



CONSTITUENT GROUP AIRPORT ARRIVAL CHECKLIST

Constituent Group (CG) Name: _____

Principal Applicant's Name:

<i>Last Name (Surname/ Family Name)</i>	<i>First Name</i>	<i>Family Size</i>

Arrival Date: _____

Arrival Time: _____

- | | <i>Check When Completed</i> |
|--|-----------------------------|
| 1) Copy of Notification of Arrival (with date, time and terminal of arrival) | <input type="checkbox"/> |
| 2) Copy of Refugee Photo | <input type="checkbox"/> |
| 3) PICS Contact Person
<i>Name:</i> _____ <i>Phone Number:</i> _____ | <input type="checkbox"/> |
| 4) CG Contact Person
<i>Name:</i> _____ <i>Phone Number:</i> _____ | <input type="checkbox"/> |
| 5) Interpreter(s) Present, if needed | <input type="checkbox"/> |
| 6) Transportation Arrangements made from Airport to Accommodation | <input type="checkbox"/> |
| 7) Address of Newcomer's Residence _____ | <input type="checkbox"/> |
| 8) Ensure all Landing Documents are with the Newcomer | <input type="checkbox"/> |
| 9) Check for Accuracy of Landing Document Information | <input type="checkbox"/> |
| a. Permanent Residence Document | |
| b. Interim Federal Health Document | |

Additional Notes:
