



# DOCUMENT CHECKLIST

## LIVE-IN CAREGIVER

Send the following documents in your application. Check  each box once you enclose the item.

**If you do not enclose all required documents, your entire application will be returned to you, causing delays in the processing of your application. Your application will be processed as a new application when you re-submit.**

| Forms    |  |                          |
|----------|--|--------------------------|
| <b>1</b> | Generic Application Form for Canada (IMM 0008)                 | <input type="checkbox"/> |
| <b>2</b> | Additional Dependents/Declaration (IMM 0008DEP), if applicable | <input type="checkbox"/> |
| <b>3</b> | Schedule A - Background/Declaration (IMM 5669)                 | <input type="checkbox"/> |
| <b>4</b> | Additional Family Information (IMM 5406)                       | <input type="checkbox"/> |
| <b>5</b> | Use of a Representative (IMM 5476), if applicable              | <input type="checkbox"/> |

| Photos   |  |                          |
|----------|--|--------------------------|
| <b>6</b> | Two (2) passport-size photos of you and any family members <b>in Canada</b><br>Print the name of the person on the back of the photos. Do <b>not</b> submit photos of family members <b>outside</b> of Canada. | <input type="checkbox"/> |

You must select **ONE** of the following two options for calculating whether you have met the employment requirement to be eligible for permanent residence as live-in caregiver:

|          |  |                          |
|----------|--|--------------------------|
| <b>7</b> | <b>Option 1</b><br>24 months of authorized full-time employment as a live-in caregiver within four years from the date you entered Canada under the Live-in Caregiver Program, <b>OR</b>   | <input type="checkbox"/> |
| <b>8</b> | <b>Option 2</b><br>A total of 3,900 hours (within a minimum of 22 months which may include a maximum of 390 hours of overtime) of authorized full-time employment as a live-in caregiver within four years from the date you entered Canada under the Live-in Caregiver Program. | <input type="checkbox"/> |

Your application will be assessed according to the calculation option you select above.  
For the option you have selected, you must provide the proof of authorized full-time employment shown below:

| OPTION 1: Proof of 24 months of authorized full-time employment as a live-in caregiver within four years from the date you entered Canada under the Live-in Caregiver Program |   |                          |
|---|---|--------------------------|
| <b>9</b>  | Letter from your current employer showing your start date and that you still work for them <b>AND</b>   | <input type="checkbox"/> |
| <b>10</b>   | Contract(s) with your current and previous employer(s) (these must be the same contracts reviewed and approved by Human Resources and Skills Development/Service Canada and Citizenship and Immigration Canada at the time the Labour Market Opinion and work permit applications were reviewed) <b>AND</b> | <input type="checkbox"/> |
| <b>11</b>   | Statement of earnings showing hours worked and deductions made by the employer(s) <b>AND</b>  | <input type="checkbox"/> |
| <b>12</b>   | Record of wages and deductions sent to Canada Revenue Agency (CRA) by your employer(s) <b>AND</b>   | <input type="checkbox"/> |
| <b>13</b>   | Record of employment (ROE) for all previous employers <b>AND</b>  | <input type="checkbox"/> |
| <b>14</b>   | Option C Printout from your date of entry into the Live-in Caregiver Program (this document may be obtained free of charge from the CRA by calling 1-800-959-8281)  | <input type="checkbox"/> |

| <b>OPTION 2: Proof of 3,900 hours (within a minimum of 22 months which may include a maximum of 390 hours of overtime) of authorized full-time employment as a live-in caregiver within four years from the date you entered Canada under the Live-in Caregiver Program</b> |   |                          |
|---|---|--------------------------|
| <b>15</b>   | Live-in Caregiver - Employer Declaration of Hours Worked (IMM 5634) completed and signed by your current and previous employer(s) <b>AND</b>  | <input type="checkbox"/> |
| <b>16</b>   | Timesheets signed by your current and previous employer(s) clearly indicating the date and number of hours worked for all overtime hours claimed <b>AND</b>   | <input type="checkbox"/> |
| <b>17</b>   | Contract(s) with your current and previous employer(s) (these must be the same contracts reviewed and approved by Human Resources and Skills Development/Service Canada and Citizenship and Immigration Canada at the time the Labour Market Opinion and work permit applications were reviewed) <b>AND</b> | <input type="checkbox"/> |
| <b>18</b>   | Statement of earnings showing hours worked and deductions made by the employer(s) <b>AND</b>  | <input type="checkbox"/> |
| <b>19</b>   | Record of wages and deductions sent to Canada Revenue Agency (CRA) by your employer(s) <b>AND</b>   | <input type="checkbox"/> |
| <b>20</b>   | Record of employment (ROE) for all previous employers <b>AND</b>  | <input type="checkbox"/> |
| <b>21</b>   | Option C Printout from your date of entry into the Live-in Caregiver Program (this document may be obtained free of charge from the CRA by calling 1-800-959-8281)  | <input type="checkbox"/> |

| <b>Photocopies of identity and relationship documents (for each person included in the application)</b><br>Do not send original documents of the following as they will not be returned. Photocopies do not need to be certified. |  |                          |
|---|--|--------------------------|
| <b>22</b>   | Valid passport pages for you and each of your family members in Canada<br><br>The pages must clearly show the passport number, name, date of birth, passport issue and expiry date, entry and exit stamps, visas for Canada and any other countries, and stamp made by a Canadian authority showing most recent entry into Canada. | <input type="checkbox"/> |
| <b>23</b>   | Birth certificates or baptismal certificates for you and all your family members in Canada   | <input type="checkbox"/> |
| <b>24</b>   | If you are married, include your marriage certificate  | <input type="checkbox"/> |
| <b>25</b>   | Proof of your common-law relationship, if applicable<br><br>For example: evidence of joint bank, trust, credit union or charge card accounts; jointly signed residential lease, mortgage or purchase agreement; statutory declarations of individuals with personal knowledge that your relationship is genuine and continuing.    | <input type="checkbox"/> |
| <b>26</b>   | Divorce, annulment or death certificates, if you were previously married   | <input type="checkbox"/> |
| <b>27</b>   | Custody papers for dependent children from a previous marriage/relationship  | <input type="checkbox"/> |

| <b>Other documents</b> |   |                          |
|------------------------|---|--------------------------|
| <b>28</b>              | <b>Originals</b> of your police certificate(s)  | <input type="checkbox"/> |
| <b>29</b>              | Details of your criminal convictions, if applicable   | <input type="checkbox"/> |
| <b>30</b>              | Photocopy of your pardon obtained from the National Parole Board, if applicable   | <input type="checkbox"/> |
| <b>31</b>              | Certified translations for <b>all</b> documents that are not in English or French<br>For example: police certificates, birth certificates, etc. | <input type="checkbox"/> |

| <b>Fee</b> |  |                          |
|------------|--|--------------------------|
| <b>32</b>  | Copy 2 of the <i>Receipt</i> form or <i>Internet Receipt</i> .<br><b>No other form of payment is acceptable.</b> | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>33</b> | <b>This Document Checklist (IMM 5282)</b> | <input type="checkbox"/> |
|-----------|---|--------------------------|

|           |  |                          |
|-----------|--|--------------------------|
| <b>34</b> | <b>You have addressed the envelope with correct postage to:</b><br>Case Processing Centre, Vegreville, AB, T9C 1W3 | <input type="checkbox"/> |
|-----------|--|--------------------------|