



Sponsorship Steps at ORAT

Principal Applicant
(Refugee):

Family Name	Given Name(s) (First, Other)
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Cosponsor:

Family Name	Given Name(s) (First, Other)
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Please complete the following steps:

Step	Description of Activity	Check When Completed
Step 1	The Cosponsor is to register and attend the <i>Introduction to Resettlement</i> information session. Constituent Groups (CG) are to register and attend the <i>How a Parish Can Resettle Refugees</i> information session. To register for the session, please click on the following link https://orat.eventbrite.ca/ The date that I attended the session is: [Enter Date (YYYY-MM-DD)]	<input type="checkbox"/>
Step 2	The Cosponsor and the Principal Applicant are to complete the following form and e-mail the completed document to oratcases@archtoronto.org within 10 business days. Forms will be assessed on a first come first served basis. Please note that a separate form is to be completed and submitted for each family member that is age 22 or older.	<input type="checkbox"/>

Please note that ORAT will not process your case if you have not submitted the answers to the questions included in this document within 10 business days of attending the Introduction to Resettlement information session. Kindly submit your answer in an electronic format, preferably using the fillable PDF version. This will ensure that the answers to the questions can be modified.

Please answer the following questions:

Cosponsor Information

1. What is your status in Canada (e.g., Canadian citizen, permanent resident, refugee, no status, other)?

Immigration Status

Family Name, Given Name(s) (First, Other)	Street Number and Name	Municipality (City), Province	Postal Code
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Phone Number	Alternate Phone Number	Email Address	Alternate Email Address
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2. I am able to pay the non-refundable filing fee of \$250?

Yes No

3. Please explain how you plan to secure the funds required to support your refugee(s) during their first year in Canada (see Appendix A below). Please be aware that it is illegal to cover the financial liability using funds obtained from the refugee(s).

4. Please describe your motivation to resettle this refugee(s). Indicate what your relationship is with the refugee(s): e.g. grandmother, grandfather, mother, father, brother, sister, first cousin, friend etc. and whether you will gain any benefit, financial or otherwise, from the resettlement of this refugee(s)?

5. Please provide the name of the Constituent Group 'CG' (e.g., a local Catholic Church) that may be ready to assist you with the resettlement of this refugee(s)?
(Please note that you are not required to contact the CG at this time to ask for their support. This will be required of you once your application has been approved by ORAT).

6. If applicable, please provide the name of the church or faith community you are currently attending.

7. Using the table below, please provide us with information on any previously submitted cases with ORAT.

	Yes/ No	# of Cases	Total # of Refugees	Full Name of Principal Applicant(s)
1. I have a case(s) in process with ORAT, but the refugee(s) has not yet arrived.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. I have a case(s) with ORAT, and the refugees have arrived and are either in their settlement period or their settlement period is complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. I have a case(s) with ORAT, which was submitted but was either withdrawn or rejected.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Refugee Information

Please complete the information requested below for from each member of the family that you are planning to resettle, regardless of where they are residing now. Children aged 18 to 21 will need to separately answer questions 9 to 22. Children who are age 22 or older require a separate application and must apply on their own.

Principal Applicant (Refugee)

Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>		Residential Address (Address, City, Country)	Mailing Address (Address, City, Country)	Gender M <input type="checkbox"/> F <input type="checkbox"/>					
Date of birth (YYYY-MM-DD)	Place of Birth (City/ Town and Country)	Country(s) of Citizenship		Current Country of Residence					
Phone Number	Alternate Phone Number	Email Address	Alternate Email Address						
Do you speak, read, write or understand English or French?									
English		French							
	High	Moderate	Low	None		High	Moderate	Low	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate all languages that you are able to speak moderately well or better.									
Highest Level of Education Completed (Check Appropriate Box) <input type="checkbox"/> Elementary/Primary <input type="checkbox"/> Secondary/High School <input type="checkbox"/> College/University <input type="checkbox"/> Trade School/Other Post-Secondary School If you checked College/University or Trade School, please provide area of specialization:									
Occupation(s) What work have you done?		Marital Status (Please check one) Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Legally Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>							

Spouse

Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>		Residential Address (Address, City, Country)	Mailing Address (Address, City, Country)	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth (YYYY-MM-DD)	Place of Birth (City/ Town and Country)	Country(s) of Citizenship		Current Country of Residence
Phone Number	Alternate Phone Number	Email Address	Alternate Email Address	

Do you speak, read, write or understand English or French?

