



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

Indicate any needed additional information in your Email to HCSO.

### Home Care Solution (HCS) - User Access Form

Version 3 Dec 14, 2023

Status:  Create New Account     Temporary Leave    Return from leave  
Going on 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:  Employee ID:

Employment Type:  Salaried     Casual     Student    Work Email Address:

Work Cell:  Desk Phone:  Personal Phone:

Phone Required

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

Active Directory Requested via Service Centre

Manager Signature

Home Care Office:

Start (or) End Date:

Prov Admin     Queens     West Prince     East Prince     South Kings     East Kings

Group Association:

PEI     Queens     Prince     East Prince     West Prince     Kings     South Kings     East Kings

Department: **if a second department is needed, please indicate the 2nd in your Email.**

<input type="checkbox"/> Adult Protection	<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Day Program	<input type="checkbox"/> Dietetics	<input type="checkbox"/> Home Support
<input type="checkbox"/> Community Paramedicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Provincial Administration	<input type="checkbox"/> Regional Administration	<input type="checkbox"/> Rehab Assistant	<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Social Work

### Emergency Contact Information

Contact Name:    
*First Last*

Contact Phone Number:  Relationship to Employee:

This section to be completed by Home Care Solution Office staff

Phone Order Placed

Form Completed by

Date Completed