

# SETTLEMENT PLAN

## JOINT ASSISTANCE SPONSORSHIP

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

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ON THIS FORM.

### A - GENERAL INFORMATION

1	Name of principal refugee applicant Surname	Given name(s)	Date of birth Year    Month    Day
2	Name of sponsorship agreement holder		
3	Name of constituent group		
4	Name of contact person Surname	Given name(s)	
5	Mailing address (no. & street)		
	City	Province	Postal code
6	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

• Please acknowledge that your group is aware of the settlement needs of the refugee applicant(s) by placing a checkmark in the appropriate box.

Settlement needs	SAH	CG
Assist with finding permanent accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Assist with obtaining clothing	<input type="checkbox"/>	<input type="checkbox"/>
Assist with obtaining home furnishings	<input type="checkbox"/>	<input type="checkbox"/>
Assist with obtaining food	<input type="checkbox"/>	<input type="checkbox"/>
Meet the refugee(s) at the airport and providing transportation to the final destination	<input type="checkbox"/>	<input type="checkbox"/>
Meet the refugee(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Locate an interpreter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Apply for provincial health plan and Interim Federal Health	<input type="checkbox"/>	<input type="checkbox"/>
Apply for Social Insurance Number	<input type="checkbox"/>	<input type="checkbox"/>
Select a family physician	<input type="checkbox"/>	<input type="checkbox"/>
Select a dentist	<input type="checkbox"/>	<input type="checkbox"/>
Plan for medical emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Provide orientation (e.g. public transportation, banking services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance in linking people with community activities	<input type="checkbox"/>	<input type="checkbox"/>
Enroll children in school(s) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Make child care arrangements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Register for Child Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Enroll adults in language training	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance in finding employment	<input type="checkbox"/>	<input type="checkbox"/>

**C - SETTLEMENT NEEDS - DETAILS**

**Joint Assistance Sponsorship (JAS) cases will receive orientation and income support through the Resettlement Assistance Program (RAP). This assistance will be provided by the service providers in partnership with sponsoring groups.**

1 What accommodation (temporary or permanent) arrangements are available?

2 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.).

3 a) Which settlement agencies are the refugee applicant(s) likely to access?

b) Have you contacted these agencies for information on available services?

Yes    ► Specify:

No    ► Explain:

4 What contingency plans has your group made in case problems arise with the implementation of this plan?

**D - SIGNATURES**

SIGNATURE OF SPONSORSHIP AGREEMENT HOLDER REPRESENTATIVE (if applicable)    ►	DATE ► <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-right: 1px solid black;">Year</td> <td style="text-align: center; border-right: 1px solid black;">Month</td> <td style="text-align: center;">Day</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Year	Month	Day	_ _	_	_
Year	Month	Day					
_ _	_	_					

SIGNATURE OF CONSTITUENT GROUP REPRESENTATIVE (if applicable)    ►	DATE ► <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-right: 1px solid black;">Year</td> <td style="text-align: center; border-right: 1px solid black;">Month</td> <td style="text-align: center;">Day</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Year	Month	Day	_ _	_	_
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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 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.**