





4) How many parent/families do you currently have or are aware of that will be attending your TransParent Chapter Support Group Meetings? *(Please do not list family names and/or children's names. The intent of this question is to determine how many families that would benefit from Chapter services.)*

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5) Do you have an assigned/designated meeting location?  Yes  No

a. **If Yes:**

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Name of Location - Street Address - City/State/Zip

i. Does this Meeting Site Require a Rental Fee?  Yes- Cost? \_\_\_\_\_  No  
*(TransParent USA does not reimburse Chapters for Rental Space Meeting Locations)*

ii. Have you reached a written and/or verbal agreement with the facility location? *(Check One)*

Written Agreement – *Please Attach Copy of the Agreement*

Verbal Agreement – *Please describe the details of the verbal agreement under separate cover.*

**b. If No:** *You may still submit your application with this part pending review & approval. In the meantime, please begin researching potential meeting sites such as hospitals, community centers, libraries, university and/or community college rooms, police and/or fire department offices, and churches. Should you need assistance from TransParentUSA on meeting locations please contact us at [chapterinfo@transparentusa.org](mailto:chapterinfo@transparentusa.org). TransParent USA requires that "the provider" of your meeting space understands the general scope of the TransParent meetings and the mission of our organization.*

6) **Do you agree to adhere to the TransParent Privacy Policy and Confidentiality Agreement?**

TransParent USA shall require chapter leaders complete a TransParent Confidentiality Agreement and adherence to the TransParent Privacy Policy. By checking "YES" below you agree to complete the Confidentiality Agreement and complete the required Privacy Training when requested.

Yes  No

7) **Criminal Background Checks:** TransParent USA reserves the right to conduct a Criminal Background Check on any prospective TransParent Chapter Leader(s). Please acknowledge, by signing below, that you understand that this may be conducted in the future as part of the Chapter application process.

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Printed Name

Signature

Date