

# Resettlement needs assessment

## IMM 5544

### Subject

Instructions for evaluating and reporting the resettlement needs of refugees overseas who have been selected for resettlement in Canada in the context of the immigration medical examination (IME).

### Goal/Objective

These instructions are provided to ensure panel physicians (PPs) follow a consistent and appropriate process in the:

- assessment of the resettlement needs of Refugees overseas; and
- proper completion of the IMM 5444 form.

### Instructions

#### *Background*

The IMM 5544 Resettlement Needs Assessment Form was first introduced for use by PPs in 2004 after the Immigration and Refugee Protection Act (IRPA) became law in June, 2002. The changes to IRPA allowed for the admission to Canada of refugees with medical needs who might have been inadmissible due to excessive demand on Canadian health or social services under the previous legislation.

It is important that refugees with extensive medical and/or social needs are able to 1) travel to Canada efficiently and safely and 2) be able to settle into Canada with their medical and social needs being recognized and attended to quickly and effectively.

The IMM 5544 form has been modified in order to capture vital information that was not being provided on the initial versions of the form. The Visa Offices will issue the IMM 5544 “Resettlement Needs Assessment Form” together with the IMM 1017 “Medical Report: Client Biodata and Summary” form for ALL overseas refugees selected for resettlement in Canada.

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### IMM 5544

The IMM 5544 form is incorporated into the eMedical platform of CIC. The table below provides information for the PP regarding eMedical and paper-based submission of the IMM 5544.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"><li>• Visa Office (VO) issues IMM 1017 with IMM category of Refugee-Overseas.</li><li>• IMM 5544 is included in medical instructions sent to client by VO as part of the IME.</li><li>• IMM 5544 will be available as a form to be filled out in eMedical and uploaded to the health case.</li><li>• Submission of IME will include IMM 5544.</li></ul>	<ul style="list-style-type: none"><li>• Visa Office (VO) issues IMM 1017 with IMM category of Refugee-Overseas.</li><li>• IMM 5544 is included in medical instructions sent to client by VO as part of the IME.</li><li>• Panel physician will complete the IMM 5544 and submit it along with the paper-based IME.</li></ul>

The role of the PP continues to be the completion of the IMM 5544 form in order to provide a functional assessment of the refugee and to list special requirements of the refugee both during travel to and post-arrival in Canada. This information is essential to ensure the provision of effective reception arrangements, and to ensure that the refugee is destined to a city in Canada that has the appropriate support services available.

The instructions accompanying the new IMM 5544 form provide the PP with all the information on the purpose of the form and how to complete it. These instructions include comprehensive and practical advice on what information is of most use to Canadian immigration and settlement officers in order to minimize problems during the refugee's travel and to maximize effective post-arrival settlement arrangements for the refugee in Canada.

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## IMM 5544

### Completing the IMM 5544

The IMM 5544 form is to be completed for **every** overseas refugee, even those without medical conditions of concern. Even a **negative** answer is important. When a refugee has no special travel requirements or settlement issues, the PP must check the box following the statement “There are no special travel requirements or resettlement needs” (see figure below):

There are no special travel requirements or settlement issues.

If there are special travel or resettlement issues the PP will complete, as appropriate, Sections 1, 2, 3, 4 and 5 of the IMM 5544.

The IMM 5544 form is used to provide additional information for three important purposes:

- to facilitate safe and efficient travel to Canada,
- to maximize post-arrival settlement arrangements on arrival to Canada, and
- to help in determining the destination city in Canada where the medical and social services required for the Refugee are available.

In order to preserve medical confidentiality, **NO personal medical information is to be placed on the IMM 5544**. Thus, the PP must attempt to get across the basis of the medical problem and the special needs of the Refugee **without referring to a specific medical diagnosis**.

This is very important to remember since the information on the IMM 5544 will be made available to people who are not medical professionals.

These five sections of the IMM 5544 are:

- Functional Assessment,
- Special Travel Requirements,
- Post-arrival Service Requirements,
- Housing and Daily Activities or Assistance requirements, and
- Other Resettlement Needs.

As the PP is carrying out an IME of an overseas refugee it is important to keep in mind whether or not the refugee has any “special travel requirements or settlement issues” as these will need to be noted when the PP is completing the IMM 5544. Any additional information placed on the IMM 5544 should be in as clear and concise a manner as possible.

