



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

September 6, 2000

DOUGLAS M WOLFBERG
ATTORNEY AT LAW
5002 LENKER ST
SUITE 202
MECHANICSBURG PA 17055

In re: A-00117075 - Application of Alpha Community Ambulance Service, Inc.

Dear Mr. Wolfberg:

The above referenced application has been assigned for review without oral hearing. In order to reach a determination on the application, you are being required to file verified statements in accordance with 52 Pa. Code Section §3.381(e)(1). You will be required to file:

- A. VERIFIED STATEMENT OF APPLICANT
- B. VERIFIED STATEMENT(S) IN SUPPORT OF THE APPLICATION.

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline should be a separate section or paragraph.

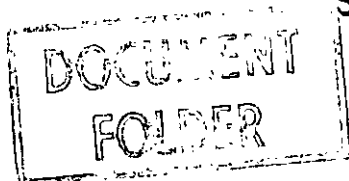
You should be aware of the fact that the verified statements will be reviewed based on the Commission's decision in the Application of Blue Bird Coach Lines, Inc., (A-00088807, F. 2, Am-K) 72 Pa. P.U.C. 262 (1990), which indicates: (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding; (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including requests for vice versa authority; and (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description.

You are being granted an initial thirty (30) days to file verified statements. They will be due on or before October 10, 2000.

If additional time is required, it may be requested by telephone but must be followed in writing with the reasons for the extension stated. Questions about the application should be directed to Gale E. Travitz at (717) 771-5116.

DOCKETED

SEP 06 2000



Very truly yours,

Gale E. Travitz
Compliance Office
Bureau of Transportation & Safety

GET:dk

PAGE, WOLFBERG & WIRTH, LLC

ATTORNEYS & COUNSELORS AT LAW

JAMES O. PAGE
MEMBER, CALIFORNIA BAR

DOUGLAS M. WOLFBERG
STEPHEN R. WIRTH
MEMBERS, PENNSYLVANIA BAR

5002 LENKER STREET, SUITE 202
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1947 CAMINO VIDA ROBLE
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CARLSBAD, CA 92008
(760) 431-8033
FAX (760) 431-8176

DOUGLAS M. WOLFBERG
dwolfberg@pwwemslaw.com

October 10, 2000

*VIA FACSIMILE TO 787-5961
AND FIRST CLASS MAIL*

Gale Travitz
Compliance Office
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265

Re: Application of Alpha Community Ambulance Service, Inc., A-00117075

Dear Ms. Travitz:

Enclosed please find the Verified Statement of the Applicant, along with Verified Statements in Support of the Application of Alpha Community Ambulance Service, Inc.

The supporting Verified Statements being filed include those from Alterra Clare Bridge (an assisted living facility) and HealthSouth Nittany Valley Rehabilitation Hospital.

Please contact us should you require additional information. Thank you for your courtesy.

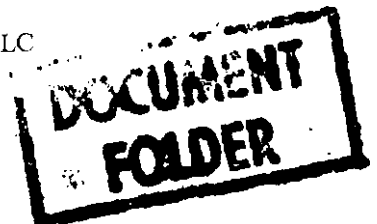
Very truly yours,

Christie M. Mellon, for

Douglas M. Wolfberg
for PAGE, WOLFBERG & WIRTH, LLC

cc: Karol Ayers
Scott Rawson

RECEIVED
BOARD OF
TRANSPORTATION & SAFETY
2000 OCT 11 AM 9:21



RECEIVED
BY LEAD
TRANSPORTATION & SAFETY

2000 OCT 11 AM 9:21

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF :
ALPHA COMMUNITY : Docket No. A-00117075
AMBULANCE SERVICE, INC. :

DOCKETED

OCT 19 2000

A

VERIFIED STATEMENT OF THE APPLICANT

1. Legal name and domicile of applicant.

Give exact name of applicant (indicate correct spelling, capitalization, spaces and punctuation). If a corporation, give state of incorporation. Give address of principal place of business.

