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 5 Dec 23, 2024

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)**