# Resettlement needs assessment IMM 5544

## Section 1: Functional Assessment

The functional assessment on the IMM5544 is clear in identifying major problems that can impact on resettlement of the refugee in Canada (see figure below):

**1. FUNCTIONAL ASSESSMENT**

Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/>	<input type="checkbox"/>	Vision impairment	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/>	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/>	<input type="checkbox"/>	Mobility impairment	Current mobility aid: _____ Mobility aid required: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other impairment (list below and describe if possible: Example - feeding due to dental condition)		
Details				
Activities of daily living <input type="checkbox"/> Independent <input type="checkbox"/> Partial care <input type="checkbox"/> Total care				
Details				

If any of the above noted impairments is present the PP is asked to indicate “yes”. If they are not present the PP should check “no”. Even when only one impairment is present, ALL other answers must be completed with a “No” response.

When there is a positive response to any of these functional assessment questions, the PP must provide additional information about the impairment (i.e., degree of impairment, use of/requirement for a mobility aid). The PP is also to indicate what level of Activities of Daily Living (ADL) the refugee is functioning at and must also add any details that would assist in understanding the degree to which a refugee might be dependent on others for care (for example: the requirement for assistance with feeding, bathing or toileting).

When “Other” functional impairment is marked, remarks are required from the PP in order to provide information regarding what the problem is, **without stating a medical diagnosis**.

If the refugee is currently using, or requires, a mobility aid, the nature of that aid should be noted in the space “**Current mobility aid**” and if the refugee needs a different aid, this can be stated in the option marked: “**Mobility aid required**”. The most commonly used mobility aids are canes, walkers and wheelchairs.

Finally, if a person is using or would benefit from a mobility aid, the PP should take this into account when completing Section 4, “Housing Requirements” by adding a notation regarding the need for a single level dwelling and/or elevator access.

# Resettlement needs assessment IMM 5544

## Section 2: Special Travel Requirements

The special travel requirements for the refugee to get to their final destination in Canada are listed on the IMM 5544 (see figure below):

### 2. SPECIAL TRAVEL REQUIREMENTS

None       Wheelchair       Stretcher       Medical escort required       Other

Details

A “Wheelchair” should be indicated whenever the refugee is using or requires a mobility aid. An indication of the size/type of wheelchair required would be helpful. A wheelchair should also be indicated for persons with any medical condition limiting their ability to move quickly or safely when transferring between terminals at an airport. Often this would be the case for persons with mobility problems associated with osteoarthritis, amputation, or cerebral palsy. It should also be considered for persons with cardio-respiratory disorders such as angina, congestive heart failure, valvular heart disease, or chronic obstructive pulmonary disease (COPD).

Please note that request for a “Medical Escort” will be vetted by the Regional Medical Office (RMO) responsible for the refugee’s IME and by CIC in Ottawa.

If the “Other” option is used, the PP should provide the specific information in the “Details” section below the responses. Most commonly the option of “Other” will be used when the refugee should be accompanied by an adult family member or might need assistance in undertaking immigration formalities at the Port of Entry in Canada.

It is possible for more than one box to be completed in this section. For example a refugee with severe congestive heart failure might need both a wheelchair during the travel period as well as a medical escort.

## Section 3: Post-Arrival Services Required

This section of the IMM 5544 is important as it indicates the actual social and/or medical services that the refugee will require in Canada. Social services available in Canada range from special education, speech therapy, occupational therapy, physiotherapy to vocational rehabilitation, attendant care. Social services can also include specialized housing services such as home care and long term care (these housing and care services would require an application to be made and would usually require an assessment by a health professional regarding the need and eligibility for the service). Medical services available in Canada run the full range of specialties and include operative and non-operative care for such medical conditions as cancer, renal failure, coronary artery disease, osteoarthritis, hepatitis and the human immunodeficiency virus (HIV).

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In filling in the IMM5544, the post-arrival services requirements are either “no services required” or “Consultation with a health care professional required” (see figure below):

**3. POST-ARRIVAL SERVICES REQUIRED**

No services required

Consultation with a health care professional required ▶

Urgent (72 hrs)       Within \_\_\_ weeks       As required

Specialized services       Long term services

Details

When a consultation is required, the PP should indicate how quickly that should take place (as shown in the figure above).

In deciding on the number of weeks that would be reasonable before the refugee should be seen by a specialist consultant, the PP should keep in mind that a consultation with a specialist in Canada, can take several weeks and even months to set up. Thus, for a chronic, well controlled, medical condition, one should indicate “as required”. An example of this would be referral to an orthopaedic surgeon for long-standing osteoarthritis of the knees that is well managed with oral medications. Another would be someone with COPD that is well controlled on inhaled or oral medications.

