



# SETTLEMENT PLAN

## SPONSORSHIP AGREEMENT HOLDER OR CONSTITUENT GROUP

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ON THIS FORM.

FOR CIC USE ONLY	
CIC File Identification No.	
Principal Applicant ID No.	
Name of Principal Applicant	

### A - GENERAL INFORMATION

1 Name of Principal Refugee Applicant Surname		Given name(s)	
2 Name of Sponsorship Agreement Holder			
3 Name of Constituent Group (if applicable)			
4 Name of Cosponsor - Individual (if applicable)		5 Name of Cosponsor - Organization (if applicable)	
6 Name of contact person Surname		Given name(s)	
7 Home telephone no. Area code No.	Work telephone no. Area code No.	Facsimile no. Area code No.	E-mail address
8 Mailing address (no. & street)			
City		Province	Postal code

### B - SETTLEMENT CHECKLIST

\* Settlement Needs: Identify who will be providing for the settlement needs by checking the relevant box (note: more than one party may provide for the same need).

Settlement Needs	Sponsor	Cosponsor #1	Cosponsor #2
<b>START-UP COSTS</b>			
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household effects (pots, pans, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedding and linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food staples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hook-up costs (rent deposit, telephone, utilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MONTHLY EXPENDITURES</b>			
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (public transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SETTLEMENT ASSISTANCE</b>			
Meet the refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet the refugee(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locate an interpreter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for provincial health plan and Interim Federal Health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for Social Insurance Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select a family physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for medical emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide orientation (public transportation, banking services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance in linking refugee(s) with community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enroll children in school (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make child care arrangements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register for child tax benefit (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enroll adults in language training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance in finding employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C - SETTLEMENT NEEDS - DETAILS**

Print details of plans your group has made or intends to make to help the refugee(s) settle. If you require more space, 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. If your group plans to use in-kind donations to support part of this sponsorship, provide details.
6. What contingency plans has your group made in case problems arise with the implementation of this plan?
7. Applicable only where <u>cosponsors</u> have signed the undertaking. Provide further details on how the sponsor and cosponsor(s) plan to share settlement responsibilities.

**D - SIGNATURES**

Constituent Group Representative (if applicable)	DATE Day   Month   Year 
Sponsorship Agreement Holder Representative	DATE Day   Month   Year 
Cosponsor - Individual (if applicable)	DATE Day   Month   Year 
Cosponsor - Organization (if applicable)	DATE 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 Sponsorship Agreement Holders and Constituent Groups in Canada 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](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**