



SETTLEMENT PLAN and FINANCIAL ASSESSMENT COMMUNITY SPONSORS

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ABOUT THIS FORM.

FOR IRCC USE ONLY
IRCC file identifications no.:
Principal applicant ID no.:

A - GENERAL INFORMATION

Principal Refugee Applicant's Last name (surname/family name)		Given name(s)		Date of birth (YYYY-MM-DD)	
Name of community sponsor					
Name of cosponsor #1 (individual) (if applicable)					
Name of cosponsor #2 (organization) (if applicable)					
Designated contact person:					
Last name (surname/family name)			Given name(s)		
Mailing address (no. & street)					
City			Province		Postal code
Home telephone no.	Work or cell telephone no.	Fax no.	E-mail address		
Alternate contact person:					
Last name (surname/family name)			Given name(s)		Home telephone no.

B - ORGANIZATION PROFILE *If you require more space, add a page

- Provide a description of your organization and its structure, purpose, designated officers and/or board of directors.
- How many people are in your organization? What are their various roles?
- Provide a brief history of your organization. Include important dates, milestones and accomplishments.
- Describe how your organization derives its income? (product sales, member fees, fundraising, etc.)
- Is your organization financially solvent (able to manage its debt load)? What financial statements have you provided to show that your organization is solvent?

6. Briefly describe any refugee sponsorship activities or any other humanitarian work your organization has undertaken in the preceding three years.

C - SETTLEMENT NEEDS CHECKLIST

- * **Settlement Needs:** Check the relevant box to identify who will be providing for the settlement needs of the refugees you sponsor. (Note: more than one party may provide for the same need)
- * **In-Kind:** If your Group will have in-kind donations available to supply certain settlement needs, place a checkmark in the appropriate boxes (Note: In-Kind supports are donations made in goods, commodities or services)
- * **In-Kind Deduction:** Using the rates provided in the In-Kind Deduction Table (page 4), print the dollar value for each form of settlement assistance for which an in-kind support is available. The total value of the in-kind support will be deducted from the cost of your 12 month sponsorship.

Settlement Needs	Sponsor	Cosponsor #1 (individual)	Cosponsor #2 (organization)	In-Kind	In-Kind Deduction
START-UP COSTS					
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Start-up costs (Household effects, bedding and linens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School start-up costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food staples	<input type="checkbox"/>	<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"/>	n/a	n/a
MONTHLY EXPENDITURES					
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation (public transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
			Total In-Kind Deduction:		
SETTLEMENT ASSISTANCE					
Meet refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meet refugees(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locate an interpreter (if applicable)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Apply for Social Insurance Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Select a family physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Select a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan for medical emergencies	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Provide assistance in linking refugee(s) with community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enroll children in school (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Make child care arrangements (if applicable)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Enroll adults in language training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide assistance in finding employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D - 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. What support structure (staff or volunteer) will be available to provide the required settlement services? Indicate the names of the individuals that will be volunteering and what tasks they will be assisting with (e.g. arrival, Social Insurance Number (S.I.N.) card application, Health card application, medical appointments, etc.) Also indicate their availability (daytime / 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? <input type="checkbox"/> Yes ▶ Specify: <input type="checkbox"/> No ▶ Explain:
4. Are you planning to offer employment or labour market training to the sponsored refugee? If yes, provide details.
5. Describe the anticipated monthly expenses for the refugee applicant(s)?
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?
8. (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.

E - 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 the dollar amounts listed in the two cost tables below to fill out this section.

<p>Financial Commitment</p> <p>Community Sponsor's Commitment _____</p> <p>1st Cosponsor's Commitment + _____</p> <p>2nd Cosponsor's Commitment + _____</p> <p>Funds held in trust + _____</p> <p>Other sources of funds _____</p> <p>1. _____ + _____</p> <p>2. _____ + _____</p> <p style="text-align: right;">Total Financial Commitment = _____</p>	<p>FOR IRCC USE ONLY</p> <p>Financial Requirement</p> <p>Total Cost of Sponsorship (column "C" below) _____</p> <p>Total In-Kind Deduction (from page 2) - _____</p> <p style="text-align: right;">Final Cost of Sponsorship = _____</p>
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Sponsorship cost Table (\$)

	A	B	C
Family Size	12 months of Income Support	Start-Up Costs	Estimated Total Amount Settlement Cost (\$)
1	10,700	2,800	13,500
2	18,000	4,400	22,400
3	18,900	5,300	24,200
4	21,200	7,000	28,200
5	23,700	7,200	30,900
6	25,700	8,000	33,700
Additional member	1,550	1,000	2,550

In-Kind Deduction Table (\$)

	Shelter	Clothing	Furniture	Start-up costs (household needs)	School Start-up Costs	Food Staples
1	6,900	500	1,500	325		175
2	8,300	1,000	2,000	350		250
3	9,000	1,375	2,500	375		325
4	9,600	1,750	3,000	400		400
5	10,800	2,125	3,500	425		475
6	10,800	2,500	4,000	450		550
For additional members, add	900	375	500	25	150 per child between ages 4 - 21	75

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<input type="checkbox"/> Met	<input type="checkbox"/> Not Met

F - SIGNATURE

Community Sponsor (PRINT name)	Signature	Date (YYYY-MM-DD)
Cosponsor #1 (individual) (if applicable) (PRINT name)	Signature	Date (YYYY-MM-DD)
Cosponsor #2 (organization) (if applicable) (PRINT name)	Signature	Date (YYYY-MM-DD)

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