English

	High	Moderate	Low	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

French

	High	Moderate	Low	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate all languages that you are able to speak moderately well or better.

Highest Level of Education Completed (Check Appropriate Box)

Elementary/Primary Secondary/High School College/University Trade School/Other Post-Secondary School

If you checked College/University or Trade School, please provide area of specialization:

Occupation(s) What work have you done?

Dependent(s)

Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence
Family Name, Given Name(s) (First, Other) <i>as shown on your passport</i>	Date of birth (YYYY-MM-DD)	Gender M F <input type="checkbox"/> <input type="checkbox"/>	Place of Birth (City/ Town and Country)	Country(s) of Citizenship	Current Country of Residence

8. *For the Principal Applicant (Refugee):* Please describe in as much detail as possible the specific events which led you to flee your home country. You should include:
- a) Any actions taken against you, your family members, or any others in a similar situation. If the events were generalized, please describe how they affected you personally or what led you to fear for your safety. For each incident, specify the date (month/year) the event(s) occurred.
 - b) Whether you sought protection from the authorities of your country and if not, why not.

9. *For the Spouse of the Principal Applicant (Refugee)*: Please describe in as much detail as possible the specific events which led you to flee your home country. You should include:
- a) Any actions taken against you, your family members, or any others in a similar situation. If the events were generalized, please describe how they affected you personally or what led you to fear for your safety. For each incident, specify the date (month/year) the event(s) occurred.
 - b) Whether you sought protection from the authorities of your country and if not, why not.

10. For each Dependent Child (Age 18 or older and under 22): Please describe in as much detail as possible the specific events which led you to flee your home country. You should include:
- a) Any actions taken against you, your family members, or any others in a similar situation. If the events were generalized, please describe how they affected you personally or what led you to fear for your safety. For each incident, specify the date (month/year) the event(s) occurred.
 - b) Whether you sought protection from the authorities of your country and if not, why not.

11. Please describe in chronological order when exactly you and your family members left your home and what route you took. Explain the mode of transportation taken, the types of vehicles or airlines used, flight numbers, the date of travel, how you paid for travel, etc. If you did not leave together, please explain the route each family member took and the reason(s) why you did not travel together. Please include a copy of your passport stamp of when you entered the country (if available). Please indicate whether someone planned your travel or helped you leave or enter a country and how much you paid.

12. Are you able to return to your home country?

Yes No

If not, why?

13. When did you leave your country of origin?

14. Since arriving in your current country of residence:

a) Have you returned to your country of origin, even briefly?

Yes No

If yes, how many times and under what circumstances?

b) Do you maintain property, a business or are you currently employed in your country of origin?

Yes No

c) Are you planning to return back to your country of origin in the near future (2-3 years), even briefly?

Yes No

If yes, please give details: reason and length of return.

15. In the country where you are living now:

- a) Do you have the right to work? Yes No
b) Do you have the right go to school? Yes No
c) Do you have the right to move freely? Yes No
d) Are you able to avail yourself of these rights? Yes No
e) Are you residing in a refugee camp or in an urban area Urban Area Refugee Camp

f) If applicable, since arriving in the country where you currently live, how have you supported yourself and your family?

16. Give examples of any work experience, skills and / or personal qualities that would assist you in successfully settling in Canada.

17. Do you or your family have any medical and/or psychological conditions Yes No

If you answered "Yes", please describe the condition and the treatment(s) that you are receiving now or will need to receive once in Canada.

18. Do you have a criminal record or do you have a criminal case that is currently in process? Yes No

If you answered "Yes", please provide the details of the criminal charge.

19. Do you or did you participate in any political, military or government activities? Yes No

If yes, please outline the details (e.g. name of organization you supported outlining activities, with dates; list any government position, details of military service with dates and rank(s)).

