



UNDERTAKING / APPLICATION FOR A JOINT ASSISTANCE SPONSORSHIP SPONSORSHIP AGREEMENT HOLDERS AND CONSTITUENT GROUPS

FOR CIC USE ONLY	
CIC file identification no.	Visa office file identification no.
	B
Name of Principal Refugee Applicant (PA)	

A SPONSORSHIP AGREEMENT HOLDER (completion of this section is mandatory)

Name of Sponsorship Agreement Holder (SAH)		Date of birth D M Y	FOR CIC USE ONLY
SAH representative - Surname (Family name)	Given name(s)		SAH identification no.
Address (no. and street)			Apt. / Unit
City	Province		Postal code
Home telephone no. Area code No.	Business telephone no. Area code No.	Fax no. Area code No.	E-mail address (specify, if available)

B CONSTITUENT GROUP (if applicable)

Name of Constituent Group (CG)		Date of birth D M Y	FOR CIC USE ONLY
CG representative(s) - Surname (Family name)	Given name(s)		CG identification no.
Address (no. and street)			Apt. / Unit
City	Province		Postal code
Home telephone no. Area code No.	Business telephone no. Area code No.	Fax no. Area code No.	E-mail address (specify, if available)

C REFUGEE(S) BEING SPONSORED

SURNAME (FAMILY NAME)	GIVEN NAME(S)	DATE OF BIRTH D M Y	RELATIONSHIP	CLIENT ID NO.
Principal Refugee Applicant (PA)				
Family member 1			Relationship to PA listed above	
Family member 2				
Family member 3				
Family member 4				
Family member 5				
Family member 6				
Family member 7				

If there are more family members please add an additional sheet ☐ Check box if additional sheet attached with family members listed

D COMPLETE MAILING ADDRESS OF PRINCIPAL REFUGEE APPLICANT (or contact person or organization)

Country	Telephone no. Area code No.	E-mail address

Identify how the sponsoring group and services available in the community can assist with the special needs listed on the refugee profile.

JAS cases are a shared responsibility. They work best when partners understand the role of one another. Listed below are obligations of the sponsor, Citizenship and Immigration (CIC) and the role of the RAP (Resettlement Assistance Program) service providing organization.

F OBLIGATIONS

The sponsor agrees to provide the following assistance to the refugee(s) named on this application until they become continuously self-supporting. The obligations under this agreement are for a period up to 24 months from the date the refugee(s) arrive in Canada.

1. Teach rights and responsibilities of permanent residence in Canada;
2. Show where and how to arrange for services and accompanying them to different services;
3. Ensure that special needs are met through appropriate referral and support services;
4. Provide general companionship and settlement counselling as required;
5. Provide assistance in finding employment;
6. Help the refugee(s) learn one of Canada's official languages;
7. Act as an advocate to help the refugee(s) obtain the assistance required for integration into Canadian society.

Do you agree to provide this support?

☐

Yes

☐

No

Citizenship and Immigration Canada agrees to provide the following assistance to refugee(s) named on this application for a period up to 24 months from the date the refugee(s) arrive in Canada or until they become continuously self-supporting, whichever comes first.

1. Financial assistance equivalent to provincial social assistance rates to meet basic food, shelter and clothing needs;
2. Start-up costs including: one time payments for clothing, household effects, linens, staple food, furniture;
3. Access to emergency medical services - Interim Federal Health;
4. Access to loans for the deposits for rent, utilities and telephone;
5. Access to transportation and assistance loans;
6. Access to service provider organizations for assistance with language training and other settlement assistance.

Resettlement Assistance Program (RAP) service providers are funded through CIC to provide the following services:

1. Temporary accommodation for the refugee(s);
2. Up to 18 hours of service may be provided. All services should be provided in consultation with the sponsoring group;
3. Within the 18 hours of service such tasks are provided: airport reception, finding permanent accommodation, financial and basic orientation, assistance in applying for health card(s) and social insurance number(s), links to mandatory broader based programs and services and special needs counselling.

G DECLARATION BY THE SPONSOR

1. We are not in default in respect of any other sponsorship undertaking(s).
2. We understand our obligations under the Joint Assistance Sponsorship Program, and will make arrangements in the expected community of settlement for the reception and settlement of the persons identified in this undertaking.
3. To the best of my ability, I will not knowingly or deliberately allow any individual to participate in the group's settlement activities who may be considered a threat to the safety and security of the refugee(s).

Name of sponsoring group representative

Signature of group representative

Date

D

M

Y

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H RELATIVES OF REFUGEE(S) LIVING IN CANADA

From information provided by the visa office identify if the refugee(s) have relatives in Canada that may be willing to assist the sponsoring group in resettling the refugee(s)

- ☐ The refugee(s) has relatives living in Canada but they are not willing to assist in the resettlement of the refugee(s)
- ☐ The refugee(s) did not identify that they have any relatives living in Canada
- ☐ The refugee(s) identified that relatives accompanying them to Canada may be able to assist them in their resettlement
- ☐ The refugee(s) identified that they have relatives in Canada that are able to assist in their resettlement
- address information provided below when available

Name of refugee's relative(s) living in Canada - if more than one please include a separate page with contact information listed

Surname (Family name)				Given name(s)			
<input type="checkbox"/> Canadian citizen		<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Other		Relationship to refugee(s)	
Address (no. & street)						Apt. / Unit	
City				Province		Postal code	
Home telephone no. Area code No.		Business telephone no. Area code No.		Fax no. Area code No.		E-mail address (specify, if available)	

I SPECIAL NEEDS

Indicate if this sponsorship falls within one of the following categories

- ☐ Medical disabilities ☐ Separated children
- ☐ Women at risk (AWR) ☐ Urgent protection
- ☐ Elderly refugees ☐ Other (specify) _____
- ☐ Large family/Socio-economic difficulties

Signature of officer		Date D M Y		Name of CIC	
CIC contact name and number		Visa office		Approximate date for completion of processing D M Y	

The information provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* for the purpose of determining the eligibility of your organization or group to sponsor a refugee or member of a designated class. Information on sponsors will be stored in Personal Information Bank number CIC PPU 008. Information on refugees/members of a designated class will be stored in Personal Information Bank CIC PPU 042. Each person named on this form has the right of access to his/her personal information and to its protection under the *Privacy Act*.