



SCHEDULE G IN-HOME CAREGIVING OCCUPATIONS

Employers should visit the Temporary Foreign Worker Program website at http://www.esdc.gc.ca/en/foreign_workers/index.page, to verify that the Program is accepting applications for the specific occupation or sector for which they wish to hire the temporary foreign worker (TFW) and to determine if they are eligible to participate in the Program.

Personal Information Collection Statement

The information you provide on this form is collected by Employment and Social Development Canada (ESDC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and *Immigration and Refugee Protection Regulations* (IRPR), for the purpose of providing a Labour Market Impact Assessment (LMIA) in accordance with these statutes. Completion is voluntary; however, failure to complete this form will result in your LMIA application not being processed.

The information you provide may be shared with Citizenship and Immigration Canada (CIC) for the administration and enforcement of the IRPA and IRPR as permitted by the *Department of Employment and Social Development Act* (DESD Act), and may be accessed by the Canada Border Services Agency (CBSA) for the purpose of issuing work permits at Ports of Entry. ESDC may also provide information to CBSA in order for that agency to investigate and enforce the IRPA and IRPR in relation to an LMIA.

The information may also be shared with provincial/territorial governments for the purpose of administration and enforcement of provincial/territorial legislation, including employment standards and occupational health and safety legislation, as permitted by the DESD Act. The information may also be used by ESDC for inspections, policy analysis, research and evaluation in relation to the entry and hiring of TFWs to Canada or the IRPA.

The information you provide is administered under Part 4 of the DESD Act and the *Privacy Act*. You have the right to access and request correction of your personal information, which is described in Personal Information Bank PPU 440 and PPU 171 of Info Source. Instructions for making formal requests are outlined in the Info Source publication available online at infosource.gc.ca.

A person, who contravenes a provision set out under sections 126 or 127 of the *Immigration and Refugee Protection Act* (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years.

PURPOSE OF SCHEDULE			
<p>This schedule must be completed by employers hiring foreign in-home caregivers to work in a private home to provide care for children under the age of 18 years, or to care for persons with high medical needs, such as a senior, disabled or chronically or terminally ill person.</p> <p>This form must be included with the Labour Market Impact Assessment application.</p>			
EMPLOYER INFORMATION #1			
1. Employer ID Number (if applicable):		2. Canada Revenue Agency Business Number <i>(first 9 digits are mandatory for Canadian businesses):</i>	
3. Employer Name:		4. Employer Mailing Address:	
5. City:	6. Province/State:	7. Country:	8. Postal/Zip Code:
9. Street Address (if different from mailing address):			
10. City:	11. Province/State:	12. Country:	13. Postal/Zip Code:
14. Business Telephone Number:	15. Home Telephone Number:	16. E-mail address:	
17. Fax Number:	18. Preferred Official Language of Correspondence:		
<input type="checkbox"/> English <input type="checkbox"/> French			

EMPLOYER INFORMATION #2 (if applicable)

If more than one individual will act as the employer of the temporary foreign worker, information on the second employer should be provided in this section:

1. Employer ID Number (if applicable):

2. Employer Name:

3. Employer Mailing Address:

4. City:

5. Province/State:

6. Country:

7. Postal/Zip Code:

8. Street Address (if different from mailing address):

9. City:

10. Province/State:

11. Country:

12. Postal/Zip Code:

13. Business Telephone Number:

14. Home Telephone Number:

15. E-mail address:

16. Fax Number:

17. Preferred Official Language of Correspondence:

English French

DEPENDENTS

Number of dependents (all dependents of employer (or employers if applicable) including those that do not live in the household; e.g. students away from home attending school):

TYPE OF CARE REQUIRED

The foreign in-home caregiver must provide care for at least one designated individual. A designated individual is defined as: a child (under 18 years of age), an elderly person (age 65 or older), or a person with a medically-certified disability, chronic or terminal illness.

The employer must provide details on the individuals to be cared for, as follows:

Name recipient receiving care	Relationship of employer to individual receiving care	Nature of need for care
		<input type="checkbox"/> Child <input type="checkbox"/> Elderly person <input type="checkbox"/> Person with disability, chronic or terminal illness
		<input type="checkbox"/> Child <input type="checkbox"/> Elderly person <input type="checkbox"/> Person with disability, chronic or terminal illness
		<input type="checkbox"/> Child <input type="checkbox"/> Elderly person <input type="checkbox"/> Person with disability, chronic or terminal illness
		<input type="checkbox"/> Child <input type="checkbox"/> Elderly person <input type="checkbox"/> Person with disability, chronic or terminal illness
		<input type="checkbox"/> Child <input type="checkbox"/> Elderly person <input type="checkbox"/> Person with disability, chronic or terminal illness

FINANCIAL ABILITY

The financial ability of the employer(s) to pay the foreign in-home caregiver's wages will be assessed by using the Low Income Cut-Offs (LICO) produced by Statistics Canada.

