



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 (YYYY-MM-DD)
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"/>

