

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

DOCKET NO. A-2014-2434573

APPLICATION OF LOVING CARE SENIOR SERVICES, INC.

APPLICANT'S VERIFIED STATEMENTS

I. STATEMENT OF THE CASE

By application published in the Pennsylvania Bulletin on September 27, 2014, Loving Care Senior Services, Inc. ("Applicant") seeks authority to transport passengers in group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority ("Application"). No protests were filed in opposition to the application.

By Notice dated November 3, 2014, the Commission advised Applicant that the case had been assigned for review without an oral hearing and that Verified Statements in support of the Application were due within thirty (30) days. By letter dated December 1, 2014, Applicant requested an extension of time until January 12, 2015 to submit Applicant's evidence.

Applicant now submits its Verified Statements in support of the Application.

II. VERIFIED STATEMENTS OF WITNESSES

Applicant now submits Verified Statements in support of the Application on behalf of the following witnesses:

1. Linda Stone-Napper on behalf of Applicant
2. Impacting Your World Ministries, Inc.
3. Carnell Bellamy, Sr.
4. Raine Djonson
5. Eric Dubose
6. Marjorie Edwards
7. Diane franklin
8. Krishnet Guzmen
9. Lois N. Hitchman
10. Ethel Napper-Johnson
11. Gertrude Keashley
12. Chelsea Marie Napper
13. Bonita Richards
14. Jacquette Turner
15. Bonita Womack

VERIFIED STATEMENT OF LINDA STONE-NAPPER ON BEHALF OF APPLICANT

1. IDENTITY OF OPERATING WITNESS ON BEHALF OF APPLICANT.

My name is Linda Stone-Napper, and I am the President of the Pennsylvania corporation known as Loving Care Senior Services, Inc. (“Applicant” or “Loving Care”). On behalf of Applicant, I filed an application with the Pennsylvania Public Utility Commission (“Commission”) requesting operating rights to transport persons in group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia, and excluding areas under the jurisdiction of the Philadelphia Parking Authority (“Application”). The Application is pending before the Commission at Docket No. A-2014-2434573. As President of Applicant, I am responsible for managing and supervising the day-to-day operations of Loving Care, and I am authorized to submit this Verified Statement on behalf of Loving Care in support of its Application.

2. APPLICANT’S AFFILIATION WITH OTHER CERTIFICATED CARRIER.

Applicant is not affiliated with any motor carrier certificated by the Commission.

3. DESCRIPTION OF APPLICANT’S BUSINESS EXPERIENCE.

Applicant has been in business for the past fifteen years, and it specializes in providing services for senior citizens, including housekeeping services, nursing and companion care services, laundry services (pick-up and delivery), hospital to home escort services, and senior community health screening services. Applicant has approximately sixty employees and it owns and operates four passenger motor vehicles.

Applicant is a well established business enterprise as evidenced by the fact that it holds a number of licenses to provide various services, including the following: Certificate of Licensure to operate a home care agency facility issued by the Pennsylvania Department of Health,

Occupational Licenses for a Motor Vehicle Vendor issued by the City of Philadelphia, and Abbingtion Township Mercantile/Business Privilege License. For the past nine years, Loving Care has also been certified as an authorized provider for Philadelphia Corporation for Aging in providing nursing care, housekeeping and escort services for senior citizens in Philadelphia. Applicant also provides those same services for the agency known as Montgomery County Aging and Adult Services.

I have a Bachelors Degree in Communication and a Masters Degree in Education. My education has provided me with an excellent background to communicate with Applicant's employees and to manage the day-to-day operations of Applicant's multi-facet services that it renders to senior citizens in communities located nearby our operations center in Abbingtion, Montgomery County.

4. DESCRIPTION OF BUSINESS FACILITIES, OFFICE OPERATIONS AND COMMUNICATIONS NETWORK.

Applicant conducts its operations from a facility located at 941 Old York Road in Abbingtion, Pennsylvania. For the past ten years, Loving Care has leased an entire building at this location consisting of 2,500 square feet of space under roof where all of our administrative operations are housed. We have a full compliment of office machines at our operations center that are used to conduct our business transactions, including computers, copier, telecopier, internet connection and communication system. We also have a large parking lot that adjoins the building, which can accommodate at least 50 to 60 commercial vehicles. There is more than sufficient space to park the four vehicles that we currently operate, as well as any additional vehicles that may be utilized to expand our service, if the Application is granted.

If the Application is approved, Applicant intends to utilize its existing facilities to expand its operations to provide group and party service to the public. Applicant will provide service on an as-needed basis with service being available 7 days a week, 24 hours a day, except perhaps on certain holidays. Applicant's normal business hours are from 8:30 a.m. to 4:30 p.m., Monday through Friday. Any telephone calls received during off-business hours will be either forwarded to a cell phone or recorded on Applicant's answering machine. Applicant has both land line and cell phone service available to communicate with the public and our drivers. When a driver is on a trip, the driver will have a cell phone in order that communications may be maintained at all times with the driver. Applicant will also communicate with customers by means of email, and the plan is to be able to use the internet for customers to make reservations for service on-line.

5. STAFFING OF APPLICANT'S OPERATIONS.

Applicant has a substantial work force of 60 employees that it employs in connection with its current operations. These workers include 1 full time registered nurse, 42 licensed certified nursing assistants, 5 housekeepers, 5 drivers, 5 office staff, 2 support staff, and 1 mechanic. Applicant intends to utilize its existing personnel for purposes of managing and providing the proposed group and party service.

6. DRIVER PERSONNEL.

Applicant plans to utilize its existing pool of drivers as needed in order to operate vehicles in the proposed operations. Applicant has very specific transportation standards for all drivers, including the following: drivers must be 25 years of age or older with no accidents or moving violations within the past five years; drivers must have a training certificate with regard to handling emergency situations and accidents or some form of certificate of merit, such as a

Commercial Drivers License or other training certificate issued by a previous employer: all drivers must achieve a 90% score in order to pass two written examinations provided at the time of hire. In addition, all drivers must pass a physical examination along with a vision test both prior to being hired and every two years thereafter. All drivers must wear a company uniform, which is provided by Loving Care, on a daily basis. Attached as Exhibit "A" is a list of our Company's transportation standards for drivers.

Applicant also conducts pre-employment and random drug and alcohol testing on all drivers. Applicant has a zero tolerance for drivers being on duty when he or she has any alcohol or any non-prescription drugs in his or her system. Criminal background checks are also conducted on all drivers before they are hired.

7. DESCRIPTION OF APPLICANT'S EQUIPMENT.

In connection with the proposed group and party operation, Applicant currently owns and operates four passenger vehicles, including two 2013 Ford Econoline vans with a seating capacity of 15, one 2011 Ford Transit Connect with a seating capacity of 4, and one 2009 Ford Econoline van with a seating capacity of 12 passengers. Attached as Exhibit "B" is an Equipment List, which provides more detailed information concerning these vehicles, including the year, make and vehicle identification number. Attached as Exhibit "B" is an Equipment List, which provides detailed information concerning the three passenger vehicles that will be used under the proposed service, including such information as the year, make and vehicle identification number of each vehicle.

8. APPLICANT'S SAFETY PROGRAM.

Applicant employs a mechanic who is in charge of overseeing that Applicant's vehicles

are properly inspected and maintained on a regularly scheduled basis. Applicant also uses an independent third party, Sunoco Oil Auto Repair, to perform oil and filter changes every three months. Mechanical and service repairs are also performed by a certified mechanic at Incognito Auto & Body Repair located in Philadelphia. Vehicles are inspected at least once a year and all safety and emergency equipment is inspected every 90 days. All vehicles are gone over thoroughly for any safety issues when they are serviced, and repairs and replacements are made for preventative maintenance purposes in order to reduce the chance of a breakdown when a vehicle is on a trip. Records are kept of all maintenance and safety work on our vehicles.

A Motor Vehicle Report is secured on each driver on an annual basis in order to check the driving record to be sure that a driver's license is in good standing and that there are no serious driving incidents in PennDOT's records to indicate that a driver may have a problem in operating a passenger vehicle safely or legally. Drivers are required to report to Applicant any traffic citations for moving violations. Applicant closely monitors the status of all driver's licenses as to their expiration date so that each driver can take the required action to renew his or her license in a timely manner.

