

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 a) Surname		b) Given name(s)		Date of birth Day Month Year		
2	Name of sponsorship agreement holder						
3	Name of constituent group						
4	Name of contact person a) Surname			b) Given name(s)			
5	Mailing address (no. & street)						
City			Province			Postal code	
6	Home telephone no. Area code No.		Work telephone no. Area code No.		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		
1	Assist with finding permanent accommodation	<input type="checkbox"/>
2	Assist with obtaining clothing	<input type="checkbox"/>
3	Assist with obtaining home furnishings	<input type="checkbox"/>
4	Assist with obtaining food	<input type="checkbox"/>
5	Meet the refugee(s) at the airport and providing transportation to the final destination (if applicable)	<input type="checkbox"/>
6	Meet the refugee(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>
7	Locate an interpreter (if applicable)	<input type="checkbox"/>
8	Apply for provincial health plan and Interim Federal Health	<input type="checkbox"/>
9	Apply for Social Insurance Number	<input type="checkbox"/>
10	Select a family physician	<input type="checkbox"/>
11	Select a dentist	<input type="checkbox"/>
12	Plan for medical emergencies	<input type="checkbox"/>
13	Provide orientation (e.g. public transportation, banking services, etc.)	<input type="checkbox"/>
14	Provide assistance in linking people with community activities	<input type="checkbox"/>
15	Enroll children in school(s) (if applicable)	<input type="checkbox"/>
16	Make child care arrangements (if applicable)	<input type="checkbox"/>
17	Register for Child Tax Benefit	<input type="checkbox"/>
18	Enroll adults in language training	<input type="checkbox"/>
19	Provide assistance in finding employment	<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	What community resources and services are available to help with the refugee's settlement?
3	What assistance will family or friends of the refugee applicant(s) provide?

D - SIGNATURES

SIGNATURE OF SPONSORSHIP AGREEMENT HOLDER REPRESENTATIVE (if applicable)	DATE	Day	Month	Year
SIGNATURE OF CONSTITUENT GROUP REPRESENTATIVE (if applicable)	DATE	Day	Month	Year