

invisible WOMEN ♀ CONCRETE BARRIERS

Report: Follow-up Policy Roundtable on Issues Facing Refugee Women

June 20th, 2008
World Refugee Day



Atlantic Refugee and Immigrant
Services Society (ARISS)

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This report has been prepared for:

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Many thanks to the planning committee, volunteers and to all roundtable participants for their contributions.

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Participant List

Members of the Refugee Women's Community

Brigitte Chimene	Zimbabwe
Maria Vasileva	Romania

Participants of the Policy Round table

Cathy Kay	Nova Scotia Department of Community Services
Anne Cogdon	Primary Health, IWK
Heather Chandler	Halifax Regional School Board
Pamela Harrison	Transition House Association of Nova Scotia
Sister Yvonne Pothier	Roman Catholic Archdiocese of Halifax
Dr. Christine Saulnier	Canadian Centre for Policy Alternatives, NS Office
Lorraine Smith-Collins	Nova Scotia Department of Education
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Julie Chamagne	Halifax Refugee Clinic
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Sandy Isaacs	Health Canada
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Lynda Campbell	Nova Scotia Department of Health
Jennifer Webber	Nova Scotia Department of Community Services - Intern

Planning committee members

Catherine Baillie Abidi	Canadian Red Cross
Dr. Barbara Clow	Atlantic Centre of Excellence for Women's Health
Linda Snyder	Atlantic Centre of Excellence for Women's Health
Jessica Dubelaar	Atlantic Centre for International Cooperation
Eva Osorio-Nieto	Atlantic Refugee and Immigrant Services

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1. Introduction to the Project

Invisible Women, Concrete Barriers was inspired by focus groups conducted by Eva Osorio-Nieto and Catherine Baillie Abidi¹ to study the needs of refugee women in Nova Scotia. There were ten women in total, aged 23 to 45, from various countries of origin. The refugees were of varying marital status, family structure and education level. The women in these focus groups identified key barriers, which fell into three categories: education and employment; settlement and support; medical and health.

The Atlantic Council for International Cooperation (ACIC), The Atlantic Centre of Excellence for Women's Health, and the Canadian Red Cross collaborated to organize *Invisible Women, Concrete Barriers*, which aimed to bring the key barriers from the focus groups to policy makers and community members who could make changes and spread awareness of the issues faced by refugee women in Nova Scotia. The 1st Policy Roundtable occurred on March 6th, 2008 and concluded with the attendees identifying priority issues to break down barriers for refugee women.

The planning committee, joined by ARISS (Atlantic Refugee and Immigrant Services Society) and the Nova Scotia Advisory Council on the Status of Women, organized a follow-up Policy Roundtable for World Refugee Day, June 20th, 2008. The goal of the follow-up Roundtable was to reconnect with policy makers and community members to create action plans to improve the experience of refugee women in Nova Scotia.

¹ Eva Osorio-Nieto is the former Coordinator of the Halifax Refugee Clinic & Catherine Baillie Abidi is the Coordinator of the Humanitarian Issues Program for the Canadian Red Cross.

2. Summary of the March Roundtable Outcomes

Four women from the refugee community, Brigitte Chimene, Valerie Kebirungi Amgbu, Maria Vasileva, and Marta Ilenia Yanes shared their experiences and the barriers they have encountered, as well as presented the summary of the *Invisible Women, Concrete Barriers* focus group findings. They organized the presentations in four categories, Medical & Healthcare; Education & Employment; Settlement & Support; and a Rural Perspective. The summaries for each category follow.

Medical & Healthcare

Refugee women identified the following barriers:

- In spite of the fact that a baby born to a refugee claimant woman in Canada is a Canadian citizen, the baby has no medical coverage until they receive the Interim Federal Health coverage from Immigration. However, babies born to parents with protected refugee status do receive medical coverage. Babies born to refugee claimant mothers in Nova Scotia are not covered by MSI. Although they are eventually able to receive Federal Health papers, it is difficult for mothers to get a photograph of the baby right away in order to file an application. The application takes three to four weeks. During this process, the baby is not covered for well-baby and postnatal care.
- There is a lack of appropriate counseling and mental health care for refugees who often come to Canada from traumatic situations.
- Although Refugee claimants do receive Interim Federal Health coverage, they do not receive the health coverage right away. In one instance, one of the participants waited over 2 weeks before her son could be treated for a broken arm when her family first arrived in Canada.
- Health care providers are often unfamiliar with the Federal Health Paper issued to refugee claimants. Due to the lack of understanding of this policy, refugee claimants are often asked to pay for services that are covered by the Federal Health Paper. They are also subject to being publicly identified as a refugee in health care settings as staff attempt to orient themselves with the procedure.
- There are additional cultural factors to consider when providing care for refugee claimants. For example, it could be traumatizing to put a claimant from a conflict situation into the care of a military doctor.