9. INSURANCE.

Applicant currently has insurance with Progressive Insurance, including a Commercial General Liability Policy with limits of \$1,000,000 for each occurrence and \$3,000,000 general aggregate. Applicant also has an automobile liability policy for any auto and all owned autos with a combined single limit of \$1,000,000 and bodily injury per accident of \$100,000. Since the same vehicles that are insured under Applicant's existing insurance policy will be used in providing the proposed group and party service, Applicant does not anticipate any substantial

increase in the premium for its insurance coverage for those vehicles. Upon approval of the Application, Applicant will file with the Commission evidence of insurance coverage.

Applicant's insurance agent is Willie Manley Agency & Associates, Inc. with an address of 6000 North Broad Street, Unit 8, Philadelphia, PA 19141, and its telephone number is as follows: (215) 927-1490.

10. COMPLAINT PROCEDURE.

Applicant intends to provide passengers with information on how to file a Complaint with the Commission by posting the following notice in each vehicle or attaching it to the receipt given to a customer, either before or after the start of a trip:

For complaints or information, contact the Pennsylvania Public Utility Commission at 1-800-692-7380 or at www.state.pa.us.

Applicant makes a diligent effort to address each and every complaint in order to determine what the facts and circumstances are, so that service can be improved so as to avoid in the future the problem that the customer may have encountered. The fact that Applicant has been in business for 15 years and is licensed by several agencies to provide service to the public is proof of Applicant's success in constantly trying to improve service to our clients in order to provide top-notch, safe and reliable service to our customers.

11. CERTIFICATION OF NO CRIMINAL CONVICTIONS.

Applicant, its officers and stockholders have never been convicted of a misdemeanor or felony, and none of those parties has ever been subject to supervision by a court or correctional institution.

12. FINANCIAL STATEMENTS.

Attached as Exhibit "C" is Applicant's most recent Balance Sheet as of December 31, 2013 ("Balance Sheet"). The Balance Sheet indicates that Applicant has total assets of \$60,538.00, and Applicant's liabilities are in the amount of \$42,903.00. Applicant's stockholder's equity is \$17,635.00.

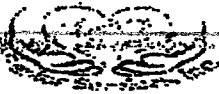
Attached as Exhibit "D" is a Projected Income Statement for Applicant's first year of certificated operations. Exhibit "D" indicates that Applicant expects to receive an additional \$64,800.00 in revenues from its proposed group and party operations during the first year that it is authorized to conduct those operations. Exhibit "D" also indicates that expenses are projected to be \$21,880.00 with net revenue after taxes of \$32,190.00. Revenues will increase the productivity that is realized from Applicant's vehicles that are utilized to provide group and party service. Since Applicant already owns the vehicles that it will utilize, Applicant will not have to incur any additional capital costs in starting up the proposed service.

13. ADDITIONAL RELEVANT INFORMATION.

Loving Care's proposed service would include making available vehicles for groups to charter for their exclusive use. For instance, we have had discussions with a company that is interested in chartering one of our vehicles from 10:00 a.m. to 2:00 p.m. on Friday of each week to transport members of their group to Reading Terminal in Center City, Philadelphia, and also to the Sugar House Casino in Philadelphia. The members of this group would be residents of a complex called Park Tower located in Philadelphia.

In addition, Loving Care would offer excursion trips to different events, restaurants and various other places. Tickets for these trips would be sold on an individual passenger basis. These trips would include such destinations as the Philadelphia Flower Show at the Philadelphia Convention Center, Ardmore Farmers Market in Ardmore, PA, the Hibachi Grill and Buffet in Wyncote, PA, Old Country Buffet on Roosevelt Blvd. in Philadelphia, and Reading Terminal Market located at 12th and Arch Street in Philadelphia.

As far as I know, Applicant has never been investigated or cited for any violation of the Commission's regulations. Also, applicant has many years of experience in conducting a for-profit business, and this supports Applicant's position that it is operationally, financially and legally fit to be granted the proposed group and party service. Applicant respectfully requests that the Commission grant its unopposed Application so that Applicant may make better utilization of its vehicles and provide certificated service to the public from points in the Application territory where Applicant's operations are based.



"Making life easier, comfortable & more convenient for those who deserve it most"

Loving Care Senior Services (LCSS)

Transportation Standards include the following guidelines:

DRIVERS:

- I. All LCSS drivers must be 25 years of age or older.**
- II. Must be properly licensed by the Commonwealth of Pennsylvania with no accidents or moving violations within the past five year of when drivers license was obtained.**
- III. All drivers must have a training certificate prior to hire for the following how to handle emergency situations and accidents or some form of certificate of merit for driving i.e., CDL licensure or training certificate obtained by previous employer**
- IV. All LCSS drivers must have passed with a 90 or better the two written examinations provided by LCSS at time of hire.**
- V. All LCSS drivers must have a PPD two -step test and physical examination prior to hire along with a vision test. Test are required for all drivers every two years.**
- VI. Drivers must be able to provide door to door service to all our consumers as needed.**

RESPONSIBILITIES:

All LCSS drivers must wear company uniform provided by LCSS everyday which include non skid black soled shoes explained in policy & procedure manual under section 10.

COMPANY VEHICLES:

I. All LCSS commercial vehicles are inspected every three months and checked mechanically by the following: Sunoco Oil Auto Repair located at 79th & Ogontz Avenue, Philadelphia PA 19150 (for three month oil changes and filter repairs). Mechanic and Service repairs are performed at Incognito Auto & Body Repair located at 4224 West Mt Pleasant Avenue, Phila., PA 19119.

EXHIBIT "B"

EQUIPMENT LIST OF VEHICLES OWNED BY LOVING CARE SENIOR SERVICES, INC.

YEAR	MAKE	MODEL	VEHICLE ID No.	SEATING CAPACITY
2009	Ford	Econo/Club Wagon	1FBNE31L39DA29603	12
2013	Ford	Econo/Club Wagon	1FBSS3BL2DDA58190	15
2013	Ford	Econo/Club Wagon	1FBSS3BL4DDA70924	15

LOVING CARE SENIOR SERVICES, INC
STATEMENT OF FINANCIAL POSITION
BALANCE SHEET
As of December 31, 2013

	<u>ASSETS</u>
Cash	16,635
Loans to Shareholders	
Other Investments	
Buildings and Other Depreciable assets Less Accumulated Depreciation	43,903
	<hr/>
Total Assets	60,538
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	<u>LIABILITIES</u>
Current Liabilities (due within one year)	
Mortgages, notes, bonds payable in less than 1 year	20,245
Long Term Liabilities (Due one year or more)	
Mortgages, notes, bonds payable in 1 year or more	22,658
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Total Liabilities	42,903
Shareholders' Equity	
Capital Stock	1,000
Additional Paid -in capital	
Retained earnings	16,635
Less Cost of Treasury Stock	
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Total Shareholders' Equity	17,635
	<hr/>
Total Liabilities and Shareholders' Equity	60,538
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LOVING CARE SENIOR SERVICES, INC.
STATEMENT OF FINANCIAL CONDITION
PROJECTED TWELVE MONTH INCOME STATEMENT

REVENUE and GAINS

Operating Revenue	64,800
Total Revenue and Gains	<u>64,800</u>

EXPENSES

Advertising	3,240
Depreciation	2,548
Fuel	2,088
Insurance	981
Internet & Web Hosting	279
Payroll	7,200
Payroll Taxes	720
Professional Fees	360
Repairs & Maintenance	2,450
Supplies & Equipment	562
Telephone Expense	144
Uniforms	108
Vehicle Purchases	1,200
Total Operating Expenses & Losses	<u>21,880</u>

NET INCOME/(LOSS) BEFORE INCOME TAXES	42,920
Provision for Income Taxes	<u>(10,730)</u>

NET INCOME/(LOSS) AFTER INCOME TAXES	<u><u>32,190</u></u>
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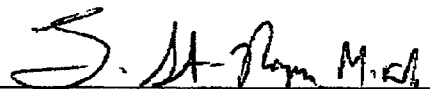
VERIFICATION OF STATEMENT

The undersigned, Linda Stone-Napper, M.Ed., deposes and says that she is authorized to and does make this Verification, and that the facts set forth in the foregoing Verified Statement of Linda Stone-Napper on behalf of Applicant are true and correct to the best of her knowledge, information and belief.

The Undersigned understands that any false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Date:

11/25/14


Linda Stone-Napper, M.Ed.

VERIFIED STATEMENT OF IMPACTING YOUR WORLD MINISTRIES, INC.

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. (“Loving Care” or “Applicant”). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Ray A. Barnard and I am the Pastor of Impacting Your World Ministries, Inc., which has an address of 5507-5515 Germantown Ave., Philadelphia, PA.

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

Impacting Your World Ministries, Inc. is supporting Loving Care’s application because service is needed in vehicles that seats 11 to 15 passengers to provide transportation of passengers to and from our church facility in Philadelphia.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

Impacting Your World Ministries, Inc. would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for purposes of transporting passengers to and from church for Sunday services.

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that Impacting Your World Ministries, Inc. would use Loving Care’s service in the application area on an average of approximately 1 time per week.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

Impacting Your World Ministries, Inc. has its Church facility in Philadelphia, Pennsylvania, and the origins and destinations for its trips would be the residences or other locations where persons are located in Philadelphia or Montgomery County, who would like to attend our Sunday Church Services, at our facility at 5507-5515 Germantown Ave., Philadelphia.

<u>Pick-up Points</u>	<u>Name of Event Attending or Establishment Visiting</u>
6300 Old York Rd., Philadelphia, PA	Sunday Church Services
3010 North Ringgold Street, Philadelphia, PA	Sunday Church Services
1798 Plymouth Street, Philadelphia, PA	Sunday Church Services
6222 North 5 th Street, Philadelphia, PA	Sunday Church Services
146 Sparks Street, Philadelphia, PA	Sunday Church Services
5945 North Park Avenue, Philadelphia, PA	Sunday Church Services

7. TYPES OF SERVICES NEEDED.

Transportation of passengers to and from Church campuses in vehicles with a seating capacity of 11 to 15 passengers.

8. SIMILAR APPLICATIONS SUPPORTED.

Impact Your World Ministries, Inc. has not supported any other application for group and party service from the Pennsylvania Public Utility Commission.

9. OTHER INFORMATION DEEMED PERTINENT

The reason why Impact Your World Ministries, Inc. is supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit is because service is needed for transportation of passengers who attend Sunday Church Services.

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide Impacting Your World Ministries, Inc. with public transportation to meet its transportation needs within the scope of the application territory.

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 12/30/2014

ON BEHALF OF IMPACTING YOUR World Ministries
Rev. Ray A. Barnard
Signature

Ray A. BARNARD
Print Name

VERIFIED STATEMENT OF Carnell Bellamy Sr

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Carnell Bellamy Sr, and my home address is

3846 Conshohocken Ave Phila, Pa 19131

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 2 times per week month or year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input checked="" type="checkbox"/> Home	<u>Philadelphia</u>	<u>TRIPS</u>
<input type="checkbox"/> Other _____	<u>Flower Show</u>	_____
_____	_____	_____
<input type="checkbox"/> Home	<u>Andmore Farmers</u>	_____
<input type="checkbox"/> Other _____	<u>Market</u>	_____
_____	_____	_____
<input type="checkbox"/> Home	<u>Reading Terminal</u>	_____
<input type="checkbox"/> Other _____	<u>in Philadelphia</u>	_____
_____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: N/A

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) LOOKING FWD TO TRAVEL

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Carnell Bellamy Sr
Signature

Carnell Bellamy Sr
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 12/29/14

Carnell Bellamy Sr
Signature

Carnell Bellamy Sr
Print Name

VERIFIED STATEMENT OF Raine Djonson

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Raine Djonson, and my home address is 1525 Fitzwater St. Apt 707

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my family () friends () others: _____
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

- () For entertainment purposes such as going to a specific restaurant that I am interested in dining at;
- () To travel with some of my friends on a trip or excursion to attend a social event or other function;
- () For transportation to a farmer's market or similar event;

- To attend doctors' appointments;
- Other (please explain): Care H

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 3 times per week () month or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Phila. County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

Pick-up Points	Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)	Name of Event Attending or Establishment Visiting
<input checked="" type="checkbox"/> Home	<u>Phila & Mont CO</u>	<u>Temple Hosp</u>
<input type="checkbox"/> Other _____	_____	<u>Exonstead Has</u>
<input type="checkbox"/> Home	_____	<u>Greenhouse</u>
<input type="checkbox"/> Other _____	_____	<u>Mountain (P.C)</u>
<input type="checkbox"/> Home	_____	<u>Wright Nat. Therapy</u>
<input type="checkbox"/> Other _____	_____	<u>Jefferson Has</u>

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

- I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;
- It is important to me that service be provided in a friendly and reliable fashion;
- It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) Transportation

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Raine Djonson
Signature

Raine Djonson
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 12-26-2014


Signature

Reine Denson
Print Name

VERIFIED STATEMENT OF Erin Dubose

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Erin Dubose, and my home address is

