

Home Care Solution (HCS) - User Access Form

Version 2 January 12, 2023

Status:

Full Name:
First Last Sex

Address:
Street Address Suite #

City/Community Province Postal Code

Job Title: Employee ID:

Employment Type: Work Email Address:

Work Cell: Desk Phone: Personal Phone:

Tablet ID: Language(s) Spoken (other than English):

Home Care Office: Start Date:

<input type="button" value="Prov Admin"/>	<input type="button" value="Queens"/>	<input type="button" value="West Prince"/>	<input type="button" value="East Prince"/>	<input type="button" value="South Kings"/>	<input type="button" value="East Kings"/>
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Group Association:

<input type="button" value="PEI"/>	<input type="button" value="Queens"/>	<input type="button" value="Prince"/>	<input type="button" value="East Prince"/>	<input type="button" value="West Prince"/>	<input type="button" value="Kings"/>	<input type="button" value="South Kings"/>	<input type="button" value="East Kings"/>
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Department:

<input type="button" value="Adult Protection"/>	<input type="button" value="Care Coordination"/>	<input type="button" value="Day Program"/>	<input type="button" value="Dietetics"/>	<input type="button" value="Home Support"/>
<input type="button" value="Mobile Integrated Health"/>	<input type="button" value="Nursing"/>	<input type="button" value="Occupational Therapy"/>	<input type="button" value="Pharmacy"/>	<input type="button" value="Physiotherapy"/>
<input type="button" value="Provincial Administration"/>	<input type="button" value="Regional Administration"/>	<input type="button" value="Rehab Assistant"/>	<input type="button" value="Respiratory Therapy"/>	<input type="button" value="Social Work"/>

Emergency Contact Information

Contact Name:
First Last

Contact Phone Number: Relationship to Employee:

This section to be completed by Home Care Office staff

Active Directory
Requested

Date Completed:

Completed by: