

SETTLEMENT PLAN AND FINANCIAL ASSESSMENT **Group of Five**

A - GENERAL INFORMATION							
Name of principal applicant Surname (family name)	Given names			С	Date of birth (YYYY-MM-DD)		
currently frame)							
Name of Sponsoring Group							
B - SETTLEMENT NEEDS CHECKLIST							
* Settlement Needs: For each settlement need, specify if your group can pr	rovide monetary or i	in-kind suppo	rt and give	the corresponding dollar	ar figure	-	
Settlement Needs		Monetary	Support	Annual Amount	In-	Kind	In-Kind Deduction
START-UP COSTS							
Clothing				\$			\$
Furniture				\$			\$
Household start-up costs				\$			\$
Food staples				\$			\$
Hook-up costs				\$	r	1/a	n/a
School start-up costs (if applicable)				\$			\$
TOTAL START UP COSTS		Tota	al:	\$	To	otal:	\$
ONGOING EXPENDITURES							
Shelter (monthly rent X 12 months)				\$			\$
Transportation (public transit) (monthly costs X 12 months)				\$	r	n/a	n/a
Living allowance (food, incidentals, etc.) (monthly costs X 12 months)				\$	r	n/a	n/a
TOTAL ONGOING EXPENDITURES		Tota	ıl:	\$	Т	otal:	\$
		GRAND T	OTAL:	\$			\$
O OFFITI EMENT OUTON IOT		GRAND	OTAL.	a a			ð
C - SETTLEMENT CHECKLIST Confirm, by checking the appropriate boxes, which settlement needs your of to your group or if your group is not willing to provide one or more of the se							pelow is not applicable
Meet refugees upon arrival and provide transportation to the final des							
Arrange transportation for the refugees to and from appointments and	d 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 activities							
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 Health p	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:
and accession to the relagions and make our rises they one.
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 IRCC 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 (4)						
Family Size	12 Months of Income Support	Start-up Costs	Estimated Total Annual Settlement Cost (\$)			
1	10,700	2,800	13,500			
2	18,000	4,400	22,400			
3	18,900	5,300	24,200			
4	21,200	7,000	28,200			
5	23,700	7,200	30,900			
6	25,700	8,000	33,700			
Additional member	1,550	1,000	2,550			

In-Kind Deduction Table (\$)

III-Kind Deduction Table (\$)						
Family Size	Shelter	Clothing	Furniture	Start-up Costs (household needs)	School Start-up Costs	Food Staples
1	6,900	500	1,500	325		175
2	8,300	1,000	2,000	350		250
3	9,000	1,375	2,500	375		325
4	9,600	1,750	3,000	400		400
5	10,800	2,125	3,500	425		475
6	10,800	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. *Infosource is also available at Public Libraries in Canada*.