



# SETTLEMENT PLAN and FINANCIAL ASSESSMENT COMMUNITY SPONSORS

FOR CIC USE ONLY	
CIC file identification no.:	
Principal applicant ID no.:	

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ABOUT THIS FORM.

## A - GENERAL INFORMATION

Principal Refugee Applicant's Last name (surname/family name)		Given name(s)		Date of birth Y M D	
Name of community sponsor					
Name of cosponsor #1 (individual) (if applicable)					
Name of cosponsor #2 (organization) (if applicable)					
<b>Designated contact person:</b>					
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					
<b>Alternate contact person:</b>					
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
<b>START-UP COSTS</b>					
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
<b>MONTHLY EXPENDITURES</b>					
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
				<b>Total In-Kind Deduction:</b>	\$
<b>SETTLEMENT ASSISTANCE</b>					
Meet refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Meet 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"/>		

**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. <b>(Applicable only where <u>cosponsors</u> have signed the Undertaking)</b> 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><b>Financial Commitment</b></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;"><b>Total Financial Commitment = \$ _____</b></p>	<p style="text-align: center;">FOR CIC USE ONLY</p> <p><b>Financial Requirement</b></p> <p>Total Cost of Sponsorship (column "C" below)                    \$ _____</p> <p>Total In-Kind Deduction (from page 2)                    - \$ _____</p> <p style="text-align: right;"><b>Final Cost of Sponsorship = \$ _____</b></p>
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**Sponsorship Cost Table (\$)**

Family Size	A	B	C
	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
<b>Additional member</b>	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
<b>For additional members, add</b>	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                    Year                    Month                    Day
Cosponsor #1 (individual) (if applicable) (PRINT name)	Signature	DATE                    Year                    Month                    Day
Cosponsor #2 (organization) (if applicable) (PRINT name)	Signature	DATE                    Year                    Month                    Day

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 Community Sponsors 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.**