To calculate the financial ability of the employer(s), enter the appropriate data following the numerical order (1 to 5).

Enter the combined declared income as per line 150 of the Canada Revenue Agency Notice of Assessment in box (1) (the income of another individual acting as a second employer can be added to meet the requirement):	1	
Enter the LICO figure that applies to the employer's household in box (2):	2	
Enter the total annual wage to be paid to the foreign in-home caregiver in box (3):	3	
Add boxes (2) and (3) and enter the subtotal in box (4):	4	
Subtract box (4) from box (1) and enter the total amount in box (5): If the appropriate data has been entered in the requested numerical order and the total in box (5) is positive, the employer may be considered as having met the financial ability requirement.	5	

ACCOMMODATIONS (APPLIES ONLY IF FOREIGN IN-HOME CAREGIVER WILL LIVE AND WORK IN SAME PRIVATE HOUSEHOLD)

Is the employer providing accommodations for the foreign caregiver in the home where the care will be provided?

- No If no, skip to the **DECLARATION OF EMPLOYER** section
- Yes If yes, is the live-in arrangement:
- voluntary, an agreement between the employer and the foreign in-home caregiver, as a means to assist the TFW; go to the **BEDROOM DESCRIPTION** section.
 - mandatory requirement complete the following section.

EXEMPTION TO THE REFUSAL TO PROCESS APPLICATIONS FOR EMPLOYERS RECRUITING FOREIGN CAREGIVERS EXCLUSIVELY ON A LIVE-IN BASIS

Service Canada has been instructed to refuse to process LMIA applications from employers seeking to hire foreign caregivers exclusively on a live-in basis, except in cases of high medical needs certified by a physician or exceptional circumstances, subject to approval by Service Canada.

Employers must select one of the following possible exemptions:

- high medical needs, as certified by a licensed physician;
- Employers must have a physician complete section A and B of the **Schedule H - Medical disability, chronic or terminal illness certificate (EMP5600)**.
- exceptional circumstances, subject to approval by Service Canada.
- Employers must complete the **RATIONALE FOR POSSIBLE EXEMPTION FOR EXCEPTIONAL CIRCUMSTANCES** section and submit appropriate supporting documentation to corroborate the exceptional circumstances cited in their rationale.

Note:

Employers, who do not complete the following section but indicate in their recruitment and advertisement efforts that they intend to exclusively hire a caregiver on a live-in basis, will be subject to the refusal to process.

RATIONALE FOR POSSIBLE EXEMPTION FOR EXCEPTIONAL CIRCUMSTANCES

1. Explain why live-in care is required. This explanation should address the following points: a clear description of the exceptional circumstances behind the need for live-in care, how frequently the situation necessitating live-in care occurs and to what extent the employer is able to influence this need.
2. What options, other than live-in care, were explored prior to making this LMIA application? For each option, include an explanation of why it was rejected.
3. How will the employer ensure fair working conditions for the foreign in-home caregiver (e.g. reasonable hours of work and overtime, fair pay, rest periods and time off), despite the exceptional circumstances?

BEDROOM DESCRIPTION

For live-in positions (foreign worker will live and work in the same private household).

Employers are required to complete, sign and attach the **Schedule J - Employer Supplied Bedroom Description (EMP5599)**.

DECLARATION OF EMPLOYER

Employers must check each box to declare that they comply (or will comply) with statements below:

- I/we certify that the foreign worker will provide child care, senior home support care or care of a disabled or chronically or terminally ill person in the private household without supervision.
- I/we am financially able to pay the foreign in-home caregiver the wages that are offered to him/her in the offer of employment.
- I/we will provide, **at no charge**, the foreign worker with an adequate and suitable furnished room as described in the Bedroom Description form submitted with this schedule pertaining to the application. (This attestation is mandatory for live-in caregiving positions only.)

SIGNATURE OF EMPLOYER

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources). For foreign in-home caregiver positions, employers must be a parent, legal guardian, be the recipient of care or have a valid power of attorney, etc.

I have read and I understand the Personal Information Collection Statement found at the beginning of this application. I declare that the information provided in this Labour Market Impact Assessment is true, accurate and complete.

Signature of Employer

Printed Name of Employer

Date (YYYY-MM-DD)

Signature of Employer #2 (if applicable)

Printed Name of Employer #2 (if applicable)

Date (YYYY-MM-DD)

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INFORMATION FOR EMPLOYERS

Employers must submit this form with the required supporting documents to the [Service Canada's Processing office](#) responsible for processing these LMIA applications.

Note:

A complete application means that employers have:

- filled out all of the fields in all of the necessary forms;
- included all of the required documentation;
- signed the forms where required; and
- submitted the fee payment with the application.

If an incomplete application is submitted, Service Canada staff will inform the employer that the application will not be processed.