Education & Employment

Refugee women identified the following barriers:

- Some refugee claimants wishing to attend public school have been asked to pay \$8,000.00 to attend school. The financial barrier can prevent claimants from obtaining an education. Also the age limit for attending high school is 21 which can be an additional barrier for refugee claimants who have not had the opportunity to attend school in their country of origin.
- Foreign credentials are often not recognized. For the professions where equivalency procedures are in place, there are different standards of assessment for Newcomers to Canada and Permanent Residents or Canadian Citizens, resulting in highly qualified refugee claimants doing unskilled labour.
- Refugee claimants wait too long to receive work permits. Capable workers rely on social assistance while they wait for their permits.
- Refugees are often paid less than their Canadian co-workers in the same position.
- English as a Second Language (ESL) classes are no longer offered to refugee claimants in Nova Scotia. ESL classes provide not only language skills, but also a sense of solidarity and support between classmates.
- When applying for university, academic transcripts and diplomas are often not recognized in Canada and are difficult for refugees to obtain from their country of origin.
- Even though Convention refugees are entitled to access student loans, they are often denied due to a lack of understanding of procedures and policy within the student loans office. Receipt of social assistance also cuts funding to refugee claimants who receive student loans.

Settlement & Support

Refugee women identified the following barriers:

- The service received from the Department of Community Services can vary depending on the case worker. Some claimants are not informed about all of the services for which they are entitled to such as access to financial support for necessities like a bus pass, a telephone, or furniture.

- There is a lack of information among refugees on subsidized daycare and housing. Daycare providers also need to strengthen the cultural competency of the services.
- There are no support groups for refugee women.
- The money provided by social assistance is often not enough to cover basic expenses, especially considering the ever-rising cost of rent.
- The costs of applying for permanent residency, especially for large families, creates a financial strain for refugees who often work in low-wage jobs and are expected to pay the fees associated to residency within a six month timeframe. Because of the length of the processes involved, families can be separated for long periods of time. One participant shared that she hasn't seen her children in two years.
- The Housing Authority does not accept applications from students, which means that refugee claimants who go back to school because their credentials are not recognized are ineligible.
- There is limited free legal support for refugee claimants in Nova Scotia.

Rural Perspective

Refugee women identified the following barriers:

- A refugee claimant in New Glasgow found the Department of Community Services very supportive. They helped her get her foreign credentials recognized, provided money for transportation, explained her rights, and gave her furniture and clothes.
- She preferred the schools in New Glasgow to city schools.
- Unemployment is a problem for refugee claimants in rural areas.
- There is limited ESL training for refugee claimants in rural areas.
- There is a lack of diversity in rural Nova Scotia.

8 Key Recommendations

Based on the presentations by women from the refugee community, the participants of the *Invisible Women, Concrete Barriers* March 6th Policy Roundtable recommended the following eight priorities for consideration:

1. Ensure that all babies born in Canada receive immediate **health coverage**.
2. **Educate Nova Scotia's health professionals** on the services guaranteed to refugee claimants by the Federal Health papers.
3. Provide refugee claimants with information about and access to **affordable housing**.
4. Provide free, province-wide **ESL classes** for refugee claimants.
5. Create a provincially funded **support centre** to provide legal aid and informational resources for refugee claimants.
6. Work to build **programs and services** for refugee claimants through the Department of Community Service, and provide **funding for a refugee survival guide**.
7. Ensure **access to culturally appropriate mental health services** for refugee claimants.
8. Create a **partnership between Status of Women Canada and the Department of Immigration** to gather stakeholders to make policy changes that will help refugee women.

3. Actions Taken Since March 6th Roundtable

The *Invisible Women, Concrete Barriers* planning committee took action on some of the key recommendations that arose from the March 6th Policy Roundtable. Below is a summary of the actions taken since March.

