



Supporting Information for the CRCB Application

Use this form if the Canada Revenue Agency (CRA) asks you to submit supporting documents for your Canada Recovery Caregiving Benefit (CRCB) application. You must submit one form per period you are claiming the CRCB even if you are submitting for multiple periods at the same time.

Identification

| | | | |
|---|--------------------|-----------------------------|-------------|
| First name | Last name | Social insurance number | |
| Address: Apt No. – Street No. Street name | | PO Box | RR |
| City | Province/Territory | Postal code | Case number |

Enter the number of hours you worked during the period either as an employee or self-employed individual. _____

Enter the number of hours you **would have** worked during the period either as an employee or self-employed individual if you were not caring for a dependant. _____

The CRA may ask for proof of the number of hours worked. For more information and examples, go to canada.ca and search for "If your application needs validation: Canada Recovery Caregiving Benefit".

Dependant information

Enter information for the dependant you are providing care for (if you have more than one dependant, choose one).

| | | |
|------------|-----------|---------------------------------------|
| First name | Last name | Date of birth (Year Month Day) |
|------------|-----------|---------------------------------------|

Your relationship to the dependant (choose one):

- Child under 12 years age
- Spouse
- Another family member
- Other (specify): _____

Institution information

Enter information about the institution (school, daycare, day program, care facility) for the dependant named above.

| | | | |
|---|--------------------|------------------|----|
| Name of institution | | Telephone number | |
| Address: Apt No – Street No Street name | | PO Box | RR |
| City | Province/Territory | Postal code | |

Select the situation that best describes why you were caring for a dependant during the period which you are applying for:

- The institution was closed, operating under an alternative schedule, or only open for certain people for reasons related to COVID-19.
- Your dependant could not attend the institution, under the advice of a medical professional, due to being at high risk for reasons related to COVID-19.
- Your dependant was experiencing symptoms, had tested positive, was recovering from COVID-19, or was advised to isolate for reasons related to COVID-19.
- The caregiver who usually provides care, or the care services that are normally provided at their regular place of residence, were not available for reasons related to COVID-19.

You must submit or attach documentation giving details on why you were caring for the above named dependant. For example, emails or other written correspondence from the institution showing that it was closed, or a note from a medical professional showing the need to isolate.

Send this form:

Online

Submit your request electronically in CRA's My Account using "Submit documents".

By Mail

Send your paper form to the tax centre for your area. For more information, go to canada.ca/cra-offices.

| Mail your form to: | For individuals who live in the following provinces, territories, or areas of Ontario or Quebec: |
|---|--|
| CERB/CRB Eligibility and Entitlement Winnipeg Tax Centre Post Office Box 14001, Station Main Winnipeg MB R3C 3M3 | Alberta, British Columbia, Manitoba, Saskatchewan, Northwest Territories, Yukon Ontario: Hamilton, Kitchener, Waterloo, London, Thunder Bay, Windsor |
| CERB/CRB Adjustments Sudbury Tax Centre 1050 Notre Dame Avenue Sudbury ON P3A 5C1 | New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Prince Edward Island Ontario: Barrie, Belleville, Kingston, Ottawa, Peterborough, St. Catharines, Sudbury, Toronto Quebec: Montreal, Outaouais, Sherbrooke |
| CERB/CRB Adjustments Jonquière Tax Centre 2251 René-Lévesque Boulevard Jonquière QC G7S 5J2 | Quebec: All areas other than Montreal, Outaouais, and Sherbrooke |

Certification

I certify that the information given on this form and any attached documents is, to the best of my knowledge, correct and complete.

Signature (electronic signature is not accepted)

Date

When you apply for the Canada Recovery Caregiving Benefit, your personal information is collected under the authority of Canada Recovery Benefits Act, which is being administered by the Canada Revenue Agency. Your personal information will be used for the purpose of (i) administering your application, and could be used for (ii) issuing a payment to you, (iii) verifying that you meet the program's eligibility requirements, and to (iv) collect any overpayments or erroneous payments that may have been issued to you. Failure to provide information will affect your consideration for benefits. To process your application, we will need to access information in your tax file. Your information may be shared with Employment and Social Development Canada for verification and reporting purposes. Under the Privacy Act, you have a right of protection, access to and correction of your personal information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of your information. Refer to Personal Information Bank CRA PPU 642 on Info Source at canada.ca/cra-info-source.