20. Have you ever previously applied for resettlement under Canada's Refugee and Humanitarian Resettlement program? Yes No

If yes, when and where did you apply? What was the result?

21. Have your circumstances changed since you applied previously Yes No

If so, please describe how.

22.

a) Have you ever been refused refugee status by any country including the country where you are living? Yes No

b) Other than this application, do you currently have a refugee status application in process in any other country including the country where you are living? Yes No

If you answered "Yes" to either question a) or b), please provide as much detail as possible, including dates, places and description of circumstances.

c) Have you ever applied for refugee status with the United Nations High Commissioner for Refugees (UNHCR) in any country? Yes No

If you answered "Yes", what was the result and if possible, include a copy of all documentation received from the UNHCR and / or country regarding any refugee claim. If applicable and available, please include a copy of the refusal letter.

- d) Do you currently have an application for immigration in process to any country (e.g. family reunification)? Yes No

If yes, please explain.

23. Please scan and email to ORAT the following:

Check the appropriate box

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| a) Passport(s) and/or Travel Document(s) (ID page and all stamped pages) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Expired |
| b) UNHCR registration certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Expired |
| c) UNHCR recognition certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Expired |
| d) Local Government Office Registration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Expired |
| e) Any identity documents (include the name of the document) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Expired |
| f) Recommendation from your community &/or religious leader(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g) Other supporting documents/corroborating evidence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Next Steps: The following will provide you with an understanding of the next steps in the process.

Step	Description of Activity	For Office Use (Check When Completed)
Step 3	ORAT may ask for clarification and/or additional information in order to determine eligibility after submitting your answers to the above questions.	<input type="checkbox"/>
Step 4	ORAT conditional approval of the case will be communicated to the Cosponsor. Approval of the case is contingent on the Cosponsor obtaining the support of a CG. The Cosponsor is to meet with the pastor to confirm that the parish will provide moral sponsorship for the case. Cosponsor is to send email confirmation from Pastor/ CG Rep to oratcases@archtoronto.org within 5 business days.	<input type="checkbox"/>
Step 5	Once contacted by ORAT and requested to complete the necessary Immigration forms, the Cosponsor is to complete the required forms (e.g., both parish and refugee forms). Cosponsor to watch the tutorial on how to complete forms on ORAT's website. Instructions on what form are to be completed are provided on ORAT's website https://www.archtoronto.org/refugee/Pages/Constituent-Guide.aspx http://www.cic.gc.ca/english/information/applications/private.asp	<input type="checkbox"/>
Step 6	Within 10 business days of ORAT's request, the Cosponsor is to complete the Immigration forms, and schedule an appointment with the Resettlement Assistant to review the Immigration forms to ensure that they are complete, accurate and consistent.	<input type="checkbox"/>
Step 7	ORAT obtains the signature of the Archdiocese of Toronto's representative.	<input type="checkbox"/>
Step 8	ORAT submits sponsorship application to Immigration Canada.	<input type="checkbox"/>
Step 9	The Cosponsor is required to attend all ORAT Information Sessions.	<input type="checkbox"/>

Cosponsors to register for all Information Sessions at <https://orat.eventbrite.ca/>. Cosponsors are welcome to provide comments and feedback to ORAT at oratrefugeeoffice@archtoronto.org

Appendix A

Financial Guidelines

a) Cost of Sponsorship

Although the cost of living varies from one region to another, the following table can assist the sponsoring group in estimating the cost involved in sponsoring a refugee family for 12 months. The figures below are based on the national average of financial assistance provided to government-assisted refugees.

Sponsorship Cost Table

Family Size		
1	\$18,300	<u>Financial Deposit:</u> For cases that have dependent children 16 years of age or older but under the age of 22 at the time of submission to IRCC, each dependent child will be treated as an individual rather than as part of a family unit. \$18,300 is required for each dependent child. Please adjust the financial requirement for the <u>remaining</u> members of the family accordingly.
2	\$27,500	
3	\$29,600	
4	\$31,800	
5	\$35,700	
6	\$39,200	
7 or more, for each additional member, add	\$3,300	<u>Immigration Forms:</u> Any family with dependent children 16 years of age or older but under the age of 22 will be treated as one case.