- Ensure that all babies born in Canada receive immediate **health coverage**.
 - All members of our planning committee sent a letter to the Minister of Health, the Minister of Immigration, and the Minister responsible for the NS Advisory Council on the Status of Women to explore this issue further (see Appendix A).

- **Educate Nova Scotia's health professionals** on the services guaranteed to refugee claimants by the Interim Federal Health Certificate.
 - The planning committee created an article explaining the coverage afforded to refugee claimants under the Interim Federal Health program and the process for health professionals to seek reimbursement for services (see Appendix B). The article has been disseminated to:
 - Doctors Nova Scotia
 - Pharmacists - Lawton's Drug stores & Sobey's
 - QEII Emergency Administration Management team
 - NS Nurses Union is awaiting a modified version to distribute

- Work to build **programs and services** for refugee claimants through the Department of Community Service, and provide **funding for a refugee survival guide**.
 - The Department of Community Services is keen to allow our network to facilitate a workshop in the Spring of 2009 with regional directors to discuss the barriers identified by refugee women in Nova Scotia.

- The Canadian Red Cross in partnership with the Halifax Public Libraries have created a public outreach and engagement program to highlight the experiences of refugees in Nova Scotia. The program, "A story to tell... a place for the telling" is a four part series of story telling and panel discussion on a variety of issues pertaining to refugees experiences in Nova Scotia. The program will begin in October at the Spring Garden Memorial Library.

4. Breakout Discussion on Priority Issues

Utilizing the summary of the barriers presented by the refugee women during the March 6th Policy Roundtable, participants were invited to participate in a small group discussion to develop action plans based on three main themes: Medical & Health; Education & Employment; and Settlement & Support. The small groups were encouraged to consider their current experience working with refugee claimants as well as potential opportunities to link work within their organizations and the *Invisible Women, Concrete Barriers* Project. The members of the three groups included:

Medical & Health

Dr. Barbara Clow	Atlantic Centre of Excellence for Women's Health
Linda Snyder	Atlantic Centre of Excellence for Women's Health
Anne Cogdon	Primary Health, IWK
Sandy Isaacs	Health Canada
Lynda Campbell	Nova Scotia Department of Health

Education & Employment

Brigitte Chimene	Member of the Refugee Women's Community
Jessica Dubelaar	Atlantic Council for International Cooperation
Heather Chandler	Halifax Regional School Board
Lorraine Smith-Collins	Nova Scotia Department of Education
Sylvia Parris	Nova Scotia Department of Education
Barb Jones-Gordon	Nova Scotia Labour & Workforce Development
Rose Mary Gordon	AWEDA - All Women's Economic Development Association

Settlement & Support

Maria Vasileva	Member of the Refugee Women's Community
Catherine Baillie Abidi	Canadian Red Cross
Eva Osorio-Nieto	ARISS (Atlantic Refugee & Immigrant Services Society)
Cathy Kay	Nova Scotia Department of Community Services
Jennifer Webber	Nova Scotia Department of Community Services - Intern
Pamela Harrison	Transition House Association of Nova Scotia
Sister Yvonne Pothier	Roman Catholic Archdiocese of Halifax
Dr. Christine Saulnier	Canadian Centre for Policy Alternatives
Julie Chamagne	Halifax Refugee Clinic
Alexandra Dobrowolsky	Saint Mary's University, Department of Political Science

Opportunities for Collaboration

The participants of the June 20th Policy Roundtable identified several opportunities to link upcoming projects and forums with the *Invisible Women, Concrete Barriers* project. The potential for collaboration includes:

- **AWEDA** - support the development of a democratic rights sheet for Newcomer women
- **Halifax Regional School Board** - contribute to an information package for schools about the experiences of Newcomers to Nova Scotia and the available programs and services for Newcomers within the region
- **Halifax Regional School Board** - organize a 'Lunch & Learn' program for teachers and education staff on the experiences of refugee women in Nova Scotia
- **Halifax Regional School Board** - organize a workshop for the 'Principles Forum' to raise awareness of the issues affecting refugees in Nova Scotia
- **Department of Labour & Workforce Development** - contribute to the development of a strategic plan for the new department
- **Department of Labour & Workforce Development** - support the Fair Access to Professions Act
- **Department of Community Services** - facilitate workshops on the barriers faced by refugee women in Nova Scotia. The Department of Community Services has created a client services section to improve the quality of services being offered across the province to ensure consistency in service delivery.
- **Canadian Red Cross & Halifax Public Libraries** - support the creation of a new program entitled, "*A story to tell... A place for the telling*" to allow a space for refugees to share their experiences and provide an educational opportunity for the general public to learn more about the experiences of refugees in Nova Scotia.
- **ARISS** - support the organization of a celebration for the 30th anniversary of the Canadian Council for Refugees (CCR).