Alpha Community Ambulance Service, Inc.
Incorporated and domiciled in the Commonwealth of Pennsylvania
805 South Atherton Street
State College, PA 16801

2. Identity and qualifications of person making statement for the applicant.

If applicant is a sole proprietor making the statement, this will be the same as Item No. 1. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Scott Rawson, Executive Director
805 South Atherton Street
State College, PA 16801
(814) 237-8163
Authorized by the Board of Directors of above named nonprofit corporation to speak for the corporation regarding this application and its affairs generally

3. Whether applicant is affiliated with (owner, manager, controls) any other carrier, with the description of affiliation.

Indicate if owners/officers/directors/partners have any ownership or management interest in any other carriers. If so, give name and address of carrier, position held or percentage of ownership.

This applicant has no affiliation with any other PUC carrier

**DOCUMENT
FOLDER**

4. Authority sought (if amended since application filed).

Give authority as initially applied for (as published in The Pennsylvania Bulletin) and as amended as a result of protests or by applicant's own action, if any.

As published in the Pennsylvania Bulletin, Applicant applied for paratransit authority between points in the County of Centre and from points in said County, to points in Pennsylvania, and vice versa.

5. General scope of currently authorized operations – attach a copy of any operating rights, which relate to authority sought.

Include summary of ICC authority and list of other states where applicant holds rights. Describe any exempt intrastate operations currently performed by applicant.

None.

6. Duplicating authority which will result from grant of authority.

For applicants holding PUC rights, review your current authority and indicate any rights that overlap the rights being sought by this application.

None.

7. Terminal facilities and communications network.

Give location of terminals (city/borough/township and county) where vehicles will be stored, dispatched, repaired, etc. Describe facility (size of lot, number of bays/docks, offices, repair facilities, waiting room, etc.). Describe communications system (telephone lines into office, radio or cellular telephone dispatched vehicles, fax, etc.)

805 South Atherton Street
State College, Centre County ✓

Lot Size -

2 bays, 4 offices, 1 waiting room

Office Phone: 814-237-8163

Communications: 800 MHZ radio, cellular telephone, alpha numeric pagers ✓

8. Equipment – make, model, year, owner or leased, and lessor.

List each piece of equipment to be used in the proposed service and indicate type (tractor, flatbed, tank, dump, straight truck, van, taxi, limousine, etc.). If vehicles will be obtained after approval of application, give same type of information and indicate when they will be put into service. If leased, indicate lessor.

1997 Ford E 350 Econoline Wheelchair Van ✓
1999 Ford E 350 Super Duty Wheelchair Van

9. Safety program.

Describe existing or proposed practices and procedures, such as driver training and vehicle maintenance, to provide for safe operations and insure compliance with the PUC Safety Code. Interstate/private carriers must include their U.S. DOT Safety Rating.

All drivers have successfully completed PA Department of Health approved Emergency Vehicle Operator's Course (EVOC)

10. Service currently provided to supporting witnesses.

Include description of any ICC or exempt service in addition to service under current PUC rights.

Applicant currently provides exempt emergency ambulance and medical transportation services in Centre County. ✓

11. Type of service offered.

Freight: truckload, less than truckload, multiple delivery, same day, specialized handling, etc.

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit.

Paratransit.

12. Financial data – complete the attached sheet.

Current balance sheet and income statement for corporations and partnerships. Statement of assets and liabilities for individuals. All financial data must be no less than six months old. Pa. PUC carriers may reference the most recent annual report on file.

See attached.

13. Other information deemed pertinent.

Including but not limited to:

*New applicants should indicate their experience in the transportation industry.
Indicate if applicant is affiliated/related with any supporting shipper/witness by
family/ownership/management, etc.*

Alpha Community Ambulance Service, Inc. has provided ambulance transportation since 1941. In 1997, ACASI began providing exempt wheelchair van transportation.

