Citizenship and

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-DI			h (YYYY-MM-DD)	
Name of Sponsoring Group					
B - SETTLEMENT NEEDS CHECKLIST * Settlement Needs: For each settlement need, specify if your group can pro	vide monetary or in	-kind support and give t	he corresponding dollar	figure.	
Settlement Needs		Monetary Support	Annual Amount	In-Kind	In-Kind Deduction
START-UP COSTS			l .		1
Clothing			\$		\$
Furniture			\$		\$
Household start-up costs			\$		\$
Food staples			\$		\$
Hook-up costs			\$		\$
School start-up costs (if applicable)			\$	n/a	n/a
TOTAL START UP COSTS		Total:	\$	Total:	\$
ONGOING EXPENDITURES					
Shelter (monthly rent X 12 months)			\$		\$
Transportation (public transit) (monthly costs X 12 months)			\$	n/a	n/a
Living allowance (food, incidentals, etc.) (monthly costs X 12 months)			\$	n/a	n/a
TOTAL ONGOING EXPENDITURES		Total:	\$	Total:	\$
		GRAND TOTAL:	\$]	\$
C - SETTLEMENT CHECKLIST	ι		1	J	
Confirm, by checking the appropriate boxes, which settlement needs your group \mathbf{or} if your group is not willing to provide one or more of the settler					low is not applicable to
Meet refugees upon arrival and provide transportation to the final of	destination	· · · · · · · · · · · · · · · · · · ·			
Arrange transportation for the refugees to and from appointments	and activities				
Arrange for interpreter services (if applicable)					
Provide orientation (public transportation, banking services, etc.)					
Enroll adult refugees in language training (if applicable)					
Provide assistance in finding employment					
Provide assistance in linking the refugees with community activitie	s				
Plan for refugees to see a health care worker shortly after arrival					
Assist refugees in selecting a family physician, a dentist, etc.					
Assist refugees in applying for provincial and Interim Federal Heal	th plans				
Enroll children in school (if applicable)					
Make child care arrangements (if applicable)					
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	
Funds held in trust	\$
Member 1 Financial Commitment	+\$
Member 2 Financial Commitment	+\$
Member 3 Financial Commitment	+\$
Member 4 Financial Commitment	+\$
Member 5 Financial Commitment	+\$

Total Financial Commitment : = \$

FOR CIC USE ONLY	
Financial Requirement	
Total Cost of Sponsorship: (column C below)	\$
Total In-Kind Deduction: (from page 1)	- \$
Final Cost of Sponsorship :	= \$

Sponsorship Cost Table (\$)

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	•		
		Signature	Date (YYYY-MM-DD)

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 and through the Citizenship and Immigration Call Centre. *Infosource is also available at Public Libraries in Canada*.