



## APPLICATION FOR INTERIM FEDERAL HEALTH PROGRAM COVERAGE

Complete this form **only if you are eligible** for Interim Federal Health Program (IFHP) coverage. If you are applying to extend your existing IFHP coverage, make sure to apply six (6) weeks before your current eligibility period expires. Make sure that you read and understand the accompanying instructions before you complete this form.

Each eligible person 14 years of age and older must complete and sign a copy of this application form. For each child under 14, a parent (or legal guardian, where present) must complete and sign a copy of this application form.

|  |   |   |  |
|--|---|---|--|
| <b>You are applying to:</b><br>(check one box) ▶ | <input type="checkbox"/> Request IFHP coverage for the first time | <input type="checkbox"/> Extend your existing IFHP coverage | <input type="checkbox"/> Request confirmation of coverage because your IFHP document was lost, stolen or destroyed |
|--|---|---|--|

### SECTION A - PERSONAL DETAILS

|   |  |  |             |
|---|--|--|-------------|
| Family name (Surname)                                     |  | Given name(s)  |             |
| Client ID no.   | Date of birth (YYYY-MM-DD)               | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |             |
| Current address in Canada<br>Number, street and apartment |  |  |             |
| City  |  | Province   | Postal code |
| Contact information                                       |  |  |             |
| Home telephone (area code and no.)                        | Work/other telephone (area code and no.) | E-mail address   |             |

### SECTION B - INFORMATION FOR DOCUMENT REPLACEMENT

Complete this section only if you are requesting to confirm your IFHP coverage because your IFHP eligibility document was lost, stolen or destroyed.

Your IFHP eligibility document was: (check one box)

|                               |                                 |                                    |                            |
|-------------------------------|---------------------------------|------------------------------------|----------------------------|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Stolen | <input type="checkbox"/> Destroyed | ▶ On or about (YYYY-MM-DD) |
|-------------------------------|---------------------------------|------------------------------------|----------------------------|

### SECTION C - YOUR STATUS IN CANADA

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Refugee resettled from outside Canada  | ▶ Do you or did you receive government financial assistance? ▶                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |  |
|   | ▶ Are you under a sponsorship agreement? ▶  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |  |
| <input type="checkbox"/> Refugee claimant in Canada             | ▶ Has the Immigration and Refugee Board (IRB) rendered a decision in your case? ▶ | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |  |
|   | ▶ If your claim was rejected, have you:   | ▶ <input type="checkbox"/> submitted an appeal to the Refugee Appeal Division              | ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |   | <b>OR</b>  |  |
|   |   | <input type="checkbox"/> submitted an application for judicial review to the Federal Court | ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |   |  | ▶ If yes, Court file no. _____                             |
| <input type="checkbox"/> Protected person in Canada             |   |  |  |
| <input type="checkbox"/> Other (describe your status in Canada) | ▶ <div style="border: 1px solid black; height: 100px; width: 100%;"></div>        |  |  |

**SECTION D - OTHER INFORMATION**

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| 1. Are you currently eligible for provincial/territorial health care insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 2. Have you applied for provincial/territorial health care insurance?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 3. Do you currently have a provincial/territorial health care insurance card?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ▶ <input style="width: 150px; height: 20px;" type="text" value="If yes, card received on (YYYY-MM-DD)"/>     |
| 4. Do you have private insurance to cover health care expenses in Canada?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ▶ <input style="width: 150px; height: 20px;" type="text" value="If yes, coverage received on (YYYY-MM-DD)"/> |

**SECTION E - DECLARATION OF APPLICANT**

This declaration covers all the information that you have provided on this application for IFHP coverage. Be sure to attach the supporting documents listed in the instructions accompanying this form.

Sign and date your application before sending it to the nearest **IRCC centre** listed in [Appendix A of the Instruction Guide](#).

- I declare that the information I have given is truthful, complete and correct.
- I understand all the above statements.
- I will immediately inform Immigration, Refugees and Citizenship Canada of any changes to the information or answers I have provided in this application form.

Signature of: (check appropriate box) ▶  Applicant  Applicant's parent  Applicant's guardian

Signature ▶ \_\_\_\_\_ Date (YYYY-MM-DD) \_\_\_\_\_

The information you provide on this form is collected under the authority of the Interim Federal Health Program and will be used in assessing eligibility for coverage under the Interim Federal Health Program. It will be retained in the Personal Information Bank CIC PPU 008, CIC PPU 062 or CIC PPU 065, as applicable. 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). **Infosource is also available at Public Libraries in Canada.**