ACASI is not affiliated/related with any supporting shipper/witness by family/ownership/management, etc.

Verification of Statcment

The undersigned deposes and says that he is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his knowledge, information and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Date: September 27, 2000 Signature:  Name: Scott Rawson

Statement of Financial Position (Balance Sheet)
as of (date) August 31, 2000

ASSETS

Current Assets			
Cash		773,536.24	
Accounts receivable		256,498.54	
Notes receivable			
Other current assets (specify)	Inventory	3,054.00	
Total current assets			<u>1,033,088.78</u>

Tangible Assets			
Land	Equipment	188,350.13	
Motor Vehicle Equipment		546,079.25	
Less: accumulated depreciation	Office Fixtures	- 47,702.75 =	
Building and structures		226,133.99	
Less: accumulated depreciation		- 574,026.03 =	484,240.09
Investments and funds (specify)			<u>635,881.70</u>
Intangible assets			
Other assets (such as advances and idle equipment - specify)			<u>82,323.59</u>
TOTAL ASSETS			<u>\$ 2,235,534.16</u>

LIABILITIES

Current Liabilities (due within one year of date)			
Accounts payable		48,589.35	
Notes payable		4,830.54	
Equipment obligations			
Other liabilities (attach schedule)		1,883.74	
Total Current Liabilities			<u>60,303.13</u>

Long Term Liabilities (due after one year of date)			
Accounts payable			
Notes payable			
Equipment obligations			
Other liabilities (attach schedule)			
Total Long Term Liabilities			
TOTAL LIABILITIES			<u>60,303.13</u>

NET WORTH (partnerships and individuals only)

OWNER'S EQUITY (corporations only)

Capital Stock			
Additional paid-in capital			
Retained earnings			
Less: Treasury Stock			
Total Owners Equity			

TOTAL LIABILITIES &
OWNER'S EQUITY \$ 2,175,231.03

Alpha Community Ambulance Service
Balance Sheet
August 31, 2000

Assets

Current Assets

Money Market Funds	\$	542,972.67
Cash - Payroll		221,002.33
Receivable-Annuity		9,561.24
A/R Transport-Cornerstone		256,498.54
Inventory		<u>3,054.00</u>

Total Current Assets \$ 1,033,088.78

Fixed Assets

Buildings	226,133.99
Wheelchair Van	83,163.75
Office Fixtures	97,702.75
Equipment	188,350.13
Ambulances	462,915.50
Accumulated Depreciation	<u>(574,026.03)</u>

Total Fixed Assets 484,240.09

Other Assets

Annuity Contracts	82,323.59
Investments	496,725.44
Waterhouse Securities	135,590.76
Investment - House	<u>3,565.50</u>

Total Other Assets 718,205.29

Total Assets \$ 2,235,534.16

Alpha Community Ambulance Service
Balance Sheet
August 31, 2000

Liabilities and Fund Balances

Current Liabilities

Accounts Payable	\$	48,589.35
Patient Overpayments		9,830.54
Local Taxes Withheld		855.47
Unemployment Taxes		997.77
OPT Payable		<u>30.00</u>

Total Current Liabilities \$ 60,303.13

Fund Balances

Memorial Trust Fund	131,840.76
Undesignated Fund Balance	2,087,072.75
Excess Revenue Over Expense	<u>(43,682.48)</u>

Total Fund Balances 2,175,231.03

Total Liabilities & Fund Balances \$ 2,235,534.16

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: :
APPLICATION OF :
ALPHA COMMUNITY AMBULANCE :
SERVICE, INC. :

DOCKET NO. A-00117075

See support
DOCKETED
OCT 19 2000
[Signature]

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

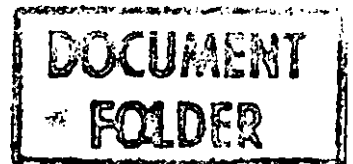
1. **Name and docket number of applicant being supported.**

Alpha Community Ambulance Service, Inc., Docket No. A-00117075

2. **Legal name and domicile or supporting party or firm.**

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

Alterra Healthcare, Inc.
Alterra Clare Bridge
610 West Whitehall Rd.
State College, PA 16801



3. **Identity and qualifications of person making statement for supporting party or firm.**

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners, etc. to speak for the business/organization.

