

Settlement Plan – a sample

Below is a copy of the Settlement Plan that needs to be completed.

SETTLEMENT PLAN SPONSORSHIP AGREEMENT HOLDERS (SAH)

A - GENERAL INFORMATION

Name of Principal Applicant - Family name	Given name(s)	Date of birth (YYYY-MM-DD)
Name of Sponsorship Agreement Holder (SAH)		

B - SETTLEMENT NEEDS CHECKLIST

* Please identify who will be providing for the settlement needs by checking the relevant box (note: more than one party may provide for the same need).

Settlement Needs	SAH	CG (if applicable)	Co-sponsor (if applicable)
FINANCIAL ASSISTANCE			
ONE TIME START-UP COSTS			
Clothing (winter and other clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household effects (bedding, linens, kitchen supplies, cleaning products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School fees and supplies (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food staples (flour, sugar, rice, spices, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hook-up costs (rental and utility deposits, phone and/or internet installation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY EXPENDITURES			
Shelter (including rent, electricity, utilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone and internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (public transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocket money and allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SETTLEMENT ASSISTANCE			
Meet refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange transportation for the refugee(s) to and from appointments and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for permanent housing and temporary housing if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for interpreter services (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for provincial health plan and Interim Federal Health (IFH) Program (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for Social Insurance Number (SIN), Canada Child Benefit (if applicable), other necessary federal/provincial programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist refugee(s) in finding a family physician and dentist, and to see a health care worker shortly after arrival, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide orientation (financial and non-financial, e.g., public transportation, banking, shopping, rights and responsibilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance in linking refugee(s) with community activities/groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enroll children in school (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make child care arrangements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enroll adults in language training (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance in finding employment or accessing support services to find employment (e.g., Settlement Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C- SETTLEMENT NEEDS - DETAILS

*Please give details on plans that your group has made or intends to make to help the refugee(s) settle. All of these questions must be answered in full for this Sponsorship Application to be processed. Please refer to [Guide for Sponsorship Agreement Holders to privately sponsor refugees \(IMM 5413\)](#) as you answer these questions.

1. As sponsors, you must arrange proper housing for the refugee(s) you are sponsoring. Please describe your plans for arranging housing, including the anticipated number of rooms and the anticipated number of any other people who will be living there. If temporary housing will be arranged prior to the refugee(s) moving into permanent housing, please provide details. Please provide the address for planned temporary and/or permanent housing, if known at this time.
2. What support structure (staff or volunteer) will be available to provide the required settlement services? Indicate the names of the individuals that will be volunteering and what tasks they will be assisting with (e.g. arrival, SIN card application, health card application, medical appointments, etc.).
3. Which immigrant settlement assistance agencies will the refugee(s) likely access, and for which services?
4. As sponsors, you must plan and make arrangements for any additional needs of the refugee(s), including medical needs and/or special needs for persons who have suffered trauma and would benefit from crisis support and counselling. Please provide details of how these needs will be met.
5. APPLICABLE ONLY IF THERE ARE NON-ACCOMPANYING FAMILY MEMBERS LISTED ON THE SPONSORSHIP UNDERTAKING Please explain your group's contingency plan for supporting non-accompanying family members who may become accompanying family members or who may come to Canada later under the One Year Window of Opportunity provision.

D - SIGNATURES

SIGNATURES FOR SAH AND IF APPLICABLE, CG:

SAH Signing Authority name (print full name)	Signature	Date (YYYY-MM-DD)
CG Signing Authority name (print full name)	Signature	Date (YYYY-MM-DD)

SIGNATURES FOR CO-SPONSORS, IF APPLICABLE:

Co-sponsor INDIVIDUAL name (print full name)	Signature	Date (YYYY-MM-DD)
Co-sponsor ORGANIZATION Signing Authority name (print full name)	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 applications and Sponsorship Undertakings by private sponsors in Canada 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 Immigration, Refugee and Citizenship Canada Call Centre. Infosource is also available at Public Libraries in Canada.