



Please submit this form to the Home Care Solution Office via email at [homecaresolution@ihis.org](mailto:homecaresolution@ihis.org)

Indicate any needed additional information in your Email to HCSO.

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

Version 3 Dec 14, 2023

Status:  Create New Account  Temporary Leave  Return from leave  Type in field if other value.  Disable Account  
Going on leave..

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:

<input type="checkbox"/> Prov Admin	<input type="checkbox"/> Queens	<input type="checkbox"/> West Prince	<input type="checkbox"/> East Prince	<input type="checkbox"/> South Kings	<input type="checkbox"/> East Kings
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**Group Association:**

<input type="checkbox"/> PEI	<input type="checkbox"/> Queens	<input type="checkbox"/> Prince	<input type="checkbox"/> East Prince	<input type="checkbox"/> West Prince	<input type="checkbox"/> Kings	<input type="checkbox"/> South Kings	<input type="checkbox"/> East Kings
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**Department: if a second department is needed, please indicate the 2nd in your Email.**

<input type="checkbox"/> Adult Protection	<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Day Program	<input type="checkbox"/> Dietetics	<input type="checkbox"/> Home Support
<input type="checkbox"/> Community Paramedicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Provincial Administration	<input type="checkbox"/> Regional Administration	<input type="checkbox"/> Rehab Assistant	<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Social Work
<input type="checkbox"/> 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