

Please submit this form to the Home Care Solution Office via email at homecaresolution@ihis.org

Home Care Solution (HCS) - User Access Form Version 2 January 12, 2023						
Status:	Create N	lew Account	Temporary	Leave	Type in field if c value.	
Full Name:						
	First			Last		Sex
Address:						
Address:	Street Address					Suite #
	01: 10 1:					
	City/Community				Province	Postal Code
Job Title:					Emplo	byee ID:
			Work Email			
Employment Type:	Salaried	Casual St	udent Address:			
Work		Desk			Person	al <sub> </sub>
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Tablet ID:		Language(s) Spo	ken (other than Enç	glish):		
Home Care Office: Start Date						rt Date:
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Group Assoc	iation:					
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Department:						
Adult Protection		Care Coordination	Day Program		Dietetics	Home Support
Mobile Integrated Health		Nursing	Occupational P Therapy		Pharmacy	Physiotherapy
Provincial Administration		Regional Administration			Respiratory Therapy	Social Work
		Em	ergency Contac	t Informa	ition	
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Contact Na	me:   First			 Last		
Contact Phone Number: Relationship to Employee:						
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This section to be completed by Home Care Office staf