229 North 65 St Philadelphia PA 19139.

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____ from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 4 times per week month or year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Lankenau Medical Center</u>	_____
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Ardsley Farmer's Market</u>	_____
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Erin DuBoise
Signature

Erin DuBoise
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date:

12/23/2013

Erin DuBoze
Signature

Erin DuBoze
Print Name

VERIFIED STATEMENT OF Margowe Edwards

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Margowe Edwards, and my home address is
7830 BAYARD PHILA PA 19150

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: in Philadelphia
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 2 times per week month or year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

Pick-up Points	Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)	Name of Event Attending or Establishment Visiting
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>7830 Bayard St.</u> <u>Phl. - PH 19150</u>	<u>Farmers Market / Ready Terminal</u>
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Myra Edwards
Signature

Marjorie Edwards
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 11/24/14

Margorie Edwards.
Signature

Margorie Edwards.
Print Name

VERIFIED STATEMENT OF Dave Franklin

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Dave Franklin, and my home address is

1616 Edgehill Road, Abington, PA 19001

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

- () For entertainment purposes such as going to a specific restaurant that I am interested in dining at;
- () To travel with some of my friends on a trip or excursion to attend a social event or other function;
- () For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 2x times per () week (month or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Montgomery County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input type="checkbox"/> Home	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Home	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Home	_____	_____
<input type="checkbox"/> Other _____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.



Signature

Dave Franklin

Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

1/5/15

Signature

Diane Franklin

Print Name

VERIFIED STATEMENT OF Krishvet Guzman

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Krishvet Guzman, and my home address is

515 N York Rd Apt 1B, Willow Grove, PA 19090.

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 1 times per week month or year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Montgomery County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Giant Food Store</u> <u>Willow Grove, PA</u>	_____
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Willow Grove Mall</u>	_____
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Doctors' Appointments</u> <u>Willow Grove, PA</u>	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

KH

Signature

Krismet Muzman

Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 1/9/15

K-M
Signature

Krishnet Muzman
Print Name

VERIFIED STATEMENT OF Lois N. Hitchman

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Lois N. Hitchman, and my home address is _____

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____ from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 3 times per week month or year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in _____ County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

Pick-up Points	Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)	Name of Event Attending or Establishment Visiting
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Farmers Market</u>	<u>Armore, PA</u>
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Reading Terminal</u>	<u>Philadelphia</u>
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Lois N. Hitchman
Signature
Lois N. Hitchman
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date:

12/23/14

Lois N. Hitchman
Signature

LOIS N HITCHMAN
Print Name

✓
VERIFIED STATEMENT OF Ethel Napper-Johnson pres

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Ethel Napper-Johnson and my home address is

5524 Haverford Avenue Apt 209

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: tenants
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 12 times per week month or year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Reading Terminal Shopping</u>	<u>Shopping</u>
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Diner different resturants</u>	_____
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Anniversary Affairs</u>	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) I would love to be able to use a local company that can take any group that I am a member of to different locations within their limits

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Ethel Napper Johnson
Signature

Ethel Napper-Johnson
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 23 Dec, 2014

Ethel Napper Johnson
Signature

Ethel Napper - Johnson
Print Name

VERIFIED STATEMENT OF Getrude Keshley

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No.

A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Getrude Keshley, and my home address is

1434 Fitzwintertown Road, Willow Grove 19090.

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____

from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

() To travel with some of my friends on a trip or excursion to attend a social event or other function; Church -

() For transportation to a farmer's market or similar event;

() To attend doctors' appointments;

() Other (please explain): trips like Flower Show

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 2 times per () week () month or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Montgomery County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
() Home	_____	_____
() Other _____	_____	_____
() Home	_____	_____
() Other _____	_____	_____
() Home	_____	_____
() Other _____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

() I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

() It is important to me that service be provided in a friendly and reliable fashion;

() It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

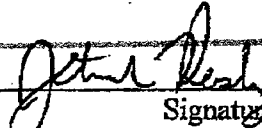
9. OTHER INFORMATION DEEMED PERTINENT


The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.



