



CANADA



REFUGEE PROTECTION CLAIMANT DOCUMENT

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

Application No:

UCI:

CLIENT INFORMATION

Family Name:

Given Name(s):

Date of Birth:

(yyyy/mm/dd):

Sex:

Country of Birth:

Country of Citizenship:

Date Issued:

2019

(yyyy/mm/dd)

Expiry Date:

2023

(yyyy/mm/dd)

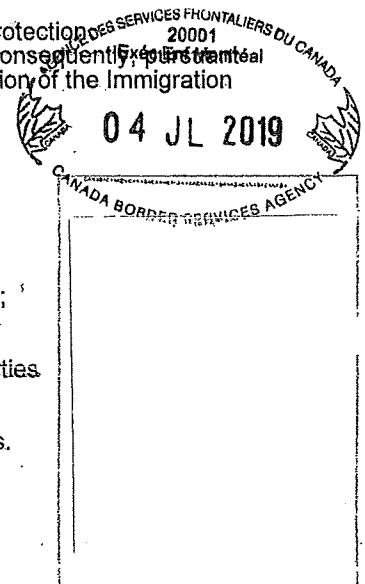
ADDITIONAL INFORMATION

Pursuant to Subsection 100(1) of the Immigration and Refugee Protection Act, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division of the Immigration and Refugee Board.

As of 2019/07/04 the above-named individual is eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). This coverage can be cancelled without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services. I, the undersigned:

- declare that I require coverage under the IFHP. I will notify IRCC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my personal information may be shared with other government institutions and other third-parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

School age children do not need student authorization to attend primary or secondary schools.



Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned

Money in possession

Minister

NOT VALID FOR TRAVEL