and written inquiries regarding Tourette Syndrome. The Support Group Leader may be the first person to receive information about newly diagnosed individuals or others concerned with TS. For this reason, the Support Group Leader will make a written record of all inquiries and will forward it to the chapter Support Group Coordinator. The chapter Support Group Coordinator will have it added to the chapter data base and forwarded to national TSA.
  - Conducting education and awareness through the medial and through speaking before civic and professional groups.
  - Distributing literature about Tourette Syndrome.
  - Working through the schools to increase awareness of, and assistance to, children with TS. Direct services are provided to patients and their families only by the chapter, and only under the auspices of programs developed in accordance with national TSA-approved procedures.
  - Fund raising in support of TSA.
3. The Support Group Leader will be responsible for coordinating support activities in the local area
4. The Support Group Leader will regularly submit reports to the chapter Chair or Support Group Coordinator of recent Support Group activity as well as activities planned for the up-coming quarter. These reports will be timed to present information to the chapter Board of Directors at its next regular meeting, and to be included in the chapter newsletter and posted on the chapter website.

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5. Financial matters associated with area support group activities will be handled in the following manner:
- All financial transactions will be handled through the Chapter Treasurer
  - The Support Group Leader will submit to the Chapter Treasurer a budget of proposed expenditures and their related activities and of the proposed sources of income for local area support work. The Treasurer will incorporate this budget into the Chapter budget (suggesting amendments as may be necessary in the light of the finances of the entire Chapter) which is presented to the Chapter Board of Directors for action in accordance with Chapter By-laws at the time of the Chapter annual meeting.
  - Expenditures for local support group activities will be guided by the approved budget.
  - Statements of expenses for local area support group activities accompanied by receipts, will be submitted by the Support Group Leader to the Chapter Treasurer for payment by Chapter check.
  - Support Group Leader and the support group may use any methods approved by TSA to raised funds for TSA work and will inform the chapter Support Group Coordinator of activities other than routine support group meetings to determine that the proposed activities are appropriate and covered by TSA liability insurance.
  - All funds raised by the Support Group Leader or the support group must be received in the name of the Chapter and must be forwarded to the Chapter Treasurer as soon as received.
  - The Chapter may vote to fund local area support activities in an amount greater than the funds raised by the local workers. However, if the support group requests it, the Chapter must make available to the support group at least 50% of te funds raised by the support group.
  - Membership in the support group comes through membership in the chapter. Separate dues may not be assessed to participate in the support group

STATEMENT OF UNDERSTANDING

The undersigned have read the foregoing Statement of Understanding and agree to abide by its policies and conditions in the conduct of Tourette Syndrome Support Group activities in the

\_\_\_\_\_ area of the \_\_\_\_\_ TSA Chapter

Date \_\_\_\_\_

(Please give both printed names and signatures)

SUPPORT GROUP LEADER

NAME	ADDRESS	PHONE	EMAIL

\_\_\_\_\_

SUPPORT GROUP STEERING COMMITTEE MEMBERS

NAME	ADDRESS	PHONE	EMAIL
1			
2			
3			
4			
5			
6			

1  
(Signature) \_\_\_\_\_

2  
(Signature) \_\_\_\_\_

3  
(Signature) \_\_\_\_\_

4  
(Signature) \_\_\_\_\_

5  
(Signature) \_\_\_\_\_

6  
(Signature) \_\_\_\_\_

\_\_\_\_\_

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The above agreement is endorsed by the TSA \_\_\_\_\_ Chapter.

\_\_\_\_\_  
Chair / President (Print)                      Chair / President (Signature)                      (Date)

\_\_\_\_\_  
Treasurer (Print)                              Treasurer (Signature)                              (Date)