

Please submit this form to the Home Care Solution Office via email at [homecaresolution@ihis.org](mailto:homecaresolution@ihis.org)

## Home Care Solution (HCS) - User Access Form For External Candidates

Status: ☐ Create New Account ☐ Temporary Leave ☐ Type in field if other value. ☐ Disable Account

Full Name:     
*First Last Sex*

Address:    
*Street Address Suite #*

*City/Community Province Postal Code*

Job Title:

Work Email

Address:

Start Date:

Work  
Cell:

Desk  
Phone:

Personal  
Cell:

Office Name/Location

Brief explanation why Home Care Solution access is required:

Does this employee currently have access to PEI Government Active Directory?: ☐ Yes ☐ No

Does this employee have access to a GOV or Health VPN?: ☐ Yes ☐ No

Does this employee have a work issued/assigned device such as a Phone or Tablet?: ☐ Yes ☐ No

This section to be completed by Home Care Solution Office staff

Active Directory  
Requested

Completed:

Completed by: