



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 Y M D		
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 or cell telephone no. Area code No. Ext.		Facsimile no. Area code No.		E-mail address

B - SETTLEMENT NEEDS CHECKLIST

* *Settlement Needs*: For each settlement need, specify if your group can provide monetary or in-kind support and give the corresponding dollar figure.

* *In-Kind*: means that your group will provide settlement need in goods, commodities or services instead of money.

* *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 support is available. The total value of the in-kind support will be deducted from the cost of your 12-month sponsorship.

Settlement Needs	Monetary Support	Amount	In-Kind	In-Kind Deduction
START-UP COSTS				
Clothing	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Furniture	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Start-up costs (Household effects, bedding and linens)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
School start-up costs	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Food staples (flour, sugar, rice, etc.)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Hook-up costs (rent deposit, telephone, utilities, etc.)	<input type="checkbox"/>	\$	n/a	n/a
MONTHLY EXPENDITURES	Total:	\$	Total:	\$
Shelter	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Transportation (public transit)	<input type="checkbox"/>	\$	n/a	n/a
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	\$	n/a	n/a
TOTALS	Total Monetary Support:	\$	Total In-Kind Deduction:	\$

C - SETTLEMENT NEEDS - DETAILS

Check all services your Group will provide for.

For each service, specify:

- * who will be responsible
- * availability of the person responsible for the service (time he/she will dedicate to the task),
- * when there is no question in the details box, provide information if applicable.

Check if applicable	Settlement assistance services	Group member(s) responsible	Availability of group member(s)
1 <input type="checkbox"/>	Meet refugees upon arrival and provide transportation to the final destination		
► Details	Give details (if applicable)		
2 <input type="checkbox"/>	Apply for provincial health plan and Interim Health plan		
► Details	Give details (if applicable), or explain why your group is not assisting with this service		

C - SETTLEMENT NEEDS - DETAILS (CONTINUED)

Check if applicable	Settlement assistance services	Group member(s) responsible	Availability of G5 members												
3 <input type="checkbox"/>	Arrangement for temporary accommodation														
▶ Details	<table border="1"> <tr> <td data-bbox="168 243 500 317">For how long?</td> <td data-bbox="500 243 670 317">Number of rooms</td> <td colspan="2" data-bbox="670 243 1572 317">Address (if known)</td> </tr> <tr> <td colspan="2" data-bbox="168 317 873 390">Host name</td> <td colspan="2" data-bbox="873 317 1572 390">Relationship to the Principal refugee applicant</td> </tr> <tr> <td colspan="4" data-bbox="168 390 1572 499">Explain your contingency plan in case the arrangement does not work out</td> </tr> </table>			For how long?	Number of rooms	Address (if known)		Host name		Relationship to the Principal refugee applicant		Explain your contingency plan in case the arrangement does not work out			
For how long?	Number of rooms	Address (if known)													
Host name		Relationship to the Principal refugee applicant													
Explain your contingency plan in case the arrangement does not work out															
4 <input type="checkbox"/>	Arrangement for permanent accommodation														
▶ Details	<table border="1"> <tr> <td data-bbox="168 567 339 640">Number of rooms</td> <td colspan="3" data-bbox="339 567 1572 640">Address (if known)</td> </tr> <tr> <td colspan="2" data-bbox="168 640 977 709">Rent deposit <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> <td colspan="2" data-bbox="977 640 1572 709"><input type="checkbox"/> Hook-up costs (telephone, electricity, gas, heat, etc.)</td> </tr> <tr> <td colspan="4" data-bbox="168 709 1572 814">Explain your contingency plan in case the arrangement does not work out</td> </tr> </table>			Number of rooms	Address (if known)			Rent deposit <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<input type="checkbox"/> Hook-up costs (telephone, electricity, gas, heat, etc.)		Explain your contingency plan in case the arrangement does not work out			
Number of rooms	Address (if known)														
Rent deposit <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<input type="checkbox"/> Hook-up costs (telephone, electricity, gas, heat, etc.)													
Explain your contingency plan in case the arrangement does not work out															
5 <input type="checkbox"/>	Arrangement for an interpreter (if applicable)														
▶ Details	<table border="1"> <tr> <td colspan="4" data-bbox="168 882 1572 955">Availability of the interpreter</td> </tr> <tr> <td colspan="4" data-bbox="168 955 1572 1066">Explain your contingency plan in case the arrangement is cancelled or the interpreter is unavailable</td> </tr> </table>			Availability of the interpreter				Explain your contingency plan in case the arrangement is cancelled or the interpreter is unavailable							
Availability of the interpreter															
Explain your contingency plan in case the arrangement is cancelled or the interpreter is unavailable															
6 <input type="checkbox"/>	Apply for Social Insurance Number														
▶ Details	Give details (if applicable), or explain why your group is not assisting with this service														
7 <input type="checkbox"/>	Assistance in finding a doctor and dealing with trauma														
▶ Details	<table border="1"> <tr> <td colspan="4" data-bbox="168 1495 1572 1388"> <input type="checkbox"/> Family Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Other: </td> </tr> <tr> <td colspan="4" data-bbox="168 1388 1572 1680">Explain your contingency plan in case you couldn't find a doctor</td> </tr> </table>			<input type="checkbox"/> Family Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Other:				Explain your contingency plan in case you couldn't find a doctor							
<input type="checkbox"/> Family Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Other:															
Explain your contingency plan in case you couldn't find a doctor															
8 <input type="checkbox"/>	Apply for child tax benefit (if applicable)														
▶ Details	Give details (if applicable), or explain why your group is not assisting with this service														
9 <input type="checkbox"/>	Apply for other public/settlement services or agencies														
▶ Details	<table border="1"> <tr> <td colspan="4" data-bbox="168 1957 1572 1860">Which settlement assistance agencies have you/will you contact and for what services?</td> </tr> <tr> <td colspan="4" data-bbox="168 1860 1572 1957">Other details</td> </tr> </table>			Which settlement assistance agencies have you/will you contact and for what services?				Other details							
Which settlement assistance agencies have you/will you contact and for what services?															
Other details															

C - SETTLEMENT NEEDS - DETAILS (CONTINUED)

Check if applicable	Settlement assistance services	Group member(s) responsible	Availability of G5 members
10 <input type="checkbox"/>	Medical emergencies		
▶ Details	Give details (if applicable), or explain why your group is not providing this service		
11 <input type="checkbox"/>	Orientation (banking, transportation, education, shopping...)		
▶ Details	What orientation activities are planned?		
12 <input type="checkbox"/>	Linking refugee(s) with community activities/ groups		
▶ Details	Which community activities/groups? Other details		
13 <input type="checkbox"/>	Enrol children in school or daycare (if applicable)		
▶ Details	Give details (if applicable)		
14 <input type="checkbox"/>	Enrol adults in language training		
▶ Details	What is the name of the institution and what is the duration of the program?		
15 <input type="checkbox"/>	Finding employment		
▶ Details	<p>You have/will find out about these resources and gather all relevant information:</p> <p><input type="checkbox"/> Employment counselling services <input type="checkbox"/> Employment preparation training</p> <p><input type="checkbox"/> Service Canada <input type="checkbox"/> Credential assessment agencies</p> <p>Other details</p>		
16 <input type="checkbox"/>	Finance: managing sponsorship money		
▶ Details	<p><input type="checkbox"/> Funds held in trust <input type="checkbox"/> Bank Account <input type="checkbox"/> Fund Raising <input type="checkbox"/> Other:</p> <p>Amount of periodical allowance How often will you pay this allowance? <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:</p> <p>Explain your contingency plan if for any reason your Group is short of money before the end of the sponsorship</p>		
17 <input type="checkbox"/>	In-kind donations * Clothing * Furniture * Household effects * Bedding and linens * Food		
▶ Details	Give details (if applicable)		

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 this section

<p>Financial Commitment</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Other sources of Funds</td> <td style="width:30%;">\$ _____</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> <p>Total Financial Commitment : = \$ _____</p>	Other sources of Funds	\$ _____	Member 1 Financial Commitment	+ \$ _____	Member 2 Financial Commitment	+ \$ _____	Member 3 Financial Commitment	+ \$ _____	Member 4 Financial Commitment	+ \$ _____	Member 5 Financial Commitment	+ \$ _____	<p>FOR CIC USE ONLY</p> <p>Financial Requirement</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Total Cost of Sponsorship: (column C below)</td> <td style="width:30%;">\$ _____</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total In-Kind Deduction: (from page 1)</td> <td>- \$ _____</td> </tr> </table> <p>Final Cost of Sponsorship : = \$ _____</p>	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)	- \$ _____																		

Sponsorship Cost Table (\$)

Family Size	12 Months of Income Support	Start-up Costs	Estimated Total Annual Settlement Cost (\$)
1	9000	2800	11,800
2	15,500	4300	19,800
3	17,700	5300	23,000
4	20,000	6000	26,000
5	22,500	7200	29,700
6	24,500	8000	32,500
Additional member	1550	1000	2,500

In-Kind Deduction Table (\$)

Family Size	Shelter	Clothing	Furniture	Start-up Costs	School Start-up Costs	Food Staples
1	6000	500	1500	325		175
2	6000	1000	2000	350		250
3	7800	1375	2500	375		325
4	7800	1750	3000	400		400
5	9600	2125	3500	425		475
6	9600	2500	4000	450		550
For each additional member, add	900	375	500	25	150 per child between ages 5 - 21	75

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Met Not Met

E - SIGNATURE

<p>SIGNATURE OF GROUP REPRESENTATIVE ▶</p>	<p>DATE ▶</p>	<p>Year Month Day</p>
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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.**