- b) The cosponsor to have sufficient resources to support the privately sponsored refugee(s) for twelve (12) months or until the refugee(s) become self-sufficient, whichever comes first.
- c) Varying amounts of funds to meet the basic costs of living are needed in different areas of Canada. The level of support which cosponsors are expected to provide to the refugees is at least that of the prevailing Resettlement Assistance Program (RAP) rates in the expected community of settlement. However, cosponsors should also consider other RAP and/or provincial/municipal social-economic benefits over and above the sponsorship cost table, such as (but not limited to) transportation allowance and/or health-related expenses. The total sponsorship costs may be reduced through the donation of "in-kind" goods, which may include lodging, furniture and clothing. Where practicable, the refugee should have the responsibility to manage his or her own financial affairs.
- d) Cosponsors are responsible for financial obligations that they have agreed to in this Agreement and the Sponsorship Undertaking.
- e) Cosponsors acting on behalf of refugees will not accept funds from the refugee(s) either before or after their arrival in Canada for the submission of a sponsorship nor as a prepayment or repayment for lodging, care and settlement assistance or as a deposit to guarantee they will remain with the cosponsor for one year post arrival. Any relatives or friends of the refugees may contribute their own funds to the SAH to assist in the resettlement costs for the refugees.

- f) Refugees with financial resources post-arrival must contribute to their own basic financial support. When the refugees have financial resources, they will retain the right to manage their own finances. Cosponsors will not require the refugee(s) to submit their funds for management by others.
- g) The standards for use of personal funds and earned income will follow the same standards as per the Resettlement Assistance Program (RAP), e.g., calculation of income support and personal assets, additional income incentive threshold, Canada Child Benefit, etc., however the cosponsor may choose to maintain a higher level of income support.

Canada Child Benefits (CCB):

Sponsors are not permitted to reduce income on account of newcomers receiving the Canada Child Benefits (CCB). Neither RAP or provincial social assistance programs claw back, or reduce retroactively, monthly payments once a family starts to receive the CCB. Sponsors are required to operate according to these guidelines. There is no specific guidance on how newcomers are to use their CCB. However, sponsors cannot require newcomers to use their money (including CCB) to contribute to the costs of settlement.

Earned Income:

Regarding earned income, the guidelines for RAP apply as follows: newcomers are permitted to earn up to 50% of their monthly RAP payment without incurring any deductions. If the earned income exceeds 50% of their monthly RAP payment, RAP will deduct dollar for dollar from the monthly payment.

- h) The cosponsor must provide sufficient income support to at least the minimum financial requirements as per RAP for the duration of the sponsorship period which is one year or less than one year if the refugee becomes self-sufficient. The cosponsor should first support the refugee(s) towards gaining self-sufficiency which can include enrolment in language training or obtaining employment counseling before encouraging them to find employment.
- i) In the event that the refugee is not accepted for resettlement in Canada, funds held in trust for the sponsorship of that refugee must be returned to the donor.
- j) Sponsors are not responsible, unless they have co-signed loans, for any debt that a refugee incurs in Canada.
- k) Should the refugee become financially self-sufficient during the 12-month sponsorship period, the sponsor is not obligated to provide income support under the terms of the undertaking for the remainder of the sponsorship period. However, the sponsoring group must maintain immediate access to adequate funds for the remaining length of the sponsorship in the event that the refugee ceases to be self-sufficient.
- l) Sponsored refugees who bring financial resources to Canada have the right to manage their own finances but are also expected to contribute to their own settlement costs. Sponsors may expect sponsored refugees to contribute towards their settlement costs according to the same standard established for government-assisted refugees who bring financial resources to Canada. For example, a single sponsored refugee may retain up to a maximum of \$5,000 CAD for personal use and a couple or single plus one dependent may retain up to \$7,500 CAD. \$2,500 is allowed for each additional family member. Any additional funds are to be allocated towards the cost of their settlement.