Health PEI

KlayaCare HOME CARE SOLUTION

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

Indicate any needed additional information in your Email to HCSO.

Home Care Solution (HCS) - User Access Form

Version 7. June 30, 2025

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 | Personal Phone:

Tablet ID:

French Spoken (Levels):

Language(s) Spoken (other than English or French):

☐ Active Directory Requested via Service Centre

Manager Signature

Home Care Office:

Start (or) End Date: Date: YYYY/MM/DD

☐ 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.**

☐ Adult Protection ☐ Care Coordination ☐ Day Program ☐ Dietetics ☐ Home Support

☐ Community Paramedicine ☐ Nursing ☐ Occupational Therapy ☐ Pharmacy ☐ Physiotherapy

☐ Provincial Administration ☐ Regional Administration ☐ Rehab Assistant ☐ Respiratory Therapy ☐ Social Work

☐ Home-Based Primary Care

Emergency Contact Information

Contact Name: First | Last

Contact Phone Number: | Relationship to Employee:

This section to be completed by Home Care Solution Office staff

Form Completed by | **Date Completed** (YYYY\MM\DD)