Health PEI

KayaCare HOME CARE SOLUTION

Version 1 April 20, 2023

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

Home Care Solution (HCS) - User Access Form For External Candidates

Status: ☐ Create New Account ☐ Temporary 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: _____

Work Email Address: _____ **Start (or) End Date:** _____

Work Cell: _____ Desk Phone: _____ Personal Cell: _____

Office Name/Location

_____

Brief explanation why Home Care Solution access is required:

_____

Does this employee currently have access to PEI Government Active Directory?: Yes ○ No ○

Does this employee have access to a GOV or Health VPN?: Yes ○ No ○

Does this employee have a work issued/assigned device such as a Phone or Tablet?: Yes ○ No ○

This section to be completed by Home Care Solution Office staff

Active Directory Requested ☐ **Completed:** _____ **Completed by:** _____