Long standing conditions that require assessment for a special education class, vocational training, or rehabilitation can also usually be marked “As required”.

Conditions that might benefit from being seen by a specialist in a shorter period of time would be unstable angina or congestive heart failure, or newly diagnosed diabetes needing training of the use of insulin.

In general, almost any refugee requiring a medical escort to accompany them safely to Canada will require an “Urgent” specialist assessment. This might include a case of severe COPD requiring oxygen for travel or for everyday use, or a case of severe valvular heart disease requiring stabilisation of secondary heart failure and an “urgent” assessment for consideration of valve replacement surgery. Individuals requiring an assessment for home care or long term residential care should also be marked “urgent”.

If the refugee’s visual impairment appears to be, or is most likely due to a simple refractive error (most often with younger clients) the best option would be recommendation to see an optometrist. If on the other hand, the visual problem could reasonably be due to cataracts or glaucoma (based on clinical findings or the age of the client) the best option would be referral to an ophthalmologist.

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As stated earlier, the “Specialised Services” noted under “Consultation with a health care professional” can refer to needs for such varied social and medical services as:

- special education,
- occupational therapy,
- physiotherapy,
- speech therapy,
- vocational training,
- lip reading or sign language training,
- training for a blind person in navigating his home and community.

Long term services can refer to such services as:

- placement of the refugee in a long term care centre for someone who has had a stroke and is not (and will never be) independent in their activities of daily living.

## Section 4: Housing and Daily Activities/Assistance Requirements

The housing and daily activities/assistance requirements section offers the PP four options for completion (see figure below):

**4. HOUSING AND DAILY ACTIVITIES / ASSISTANCE REQUIREMENTS**

Fully independent, no assistance required

Wheelchair access required

Home care/support services required   ▶    Periodically    Permanently

Specialized services required to accommodate functional impairments

Please specify

The first two options are more or less self explanatory. The PP should keep in mind that someone who does not currently use a wheelchair but who would benefit from one should have the “Wheelchair access required” response checked. This should correspond with a previous positive response regarding “Mobility impairment” in Section 1 of this form.

If the PP considers that “Home care/support services” are required for a refugee to carry out daily activities in their own home, this should be checked as well as the anticipated frequency of that service. For example, attendant care (e.g. nursing care) might be considered necessary for an elderly person who is not able to see well enough to count out daily medications or to give an insulin injection. This would be required daily and permanently. For someone requiring assistance with bathing, the visits by a home care nurse might only be once a week, in which case “periodic” should be checked.

Types of home care services available in Canada are “periodic” and “permanent” (see figure above).

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The last option for the PP to consider under Housing and Daily Activities is “Specialized services required to accommodate functional impairments”. This could include long term care in a residential facility with 24-hour nurse staff. Normally this expensive form of residential care is limited to persons who cannot safely function with the more limited nursing services available through home care. Another specialized service might be home oxygen for a refugee with severe COPD.

#### Section 5: Other comments related to resettlement needs

##### 5. OTHER COMMENTS RELATED TO RESETTLEMENT NEEDS

This section should only be used when relevant details are needed and cannot be written in any of the above sections. **Again under no circumstances should a medical diagnosis or information that leads to a medical diagnosis appear on the IMM 5544 form.** The PP must attempt to get across the basis of the medical problem and needs without referring to a specific medical diagnosis.

Once the IMM 5544 is completed, at the bottom of the form there is a space for the PP to date and sign it as well as indicating their P number and the place where the form was completed. The PP that is eMedical enabled, will submit completed document electronically.

#### When to only indicate “No Special Travel Requirements or Settlement Issues” on the IMM 5544 ?

The IMM 5544 form, although mandatory for all cases of overseas refugees being resettled in Canada, does not have to contain a detailed response as the majority of refugee cases will have no significant medical conditions identified during the course of their IME. In addition, there will be cases where the refugee has a chronic medical condition (see the list below) under good control where the refugee will only need to be followed by a general practitioner, upon arrival in Canada, but will not have a “special” travel requirement or settlement issue.

Thus, for all IMM 5544 forms that have “No Special Travel Requirements or Settlement Issues” checked off, and where the Refugee has no major social service and/or health care requirements identified during the course of an IME, no further information needs to be provided on the IMM 5544:

There are no special travel requirements or settlement issues.



