



# Employer Intake Form

## Employer Information

Name	
Address	
City	
Province	
Postal Code	

Phone Number	
Business Phone Number	
Email	

Relationship to Employee:	
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How are your care needs currently being met?	
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Why are you hiring a caregiver?	
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How did you find your caregiver?	
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Have you hired a caregiver in the past?	
If yes, provide dates:	

CRA Business #:	
Business Legal Name:	
Annual Income:	

# Employee Information

Name:			
Gender:		Date of Birth:	

UCI (Unique Client Identifier): <i>If known</i>	
Passport Number:	
Country of Birth:	
Country of Residence:	
Citizenship:	
Marital Status	

Address	
City	
Province	
Postal Code	

Email:		Phone Number:	
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## Residential Work Location

Will the work be performed at the employer's principal residence?			
If No provide the address where the employee will work, including phone number, and email if applicable			
Address			
City			
Province			
Postal Code			
Phone Number		Email	

# Job Description

Job Title:	Home Child Care Provider: <input type="checkbox"/>	Home Support Worker: <input type="checkbox"/>	Other: <input type="checkbox"/>
Description of Duties:			

Person(s) Requiring Care:		
Name:	Age:	Type of Care

## Work Schedule and Wages

you must pay the prevailing wage that is defined as the highest of either:

- the median wage on Job Bank of Canada
- the wage that is within the wage range that you're paying your current employees hired for the same job and work location, and with the same skills and years of experience

As of October 2024 this wage is \$18/hour for a Home Child Care Provider and \$23/hour for a Home Support Worker.

Is the offer for Full Time Employment?		Hours per Day:	
		Hours per Week:	
Regular Wage Per Hour:		Overtime Rate:	
Days off per week:		On:	
Vacation Days per year:			

## Document Checklist

Provided: (Y/N)

Date of Issue: (if applicable)

Expiry Date: (if applicable)

Most Recent Notice of Assessment			
Employee's Passport			
Employee's Language Assessment			
Employee's Educational Assessment			