



SETTLEMENT PLAN and FINANCIAL ASSESSMENT

Group of Five

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ON THIS FORM.

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CIC File Identification No.

Principal Applicant ID No.

A - GENERAL INFORMATION

Name of Principal Refugee Applicant Surname (family name)		Given name(s)		Date of birth D M Y		
Name of Group of Five						
Name of Group Representative Surname (family name)			Given name(s)			
Mailing address (no. & street)			City		Province	Postal code
Home telephone no. Area code No.		Work telephone no. Area code No.		Facsimile no. Area code No.		E-mail address

B - SETTLEMENT NEEDS CHECKLIST

* *Settlement Needs* : Please acknowledge that your Group is aware of the refugee's settlement needs by placing a checkmark in the appropriate boxes.
 * *In-Kind* : If your Group will have in-kind donations available to supply certain settlement needs, place a checkmark in the appropriate boxes.
 * *In-Kind Deductions* : Using the rates provided in the In-Kind Deduction Table, print the dollar value for each form of settlement assistance for which an in-kind donation is available. The total value of the in-kind donations will be deducted from the cost of your 12-month sponsorship.

Settlement Needs	In-Kind	In-Kind Deduction
START-UP COSTS		
Clothing	<input type="checkbox"/>	\$
Home furnishings	<input type="checkbox"/>	\$
Household effects (pots, pans, etc.)	<input type="checkbox"/>	\$
Bedding and linens	<input type="checkbox"/>	\$
Food staples	<input type="checkbox"/>	\$
Hook-up costs (rent deposit, telephone, utilities, etc.)	<input type="checkbox"/>	n/a
MONTHLY EXPENDITURES		
Shelter	<input type="checkbox"/>	\$
Transportation (public transit)	<input type="checkbox"/>	n/a
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	n/a
		Total In-Kind Deduction:
		\$
SETTLEMENT ASSISTANCE		
Meet refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	
Meet refugee(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>	
Locate an interpreter (if applicable)	<input type="checkbox"/>	
Apply for provincial health plan and Interim Federal Health plan	<input type="checkbox"/>	
Apply for Social Insurance Number	<input type="checkbox"/>	
Select a family physician	<input type="checkbox"/>	
Select a dentist	<input type="checkbox"/>	
Plan for medical emergencies	<input type="checkbox"/>	
Provide orientation (public transportation, banking services, etc.)	<input type="checkbox"/>	
Provide assistance in linking refugee(s) with community activities	<input type="checkbox"/>	
Enroll children in school (if applicable)	<input type="checkbox"/>	
Make child care arrangements (if applicable)	<input type="checkbox"/>	
Register for child tax benefit (if applicable)	<input type="checkbox"/>	
Enroll adults in language training	<input type="checkbox"/>	
Provide assistance in finding employment	<input type="checkbox"/>	

C - SETTLEMENT NEEDS - DETAILS

- Specify details of the plans your group has made or intends to make to help the refugee(s) settle.
- If you require more space, please add a page.

1	What accommodation (temporary or permanent) arrangements are available?
2	Indicate the number of people who will be volunteering to assist with the refugee applicant's settlement and the times they will be available (day/evening/weekend).
3	a) Which immigrant settlement assistance agencies will the refugee applicant(s) likely access? b) Have you contacted these agencies for information on available services?
4	Describe the anticipated monthly expenses for the refugee applicant(s)?
5	How is money going to be administered by your Group? Provide details.
6	If your Group plans to use in-kind donations to support part of this sponsorship, provide details.
7	What contingency plans has your Group made in case problems arise with the implementation of this plan?

D - FINANCIAL ASSESSMENT

- * This section will allow the group to predetermine if it has committed sufficient funds to the sponsorship.
- * Use the dollar amounts indicated on the Group's financial documents and/or individual member's Financial Profile (IMM 5373B, Section G - Box B) and the dollar amounts listed in the two cost tables below to fill out the following applicable sections to determine if the total amount committed equals or exceeds the total amount required.

Financial Commitment	Financial Requirement																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Other sources of Funds</td> <td style="width: 20%;">\$ _____</td> </tr> <tr> <td>Member 1 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 2 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 3 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 4 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 5 Financial Commitment</td> <td>+ \$ _____</td> </tr> </table>	Other sources of Funds	\$ _____	Member 1 Financial Commitment	+ \$ _____	Member 2 Financial Commitment	+ \$ _____	Member 3 Financial Commitment	+ \$ _____	Member 4 Financial Commitment	+ \$ _____	Member 5 Financial Commitment	+ \$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Total Cost of Sponsorship: (column C below)</td> <td style="width: 20%;">\$ _____</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total In-Kind Deduction: (from page 1)</td> <td>- \$ _____</td> </tr> </table>	Total Cost of Sponsorship: (column C below)	\$ _____			Total In-Kind Deduction: (from page 1)	- \$ _____
Other sources of Funds	\$ _____																		
Member 1 Financial Commitment	+ \$ _____																		
Member 2 Financial Commitment	+ \$ _____																		
Member 3 Financial Commitment	+ \$ _____																		
Member 4 Financial Commitment	+ \$ _____																		
Member 5 Financial Commitment	+ \$ _____																		
Total Cost of Sponsorship: (column C below)	\$ _____																		
Total In-Kind Deduction: (from page 1)	- \$ _____																		

Total Financial Commitment : = \$ _____

Final Cost of Sponsorship : = \$ _____

Sponsorship Cost Table (\$)

	A	B	C
Family Size	12 months of income support	Start-Up Costs	Total Cost
1	7200	2300	9500
2	11950	3250	15200
3	14750	4550	19300
4	17100	5300	22400
5	19100	6000	25100
6	19600	6800	26400
<i>For each additional family member add</i>	<i>700</i>	<i>500</i>	<i>1200</i>

In-Kind Deduction Table (\$)

Family Size	Shelter	Clothing	Furniture	Household Effects	Bedding & Linens	Food Staples
1	4000	375	700	325	75	100
2	6100	650	1025	350	125	175
3	6650	950	1350	375	175	350
4	7200	1150	1675	400	250	400
5	7800	1350	2000	425	325	400
6	8100	1550	2325	450	400	400
<i>For each additional family member add</i>	<i>150</i>	<i>200</i>	<i>300</i>	<i>25</i>	<i>75</i>	<i>same</i>

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Met Not Met

E - SIGNATURE

<p>SIGNATURE OF GROUP REPRESENTATIVE ▶</p>	<p>DATE ▶</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year					

The information you provided on this form is collected under the authority of the **Immigration and Refugee Protection Act** and will be used to maintain a record of application and sponsorship undertakings by local Groups of Five or more individuals according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the **Privacy Act**. Under the **Privacy Act** and the **Access to Information Act** individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**