5. Identifying Action Items & Lead Facilitator

After participants shared their organizations current experience working with refugee claimants, they were asked to create a list of priority actions within their respective theme as well as identify the lead facilitator for each action. The actions identified in the break-out sessions as well as the lead facilitator are outlined in the tables below:

Medical & Health

	ACTION	LEAD
1	To gather costs associated with prenatal care, delivery and post natal care for 'pre-residency' period for babies born to non-status women.	Anne Cogdon
2	Check with the Department of Health regarding coverage for physicians' services for babies born to non-status women.	Lynda Campbell
3	Follow up with MSI and ask for a meeting about the lack of provincial coverage afforded to babies born to non-status women.	Barbara Clow & Linda Snyder
4	Follow up on the letter sent to the Ministers to ask for a meeting about the lack of coverage for babies born to non-status women.	Barbara Clow & Linda Snyder
5	Circulate the original letter to the Ministers to the network.	Catherine Baillie Abidi
6	Create a new cover letter to accompany the original letter that clearly states what the 'ask' is. Send to the Ministers and the opposition members.	Barbara Clow & Linda Snyder
7	Explore what is happening nationally with regard to provincial coverage for babies born to non-status women.	Sandy Isaacs
8	Map out the steps to proceed with action items 1-7.	Sandy Isaacs
9	Create a poster targeting health professionals in administration and registration, on the coverage afforded in the Interim Federal Health Certificate.	Barbara Clow & Linda Snyder
10	Organize professional development opportunities with registration and administration staff at the IWK on the Interim Federal Health program.	Anne Cogdon

11	Research the availability of free mental health support for refugee claimants.	Julie Chamagne
12	Conduct a literature review on issues pertaining to refugee women in Canada and Nova Scotia.	Janet Allen (intern at Atlantic Centre for Excellence in Women's Health) in consultation with Sandy Isaacs .

Education & Employment

	ACTION	LEAD
1	Locate the policy indicating the accessibility for claimants to apply for student loans and ensure the student loans office is clear on the process.	Lorraine Smith-Collins
2	Create an information piece on what services are available across the Province within the Department of Education for refugees.	Sylvia Parris
3	Share the resource package created by the HRSB on services available for newcomers (including refugees) with the Invisible Women, Concrete Barriers Network. Plan a Lunch & Learn session for principals on refugee needs for October, 2009.	Heather Chandler
4	Write a proposal to the Nova Scotia Community College to create an educational DVD to inform refugees about the Education system, life in Nova Scotia & Canada.	Rose Mary Gordon & Brigitte Chimene Consult with Eva Osorio-Nieto, Julie Chamagne, & Heather Chandler
5	Participate in the strategic planning process for the Department of Labour & Workforce Development.	Julie Chamagne & Eva Osorio-Nieto
6	Support the Fair Access to Professions Act in the Fall Session. - Send link to the Bill for the Network to review - Analyze the legislation - Write a template letter to MLA's and critics	Barb Jones-Gordon & Julie Chamagne
7	Follow up with Department of Education about fees associated for children of refugee claimant to attend public school.	Heather Chandler & Canadian Red Cross Rep.

Settlement & Support

	ACTION	LEAD
1	Plan a workshop with the Department of Community Services (Regional Directors) for Spring 2009 on the barriers experienced by refugee women in Nova Scotia. Explore the possibility of hosting this workshop annually.	Cathy Kay & Eva Osorio-Nieto
2	Create a monthly networking/support group opportunity for refugee women to meet, share, and learn together. The YWCA Women's Community Space would be an ideal location to host this monthly event. 12 organizations are asked to commit to hosting one month per year, which would include providing refreshments and being responsible for the YWCA space for that month.	Canadian Red Cross 12 Organizations: - Canadian Red Cross - Transition House Ass. - Atlantic Centre of Ex. - AWEDA - need 8 additional organizations to commit
3	Seek potential funding sources for the <i>ARISS Refugee Survival Guide</i> .	Eva Osorio-Nieto, Pamela Harrison, Barb Clow, Christine Saulnier, & Alexandra Dobrowolsky
4	Contact the Canadian Council for Refugees to inquire about a template letter on the 'drop the fee' campaign (fees associated with permanent residency) & the length of time involved in family reunification, for circulation among the Network to send to the Minister of Immigration.	Sister Yvonne Pothier
5	Explore opportunities for micro-credit/economic development opportunities for refugee women by exploring social programs with banks, ACOA, and MSVU – Women in Business project.	
6	Include the barriers faced by refugee women in all discussion on policy aimed at women's development.	All Network Members

