Citizenship and Immigration Canada / Citoyenneté et Immigration Canada

RESETTLEMENT NEEDS ASSESSMENT FORM

Family name:	UCI:
First name:	IME no.
Date of birth (YYYY-MM-DD)	☐ Male ☐ Female

There are no special travel requirements or settlement issues. ☐

1. FUNCTIONAL ASSESSMENT

Yes	No				
☐	☐	Hearing impairment	☐ Partial	☐ Complete	
☐	☐	Vision impairment	☐ Partial	☐ Complete	
☐	☐	Speech impairment	☐ Partial	☐ Complete	
☐	☐	Cognitive impairment	☐ Mild	☐ Moderate	☐ Severe
☐	☐	Mobility impairment ▶	Current mobility aid: ____________	Mobility aid required: ____________	
☐	☐	Other impairment (list below and describe if possible: Example - feeding due to dental condition)			

Details

Activities of daily living ☐ Independent ☐ Partial care ☐ Total care

Details

2. SPECIAL TRAVEL REQUIREMENTS

☐ None ☐ Wheelchair ☐ Stretcher ☐ Medical escort required ☐ Other

Details

3.POST-ARRIVAL SERVICES REQUIRED

☐ No services required

☐ Consultation with a health care professional required ▶ ☐ Urgent (72 hrs) ☐ Within ___ weeks ☐ As required ☐ Specialized services ☐ Long term services

Details

4. HOUSING AND DAILY ACTIVITIES / ASSISTANCE REQUIREMENTS

☐ Fully independent, no assistance required

☐ Wheelchair access required

☐ Home care/support services required ▶ ☐ Periodically ☐ Permanently

☐ Specialized services required to accommodate functional impairments

Please specify

5. OTHER COMMENTS RELATED TO RESETTLEMENT NEEDS

Date (YYYY-MM-DD)	Place and PP#	Physician name	Physician signature

SAMPLE