

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:

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
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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