

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

Version 6. May 28, 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
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### Group Association:

PEI	Queens	Prince	East Prince	West Prince	Kings	South Kings	East Kings
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### 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 (YYYYMMDD)