Signature


Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 1/5/15

John Keeshley
Signature

John Keeshley
Print Name

VERIFIED STATEMENT OF Chelsea Marie

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Chelsea Marie, and my home address is

6639 Glenloch St. Phila, PA 19135

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my (family (friends () others: _____ from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

(For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

(To travel with some of my friends on a trip or excursion to attend a social event or other function;

(For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 4 times per () week (month or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>6639 Glenloch street</u>	<u>Home</u>
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Giants Supermarket</u>	<u>Market</u>
<input type="checkbox"/> Home <input type="checkbox"/> Other _____	<u>Downtown center city PA</u>	<u>shopping center</u>

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.


Signature

Chelsea Napper
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 1/8/14


Signature

Chelsea Napper
Print Name

VERIFIED STATEMENT OF Bonita Richards

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Bonita Richards, and my home address is

Bryn Mawr Suite Apartments apt 601 - 5100 Lebanon Avenue Phil. PA 19131

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my (family (friends () others: _____ from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

(For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

(To travel with some of my friends on a trip or excursion to attend a social event or other function;

(For transportation to a farmer's market or similar event;

() To attend doctors' appointments;

() Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 3 times per () week () month or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
(<input checked="" type="checkbox"/>) Home () Other _____	<u>Reading Terminal</u> <u>for shopping outing</u>	<u>Reading Terminal</u>
(<input checked="" type="checkbox"/>) Home () Other _____	<u>Farmers Market</u>	<u>Ardmore, PA</u>
() Home (<input checked="" type="checkbox"/>) Other _____	<u>Golden Corral</u> <u>Restaurant</u>	<u>1</u>

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

() I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

() It is important to me that service be provided in a friendly and reliable fashion;

() It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I () have or () have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's () nursing, () housekeeping and/or () laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

() Other (please explain) I recently had both of my hips replaced and can no longer drive for myself. I love the great service I receive from

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Bowita Richards
Signature

Bowita Richards.
Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 11/14/14

Bowtie Richards
Signature

Bowtie Richards
Print Name

✓ VERIFIED STATEMENT OF JACQUETTE TURNER

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

✓ 2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is JACQUETTE TURNER, and my home address is

1432 LINDLEY AVE PHILA, PA 19141

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my () family () friends () others: _____
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

() For entertainment purposes such as going to a specific restaurant that I am interested in dining at; SEVERAL DIFFERENT ONES

() To travel with some of my friends on a trip or excursion to attend a social event or other function;

() For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 3 times per week () month or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in PHILADELPHIA County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
<input checked="" type="checkbox"/> Home () Other _____	<u>MULTIPLE DOCTORS PHILA, PA</u>	_____
<input checked="" type="checkbox"/> Home () Other _____	<u>PHYSICAL & OCCUPATIONAL THERAPY PHILA, PA</u>	<u>MOSS REHAB</u>
<input checked="" type="checkbox"/> Home () Other _____	<u>ELKINS PARK SUPER MARKET PHILA, PA</u> <u>DINING</u>	<u>GROCERY SHOPPING</u>

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT


The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

THIS IS VERY IMPORTANT. LOVING CARE'S DRIVERS ARE RESPECTFUL AND ON TIME.
LOVING CARE'S VEHICLES ARE CLEAN AND WELL MAINTAINED.
WE HAVE USED SEVERAL OTHER SERVICES WHICH ARE NOT!

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.



Signature
JACQUETTE TURNER

Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 11-25-2014


Signature

JACQUETTE TURNER
Print Name

VERIFIED STATEMENT OF Bonita Wornick

1. NAME AND DOCKET NO. OF APPLICANT BEING SUPPORTED.

This Verified Statement is being submitted in support of the group and party application of Loving Care Senior Services, Inc. ("Loving Care" or "Applicant"). I understand that Loving Care has filed an application with the Pennsylvania Public Utility Commission at Docket No. A-2014-2434573 seeking authority to provide the following common carrier service to members of the public:

Group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Montgomery County, and the City and County of Philadelphia; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

2. LEGAL NAME AND DOMICILE OF SUPPORTING WITNESS.

My name is Bonita Wornick, and my home address is

1798 Plymouth street, Phila. PA 19126.

3. IDENTITY AND QUALIFICATIONS OF SUPPORTING PARTY.

I am an individual, and I am supporting Loving Care's application because I occasionally need service in a vehicle that seats 11 to 15 passengers to provide transportation for myself and my family friends others: _____
from and to places within the application territory.

4. GENERAL DESCRIPTION OF SUPPORTING PARTY

I would use Loving Care to provide service in a van or other vehicle with a seating capacity of 11 to 15 passengers for the following purposes: (Please check all of the following that apply.)