6. Next Steps & Annual Meeting

The Planning Committee for the *Invisible Women, Concrete Barriers* project is planning to develop a proposal to seek funding from the Status of Women Canada, the Atlantic Metropolis Centre and other funders, to provide a foundation of sustainability for the future of this network. The Planning Committee will endeavor to deepen the level of research conducted on the experiences of refugee women in Nova Scotia and Canada as well as the policies and practices that affect refugees' experiences.

The Planning Committee will maintain consistent contact with the members of the *Invisible Women, Concrete Barriers* network and will endeavor to plan an annual roundtable on **World Refugee Day** to maintain continual contact and collaboration. The next network meeting is tentatively booked for **Friday, June 19th, 2009**.

Appendix A

Honourable Len Goucher, Nova Scotia Office of Immigration;
Honourable Chris d'Entremont, Nova Scotia Department of Health; &
Honourable Judy Streach, Acting Minister Responsible for the Nova Scotia Advisory
Council on the Status of Women

May 28, 2008

Dear Ministers,

The Canadian Red Cross draws your attention to a gap in medical coverage for infants born to refugee claimants in Nova Scotia, and requests your assistance in ensuring this small group of the newest Nova Scotians receives the best possible start in life.

Despite the fact that that an infant born to a refugee claimant in Canada is automatically a Canadian citizen, such infants born in Nova Scotia are not covered by Medical Services Insurance. These newborns are not protected under the Interim Federal Health Certificate issued to a claimant mother because in the view of Citizenship and Immigration Canada, such coverage is not required since the infant is Canadian. Provincial coverage is provided in other provinces.

This Catch-22 situation results in a lack of health coverage to a small number of infants born in Nova Scotia and appears to be in contravention of Canada's obligation under the *Convention of the Rights of the Child*, in particular provisions under Article 24 relating to access to health care services.

This gap in coverage in Nova Scotia is potentially harmful to Canadian newborns. It raises humanitarian concerns that the Canadian Red Cross urges you to address as a priority so these infants are eligible for immediate health coverage, including well-baby and post-natal care.

Your review of this policy in light of the aforementioned is very much appreciated.

Sincerely,

Appendix B

Health Coverage & Refugee Claimants

When Yolanda, a young refugee woman, walked up to the reception desk in a crowded medical waiting room, the receptionist asked for her MSI card. Yolanda produced the only form of medical coverage she had, a certificate from the Interim Federal Health (IFH) program. When she didn't recognize the paper, the receptionist called across the bustling office to her co-worker, "do you know what this is?" "It's for refugees," the co-worker responded. Yolanda felt like everyone in the waiting room turned their heads. "It made me feel embarrassed," she recalls. "The word 'refugee' is associated with people who can't do anything for themselves."*

Inspired by the voices of refugee women in Nova Scotia, the Canadian Red Cross, the Atlantic Council for International Cooperation, and the Atlantic Centre of Excellence for Women's Health collaborated to organize a project entitled, *Invisible Women, Concrete Barriers*, to study the needs of refugee women in Nova Scotia.

The goal of the *Invisible Women, Concrete Barriers* project is to bring the key barriers identified by refugee women to policy makers and community members who could make changes and spread awareness of the issues faced by refugee women in Nova Scotia.

In response to Yolanda's story and others, one of the key recommendations that arose from the voices of refugee women in Nova Scotia was to enhance the awareness among health professionals about the services covered with the Interim Federal Health (IFH) Certificate (see attached). The services covered by Citizenship and Immigration Canada through the Interim Federal Health program are outlined in the table below.

