Community Co-Sponsor "Green Light" Form



Date

	TED REFUGEE ANT SERVICES	Co-Sponsor Group Name (Print or type above)	Date
Pleas	se check eac	h of the following:	
	Our co-s	ponsor group is constituted as a distinct legal entity (required unless	another entity is serving as a fiduciary)
		scheduled meetings or identified key connection to secure meetings official, a representative from the police department, and a public school of the police department.	
		e Team of at least 10 people is organized with clearly defined roles ar 0 hrs/week to resettlement tasks for the first month.	nd responsibilities. Together, we are ready to
		identified interpreters who are willing and available to assist with all its (s) (Please check any and all that apply): $\ \square$ Arabic $\ \square$ Farsi/Dari $\ \square$	
	the proce (SV). We voluntee also have	vetted volunteers who will be working directly with refugees. We are ess of having our volunteers and interpreters undergo IRIS-required be understand that the Volunteer Programs Specialist at IRIS must appreciately refugee family. In additional teacher of youth protection training (e.g., "safe church" training members, we have retained copies of their driver licenses and	packground checks through Sterling Volunteers brove each background check in order for ion, those who will be alone with children mus- ning). For all volunteers who will be driving
	We have	had all core team members and interpreters sign a confidentiality ag	reement. Copies are attached.
	We have	had all the Core team members and interpreters sign the IRIS confid	dentiality agreement.
		th point people have familiarized themselves with the IRIS resources ealth and have identified an RHA provider in our area who accepts F	
		identified primary care providers and mental health providers in our and provide interpreters.	area who are taking new patients, accept
	We have	a mental-health emergency plan in place.	
	We are o	confident that we can secure affordable housing on 10-15 days' notice	e (2, 3, or 4BRs).
	An indivi	dual or institution affiliated with our group is willing to co-sign the leas	se.
	All requir	ed furniture and household items are collected or at least identified.	
	The apar	tment set-up team is ready to prepare the apartment	
	We have	raised \$4,000-\$10,000 for up to 6 months of rental assistance.	
For g	roups that ha	ave already co-sponsored at least one family:	
		ees we have co-sponsored are self-sufficient with regard to finances are not providing any continuing services to the family.	and transportation
Cont	act Person(s	Name(s) and Signature(s) [can be typed electronically]	
 Nam	e & Address	of Governing Organization (e.g., Faith-Based Organization, Group w	ith Non-Profit 501c3 Designation):
		Principal Contact Person:	
FOR I	RIS USE ONLY		
Green	Light Approved	By (Name & Signature)	Date