

by youth, for youth

ATTENTION: HEALTH CARE PROVIDER

I speak _____.

Please use an interpreter to speak with me.

I have medical insurance under the Interim Federal Health Program (IFHP).

My UCI number is: _____.

Please inform me if you accept IFHP as insurance before you register me for services.



For more information about my coverage ,
please call 1-888-614-1880



FCJ Refugee Centre
Walking With Uprooted People



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada



**Centre for
Refugee Children**