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## IMM 5544

The list below (indicative but not exhaustive) highlights some commonly encountered medical conditions which do not warrant the detailed filling in of the IMM 5544:

- Hypertension, well controlled with medication
- Asthma, well controlled with medication
- Inactive Pulmonary Tuberculosis
- Syphilis, treated
- Epilepsy under good control
- Diabetes under good control without end organ complications
- Skin conditions/infections (Psoriasis, Fungal Infections)
- Visual acuity deficit of equal or better than 6/15 when corrected
- Radiographic Cardiomegaly without clinical manifestations or impairment

### **HB Approval and Authority**

Director General, NHQ, Health Branch, CIC

### **Implementation Date**

2012/12/01

### **Revision Date(s)**

2013/12/01

# Operations Directorate, Health Branch Immigration Medical Examination Instructions



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## RESETTLEMENT NEEDS ASSESSMENT FORM

### GENERAL INSTRUCTIONS

- Form IMM 5544 serves as a practical tool to facilitate the collection and distribution of pertinent information that could impact the ability of refugees to successfully travel to and resettle in Canada.
- The Panel Physician (PP) is to complete this form and provide functional assessment and special requirements of the refugee **during travel to Canada and post-arrival**. This information is essential to ensure the provision of effective reception arrangements, and to ensure that the refugee is destined to a city in Canada that has the appropriate support services available. Such information enables resettlement workers to plan and provide refugees selected abroad with the assistance appropriate to their needs.
- Each refugee to be resettled in Canada will be issued an IMM 5544 form with the IMM 1017 form (*Medical Report: Applicant Biodata and Summary*)
- All IMM 5544 forms issued are to be completed by the PPs and shall be sent to the Regional Medical Office attached to the completed IMM 1017 and IMM 5419 forms.

### SPECIFIC INSTRUCTIONS

For each refugee with No/No resettlement needs, check box following the statement "***There are no special travel requirements or settlement issues***".

**Section 1, 2, 3, 4 and 5 to be completed if there are special travel requirements or settlement issues.**

- Functional Assessment.
- Indicate conditions that may impact the client's ability to travel or that may require urgent attention upon arrival to Canada.
- Check appropriate boxes and provide details where relevant.
- Special Travel Requirements.
- If no special travel requirements then check "none".
- Otherwise, indicate whether they require special preparation or services such as a wheelchair, other special equipment or a medical escort and provide details where relevant.
- Post Arrival Service Requirements (in Canada);
  1. If no post-arrival services are required, check box "No services required (e.g., this might be indicated for a condition such as paraplegia, where there are travel requirements and housing requirements, but no special post-arrival service is needed).
  2. If service is required, check all appropriate boxes, indicate the urgency of the service and provide details where relevant.
- Housing and Daily Activities/Assistance Requirements.
- If there are "Housing and Daily Activities/Assistance Requirements", check all appropriate boxes and provide details where relevant.
- Other comments relating to resettlement needs.
- Provide any other relevant information that may assist the refugee client in their travel and resettlement.

**Please date and sign the form. Indicate your PP number and the place the form was completed.**

Operations Directorate, Health Branch  
Immigration Medical Examination Instructions



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**RESETTLEMENT NEEDS ASSESSMENT FORM**

Family name:		UCI:
First name:		IME no.
Date of birth (YYYY-MM-DD)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

There are no special travel requirements or settlement issues.

**1. FUNCTIONAL ASSESSMENT**

Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/>	<input type="checkbox"/>	Vision impairment	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/>	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/>	<input type="checkbox"/>	Mobility impairment	Current mobility aid: _____ Mobility aid required: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other impairment (list below and describe if possible: Example - feeding due to dental condition)		
Details <input type="text"/>				
Activities of daily living <input type="checkbox"/> Independent <input type="checkbox"/> Partial care <input type="checkbox"/> Total care				
Details <input type="text"/>				

**2. SPECIAL TRAVEL REQUIREMENTS**

None  Wheelchair  Stretcher  Medical escort required  Other

Details

**3. POST-ARRIVAL SERVICES REQUIRED**

No services required  
 Consultation with a health care professional required

Urgent (72 hrs)  Within \_\_\_ weeks  As required  
 Specialized services  Long term services

Details

**4. HOUSING AND DAILY ACTIVITIES / ASSISTANCE REQUIREMENTS**

Fully independent, no assistance required  
 Wheelchair access required  
 Home care/support services required  Periodically  Permanently  
 Specialized services required to accommodate functional impairments

Please specify

**5. OTHER COMMENTS RELATED TO RESETTLEMENT NEEDS**

Date (YYYY-MM-DD)	Place and PP#	Physician name	Physician signature
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