Susan Deobil, Residence Director of
Alterra Clare Bridge
authorized to speak on behalf of the
residence
814-234-3141

4. **General description of supporting party, organization, or operations.**

Passenger application - *Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.*

Alterra Clare Bridge is an assisted
living facility dedicated to dementia
care. We have a capacity for
41 residents.

5. **Volume and frequency of intended use.**

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

once every two weeks

6. **Specific or representative origins and destinations.**

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

Transportation is needed for a potential of 41 residents; currently we have 31. to their physicians' offices located within the Borough of State College. Family members who work are unable to provide this transportation.

7. **Type of service offered.**

Paratransit

8. **Similar application supported.**

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported. Otherwise, please leave blank.

9. **Any other information deemed pertinent.**

Including but not limited to: indicating if the witness is affiliated/related to the applicant by family/ownership/management, etc.

The regulations stipulate that Personal Care Homes "shall provide residents with assistance: securing transportation" (Pennsylvania Code: Title 55 Public Welfare; Department of Public Welfare, chapter 2620, Section 2620.33.

10. **Statement must be notarized or verified according to instructions on the next sheet.**

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned application and that he/she is authorized to and does make this Verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information and belief.

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

Date: 9/28/00

Susan J. Deobil

Name (Signature)

SUSAN J. DEOBIL

Name (Printed or Typed)

Mark F. Johnson 9/28/00
Notarial Seal,
MARK F. JOHNSON, Notary Public
State College, Centre County, PA
My Commission Expires July 2, 2001

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: :
APPLICATION OF : DOCKET NO. A-00117075
ALPHA COMMUNITY AMBULANCE :
SERVICE, INC. :

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

1. Name and docket number of applicant being supported.

Alpha Community Ambulance Service, Inc., Docket No. A-00117075

2. Legal name and domicile or supporting party or firm.

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

HealthSouth Nittany Valley Rehabilitation Hospital
550 West College Avenue
Pleasant Gap, PA 16823
Centre County

3. Identity and qualifications of person making statement for supporting party or firm.

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners, etc. to speak for the business/organization.

R. Scott Mincemoyer
Director of Patient Care Services
Address - same as above
Phone # -(814) 359-3421

4. General description of supporting party, organization, or operations.

Passenger application - Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.

HealthSouth Nittany Valley Rehab. Hosp. presently uses Alpha Ambulance's wheelchair van services for our inpatient appointments. We could potentially utilize Alpha for outpatient transportation and for inpatient transportation for home evaluations, community re-entry trips

5. Volume and frequency of intended use.

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

My best guess is 6 trips per month.

6. Specific or representative origins and destinations.

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

• For the home-evaluations and community re-entry trips the origin would be our hospital with the destination being the patients residence. We try to limit these to a 30 mile radius.

• For outpatient pick-ups the point of origin would be within a mile radius of the serviced clinic. The two clinics would be the

7. **Type of service offered.** clinic at our hospital address and one at 1522 Martin Street clinic in State College.
Paratransit

8. Similar application supported.

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported. Otherwise, please leave blank.

N/A.

9. **Any other information deemed pertinent.** *N/A*
Including but not limited to: indicating if the witness is affiliated/related to the applicant by family/ownership/management, etc.

10. **Statement must be notarized or verified according to instructions on the next sheet.**

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned application and that he/she is authorized to and does make this Verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information and belief. The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Date: 9/29/00

R. Scott Mincemoyer

Name (Signature)

R. Scott Mincemoyer
Name (Printed or Typed)