

## Temporary Foreign Worker Program

### Live-in Caregiver Bedroom Description

This form must be completed and signed by both employers, when applicable, if the live-in caregiver will work in one location only. However, one form must be completed for each residence in which the live-in caregiver will reside (e.g. in case of divorced or separated parents, or if the employer(s) resides in multiple locations such as a cottage).

1. Employer's address of residence where the live-in caregiver will reside		
Number / Street / PO Box #		
City		
Province / Territory		
Postal Code		
Telephone number with area code		
2. Will the live-in caregiver have his/her own bedroom?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Is the live-in caregiver's bedroom located inside the premises where care will be given?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Does the live-in caregiver's bedroom have a door with a lock, whose key will be provided to him/her, and is there a safety bolt ?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Does the live-in caregiver's bedroom have a secure exterior window that closes and locks from within?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. What are the dimensions of the bedroom being assigned to the live-in caregiver? (e.g. 9 m <sup>2</sup> or 2.7 m x 3.40 m)		
7. Does the bedroom provided to the caregiver include:		
Finished walls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Finished floors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Finished ceilings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Closet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bed with mattress	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedding : (sheets, pillows, blankets)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**8. Provide additional details about furniture and/or services (e.g. telephone, television, cable or satellite, Internet, etc.), if applicable, for the live-in caregiver's bedroom:**


Name of employer #1  
(please print) \_\_\_\_\_



\_\_\_\_\_  
**Signature of employer #1**



\_\_\_\_\_  
**Date (DD/MM/YYYY)**

Name of employer #2, if  
applicable, (please print) \_\_\_\_\_



\_\_\_\_\_  
**Signature of employer #2 if applicable**



\_\_\_\_\_  
**Date (DD/MM/YYYY)**