



SETTLEMENT PLAN AND FINANCIAL ASSESSMENT

Group of Five

A - GENERAL INFORMATION

| | | |
|--|-------------|----------------------------|
| Name of principal applicant Surname (family name) | Given names | Date of birth (YYYY-MM-DD) |
| Name of Sponsoring Group | | |

B - SETTLEMENT NEEDS CHECKLIST

* *Settlement Needs:* For each settlement need, specify if your group can provide monetary or in-kind support and give the corresponding dollar figure.

| Settlement Needs | Monetary Support | Annual Amount | In-Kind | In-Kind Deduction |
|---------------------------------------|--------------------------|---------------|--------------------------|-------------------|
| START-UP COSTS | | | | |
| Clothing | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| Furniture | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| Household start-up costs | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| Food staples | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| Hook-up costs | <input type="checkbox"/> | \$ | n/a | n/a |
| School start-up costs (if applicable) | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| TOTAL START UP COSTS | Total: | \$ | Total: | \$ |

ONGOING EXPENDITURES

| | | | | |
|--|--------------------------|----|--------------------------|-----|
| Shelter (monthly rent X 12 months) | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| Transportation (public transit) (monthly costs X 12 months) | <input type="checkbox"/> | \$ | n/a | n/a |
| Living allowance (food, incidentals, etc.) (monthly costs X 12 months) | <input type="checkbox"/> | \$ | n/a | n/a |
| TOTAL ONGOING EXPENDITURES | Total: | \$ | Total: | \$ |

| | | |
|---------------------|----|----|
| GRAND TOTAL: | \$ | \$ |
|---------------------|----|----|

C - SETTLEMENT CHECKLIST

Confirm, by checking the appropriate boxes, which settlement needs your group will provide to the refugees. If one or more of the settlement needs indicated below is not applicable to your group or if your group is not willing to provide one or more of the settlement needs, please provide an explanation in the box at the end of this section.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Meet refugees upon arrival and provide transportation to the final destination |
| <input type="checkbox"/> | Arrange transportation for the refugees to and from appointments and activities |
| <input type="checkbox"/> | Arrange for interpreter services (if applicable) |
| <input type="checkbox"/> | Provide orientation (public transportation, banking services, etc.) |
| <input type="checkbox"/> | Enroll adult refugees in language training (if applicable) |
| <input type="checkbox"/> | Provide assistance in finding employment |
| <input type="checkbox"/> | Provide assistance in linking the refugees with community activities |
| <input type="checkbox"/> | Plan for refugees to see a health care worker shortly after arrival |
| <input type="checkbox"/> | Assist refugees in selecting a family physician, a dentist, etc. |
| <input type="checkbox"/> | Assist refugees in applying for provincial and Interim Federal Health plans |
| <input type="checkbox"/> | Enroll children in school (if applicable) |
| <input type="checkbox"/> | Make child care arrangements (if applicable) |
| <input type="checkbox"/> | Apply for child tax benefit (if applicable) |

Provide further details if your group will **not** provide a settlement need indicated above or explain why a settlement need is not applicable.

D - SETTLEMENT PLAN - DETAILS

Please give details that your group has made or intends to make to help the refugees settle. All of these questions must be answered in full for this application to be processed.

As sponsors, you must arrange for proper accommodations for the refugees. Indicate where the refugees will reside by providing, if known, the complete address (or addresses if refugees will first reside in temporary accommodations) and provide details of the accommodations:

As sponsors, you must register the refugees for settlement activities (language training, finding a job, etc.). Indicate which immigrant settlement agencies are available and accessible to the refugees and what services they offer:

As sponsors, you must plan, if applicable, to refer refugees to support or service centres for persons dealing with a trauma or crisis. Explain if any special accommodations are required for the refugees. If accommodations are required, provide details regarding your group's plan to accommodate:

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/or individual member's Financial Profile (IMM 5373B, Section F) and the dollar amounts listed in the two cost tables below to fill out this section

| | | | |
|--|------------|---|----------|
| Financial Commitment | | FOR CIC USE ONLY | |
| | | Financial Requirement | |
| Funds held in trust | \$ _____ | Total Cost of Sponsorship: (column C below) | \$ _____ |
| Member 1 Financial Commitment | + \$ _____ | | |
| Member 2 Financial Commitment | + \$ _____ | | |
| Member 3 Financial Commitment | + \$ _____ | | |
| Member 4 Financial Commitment | + \$ _____ | | |
| Member 5 Financial Commitment | + \$ _____ | | |
| Total Financial Commitment : = \$ _____ | | Final Cost of Sponsorship : = \$ _____ | |

Sponsorship Cost Table (\$)

| Family Size | 12 Months of Income Support | Start-up Costs | Estimated Total Annual Settlement Cost (\$) |
|--------------------------|-----------------------------|----------------|---|
| 1 | 9,800 | 2,800 | 12,600 |
| 2 | 16,800 | 4,400 | 21,200 |
| 3 | 17,700 | 5,300 | 23,000 |
| 4 | 20,000 | 7,000 | 27,000 |
| 5 | 22,500 | 7,200 | 29,700 |
| 6 | 24,500 | 8,000 | 32,500 |
| Additional member | 1,550 | 1,000 | 2,500 |

In-Kind Deduction Table (\$)

| Family Size | Shelter | Clothing | Furniture | Start-up Costs | School Start-up Costs | Food Staples |
|--|---------|----------|-----------|----------------|-----------------------------------|--------------|
| 1 | 6,000 | 500 | 1,500 | 325 | | 175 |
| 2 | 7,100 | 1,000 | 2,000 | 350 | | 250 |
| 3 | 7,800 | 1,375 | 2,500 | 375 | | 325 |
| 4 | 8,400 | 1,750 | 3,000 | 400 | | 400 |
| 5 | 9,600 | 2,125 | 3,500 | 425 | | 475 |
| 6 | 9,600 | 2,500 | 4,000 | 450 | | 550 |
| For each additional member, add | 900 | 375 | 500 | 25 | 150 per child between ages 4 - 21 | 75 |

F - DECLARATION

I declare that the information given on this form and any attached documents are true, complete and accurate.

SIGNATURE OF GROUP REPRESENTATIVE ►

| | |
|--|--|
| <p style="text-align: center;">_____ Signature</p> | <p style="text-align: center;">_____ Date (YYYY-MM-DD)</p> |
|--|--|

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 local Groups of Five or more individuals 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. **Infosource is also available at Public Libraries in Canada.**