For entertainment purposes such as going to a specific restaurant that I am interested in dining at;

To travel with some of my friends on a trip or excursion to attend a social event or other function; Reading Terminal, + Museums + Flower show

For transportation to a farmer's market or similar event;

To attend doctors' appointments;

Other (please explain): _____

5. VOLUME AND FREQUENCY OF INTENDED USE.

I estimate that I would use Loving Care's service in the application area on an average of approximately 3 times per () week (month) or () year.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS.

I reside in Philadelphia County, Pennsylvania, and the origins and destinations for my trips would include such places as the following:

<u>Pick-up Points</u>	<u>Drop-Off or Destination Points (in Philadelphia or Montgomery Co.)</u>	<u>Name of Event Attending or Establishment Visiting</u>
() Home () Other _____	_____	_____
() Home () Other _____	_____	_____
() Home () Other _____	_____	_____

If my friends would like to take a trip or excursion to attend a specific social event or patronize certain restaurants, I would like to be able to use Loving Care's services no matter where the events or establishments are located in Philadelphia or Montgomery County.

7. TYPES OF SERVICES NEEDED.

I would like to have available professional, dependable and reasonably priced service in vehicles which seat 11 to 15 passengers;

It is important to me that service be provided in a friendly and reliable fashion;

It is important that service be provided in a timely manner as advertised.

I would like to be able to purchase a ticket from Loving Care to go on a trip to a destination that is of interest to me;

I would like to be able to use Loving Care's service for transportation to a hospital or other facilities where I have doctors' appointments or appointments for medical purposes.

8. SIMILAR APPLICATIONS SUPPORTED.

I have or have not supported any other application for group and party service from the Pennsylvania Public Utility Commission. The names, if any, of other motor carriers that I have supported are as follows: _____

9. OTHER INFORMATION DEEMED PERTINENT

The following are reasons why I am supporting Loving Care's application to provide group and party service in vehicles with a seating capacity of 11 to 15 passengers, and why approval of this application would be of benefit to me:

I am currently a customer of Loving Care's nursing, housekeeping and/or laundry service(s), which I am pleased with, and I would like to be able to use Loving Care to meet my transportation needs;

Other (please explain) _____

I request that the Pennsylvania Public Utility Commission grant the group and party application of Loving Care Senior Services, Inc., so that it may provide me with public transportation to meet my transportation needs within the scope of its application territory.

Donates Womack

Signature

Donates Womack

Print Name

VERIFICATION

The Undersigned verifies that he/she is the person who signed the attached Verified Statement in support of the group and party application of Loving Care Senior Services, Inc., that he/she is authorized to and does make this Verification and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 12/15/14

Bouten Womack
Signature

Bouten Womack
Print Name

III. CONCLUSION

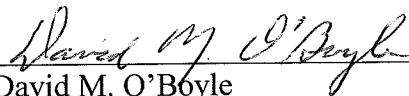
This Application involves a request to provide service between points in Montgomery County and the city and county of Philadelphia. This is an Application to provide localized service in Southwestern Pennsylvania. Applicant is submitting Verified Statements on behalf of 14 public witnesses, all of whom reside or have a facility within the territorial scope of the Application. The witnesses indicate that approval of the Application would be beneficial to them for various reasons.

Applicant submits that approval of this unopposed Application will serve a useful public purpose by allowing Applicant, which has been in operation for fifteen years in providing services to the elderly, to expand its service to include for-hire transportation of both its existing clients as well as for other members of the public. The evidence submitted in the Verified Statement of Linda Stone-Napper, M. Ed., establishes that Applicant already owns the equipment that will be used to provide the service and that Applicant has employees that can be utilized to conduct the proposed Group and Party Application. Applicant has not been cited for any violations of the Commission's regulations during the fifteen years that it has been in existence, and this further supports Applicant's position that Applicant is fit to be granted the requested authority.

For all the foregoing reasons, Applicant Loving Care Senior Services, Inc. respectfully requests that the Commission grant its Group and Party Application in its entirety.

Respectfully submitted

WICK, STREIFF, MEYER,
O'BOYLE & SZELIGO, P.C.



David M. O'Boyle
1450 Two Chatham Center
112 Washington Place
Pittsburgh, PA 15219-3455
Attorneys for Applicant,
Loving Care Senior Services, Inc.