

This is a multi-purpose form to be used to request changes to the Home Care Solution; Forms, Libraries, Scheduling, Services, Client Chart, Employee Roles/Profile and Other AlayaCare Functionality.

Complete all ***required*** and any other pertinent fields in the form below. The form is to be emailed to homecaresolution@ihis.org. A member of the Home Care Solution Team will be in contact with you for any clarifications they may require. If you need assistance completing this form, please contact the Home Care Solution Office.

*Date of Request:		Date: YYYY/MM/DD	
*Type of Request:			
If other, specify			
*Requested By:			
*Home Care Leadership Approval: (Director/Manager)		Signature:	Date: YYYY/MM/DD
*Urgency Level:			
Date of Implementation if required:		Date: YYYY/MM/DD	
*Are there any known risks associated with implementing/not implementing the request?		Yes	No
If yes, add detail			
<p>*Describe Your Request: Include the following if appropriate: What do you want to achieve? (e.g. improve workflow and safety, efficiency, change in practice, policy and/or standards) What are the outcomes? Consider such things as standardization of/changes to workflow; client and employee safety; quality of care; new practice, standard or policy; benefits expected from implementing the request. Are there other known impacted stakeholders? NOTE: Attach Supporting Documents if appropriate.</p>			
FOR HCSO USE ONLY		Date: YYYY/MM/DD	Comment
Approved			
Denied			
Escalated to AlayaCare			