Services covered through IFH	How to use the IFH Certificate
<ul style="list-style-type: none"> - essential health services only for the treatment and prevention of serious medical conditions; - contraception, prenatal and obstetrical care; - essential CPS prescription medications (or life supporting over-the-counter drugs such as insulin or nitro). Only drugs featured on the IFH medication list found at www.fasadmin.com are covered without prior approval; - professional fees as per applicable provincial health care plan. Fee codes (where applicable) must be supplied. Invoices must be submitted within six months of service; - the Immigration Medical Examination is performed by an authorized Designated Medical Practitioner – reimbursed only for IFH eligible individuals who cannot afford the costs. 	<p>Additional services can be covered with Citizenship and Immigration Canada pre-approval. Requests for prior approval must be submitted by mail or fax to:</p> <p><i>Medical Director, IFH/CIC</i> <i>219 Laurier Ave. West, 3rd Floor</i> <i>Ottawa, Ontario K1A 1L1</i> <i>Fax: 1-800-362-75456</i></p> <p>Invoices must be sent by the health care providers only:</p> <p><i>FAS Benefit Administrators Ltd.</i> <i>9707-110 Street, 9th floor</i> <i>Edmonton, Alberta T5K 3T4</i> <i>Fax: 780-452-5388</i> <i>Email : info@fasadmin.com</i></p> <p>NOTE: If FAS does not already possess patient's eligibility, you must send a copy of the eligibility document. The health provider can check this by telephone at 1-800-770-2998.</p>

* Name has been changed to protect privacy.



IMMIGRATION

REFUGEE PROTECTION CLAIMANT DOCUMENT

DOCUMENT NO.: [Redacted]

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT.

PURSUANT TO SUBSECTION 100.(1) OF THE IMMIGRATION AND REFUGEE PROTECTION ACT, THE REFUGEE PROTECTION CLAIM HAS BEEN DETERMINED TO BE ELIGIBLE FOR DECISION BY THE REFUGEE PROTECTION DIVISION.

SURNAME, GIVEN NAMES - NOM DE FAMILLE, PRÉNOMS [Redacted]		
BIRTH DATE - DATE DE NAISSANCE [Redacted]	SEX - SEXE [Redacted]	
COUNTRY OF BIRTH - PAYS DE NAISSANCE [Redacted]	COUNTRY OF CITIZENSHIP - CITOYEN DE [Redacted]	
OFF. FILE NO. - N° DE RÉF. DU BUREAU [Redacted]	CLIENT ID. - ID DU CLIENT [Redacted]	
DATE SIGNED - SIGNÉ LE [Redacted]	VALID UNTIL - DATE D'EXPIRATION [Redacted]	EXT. NO. - CODE PROROG. [Redacted]

CONSEQUENTLY, PURSUANT TO SUBSECTION 100.(3), THE REFUGEE PROTECTION CLAIM IS REFERRED TO THE REFUGEE PROTECTION DIVISION OF THE IMMIGRATION AND REFUGEE BOARD.

THE ABOVE-NAMED QUALIFIES FOR THE INTERIM FEDERAL HEALTH (IFH) PROGRAM UNTIL 29 APR 2007. CIC MAY CANCEL ELIGIBILITY SHOULD HIS/HER IMMIGRATION OR FINANCIAL STATUS CHANGE (HEALTH CARE PROVIDERS: VERIFY ELIGIBILITY WITH IFH ADMINISTRATION).

I, THE UNDERSIGNED, DECLARE THAT I REQUIRE ASSISTANCE FOR HEALTH CARE. I WILL NOTIFY CIC IMMEDIATELY OF ANY CHANGES TO MY IMMIGRATION OR FINANCIAL STATUS, OR IF I QUALIFY FOR OTHER HEALTH INSURANCE.

I HEREBY CONSENT TO THE SHARING OF LIMITED MEDICAL AND PERSONAL INFORMATION CONCERNING MY PERSON WITH APPROPRIATE THIRD PARTIES TO THE EXTENT THAT SUCH SHARING IS REQUIRED FOR THE ADMINISTRATION OF THE IFH PROGRAM AND FOR NO OTHER PURPOSE.

SCHOOL AGE CHILDREN DO NOT NEED STUDENT AUTHORIZATION TO ATTEND PRIMARY OR SECONDARY SCHOOLS

NOT VALID FOR TRAVEL

NAME, RELATIONSHIP AND SIGNATURE OF ACCOMPANYING ADULT

SIGNATURE OF PERSON CONCERNED MONEY IN POSSESSION MINISTER



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