



ORAT
Office for Refugees
Archdiocese of Toronto

1220 Yonge Street, Suite 203
Toronto, ON M4T 1W1
t: 416.934.3400 x804
e: oratrefugeeoffice@archtoronto.org
w: www.archtoronto.org/refugee

AIRPORT ARRIVAL CHECKLIST

Constituent Group (CG) Name: _____

Principal Applicant's Name:

Last Name (Surname/ Family Name)	First Name:	Family Size:

Arrival Date: _____ **Arrival Time:** _____

- 1) Copy of Notification of Arrival (with date, time and terminal of arrival) Yes No
- 2) Copy of Refugee Photos Yes No
- 3) IRIS Contact Person *Name:* _____ *Phone Number:* _____
- 4) CG Contact Person *Name:* _____ *Phone Number:* _____
- 5) Emergency Contact *Name:* _____ *Phone Number:* _____
- 6) Interpreter(s) Yes No
- 7) Location to meet CG Members and Newcomers _____ Yes No
- 8) Transportation Arrangements Yes No
- 9) CG Members Present at Arrival Yes No
- 10) Address of Newcomer's Residence _____ Yes No
- 11) Contact Person after Arrival *Name:* _____ *Phone Number:* _____
- 12) Ensure all Landing Documents are with Newcomer Yes No
- 13) Check for accuracy of Landing Document Information
 - a. Permanent Residence document Yes No
 - b. SIN documents Yes No
 - c. Interim Federal Health documents Yes No
- 14) Name Tags for CG Members (If Needed) Yes No
- 15) Observe for Emotion and Other Sensitivities Yes No
- 16) Additional Assistance Required from ORAT Yes No

Additional Notes:
