

VERIFIED STATEMENT OF APPLICANT

A-2016-2573787

PUC Application Docket No.

Quality Care Transportation Services, LLC

Legal Name of Applicant

N/A

Trade Name, if any

3933 Jonestown Rd Harrisburg, Pa 17109
Street Address City State Zip Code

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1. Kumba Saho; Owner.

2. No affiliation with any other carrier.

3. Kumba Saho has been the owner of a successful retail clothing store in the Harrisburg area since 2005. She has strong business acumen and understands the fundamentals required to maintain an operational business. The managing partner with whom she will operate Quality Care Transportation Services is the owner of two businesses for over 15 years. Both individuals will have these businesses managed by others while they are establishing this new transportation service.

In addition to her business ownership experience, Kumba has worked with individuals with intellectual disabilities for over 10 years. In her positions working with this population she has been responsible for transporting clients on countless occasions. She received annual training on the rules and regulations of transporting these consumers; safety precautions; instructions on securing wheelchairs in vans; vehicle safety checks; supervision of clients in vehicles; and client interventions as needed. Transporting these same individuals will be a majority focus for Quality Care Transportation Service.

Finally, Quality Care has secured the assistance of a Certified Business Coach to assist through the startup phase of this venture. Nye Morgen Business Coaching & Development is working directly with the owner to assure a successful beginning.

4. Quality Care Transportation Services is headquartered on Jonestown Rd in Harrisburg. This physical location has offices, lobby and a meeting room. Office equipment includes desktop computers, printers, copier/scanner and telephone.

There is ample private parking to maintain all vehicles for the business as well as staff's personal vehicles.

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All records and documents will be kept in the owner's office in a locked file cabinet. (See Attachment #1: Policy - Record Management)

An Office Manager will be on duty during all business hours. This position will manage all drivers' schedules as well as take calls for customer requests for transportation services.

In addition to accepting request calls, transportation services will be arranged via contracts with area providers of IDD services (Intellectually and Developmentally Disabled). This will result in contacts with providers of Day Programs, Pre-vocational services, Lifesharing, Home and Community Habilitation and County Supports Coordination Units for the IDD population. These contracts will include the names of individuals to be transported, to and from addresses, times for pick up and drop off, frequency of services (daily, weekly, etc.) and any special needs of the individual.

As contracts are secured, the Office Manager will coordinate the drivers' schedules to assure all riders can be serviced as per contract or request call.

Each vehicle will have an assigned cell phone through which driver and office will have continuous communication.

Quality Care Transportation Services will have the following office hours:

Monday – Friday: Office opened 9 am to 5 pm (Driving will begin at 7 am and end at 7 pm)

Saturday & Sunday: Office opened 9 am to 2 pm (Driving will begin at 9 am and end at 5 pm)

5. One full-time Office Manager will be employed. This position will field calls, manage drivers' schedules, collect and file paperwork, conduct billing and collections, maintain and order office supplies and other duties as requested.

This one employee's time and duties will be supplemented by the owner's time in order to cover all hours and responsibilities. This business is new to the market, it will take some time to establish itself; as such, this one employee will be sufficient to provide our services to the territory and population we intend to serve.

6. Through the first year of operation we intend to hire four drivers. Schedules will be staggered and coordinated to assure all transportation requests and contracts can be fulfilled.

For hiring standards, background checks and alcohol and drug use (6a, b, d, e and f), please see Attachment #2: Policy - Employee Qualifications and Attachment #3: Job Description – Driver.

6c. Please see Attachment #4: Policy - Employee Training.

7. Quality Care Transportation has purchased four vehicles to use in the business. As business increases and more contracts are secured, additional vehicles will be purchased. We believe that these four will sufficiently cover the territory we intend to service. The vast majority of trips for the IDD population referenced above occur Monday-Friday between 7:30-9:00 am and 3:00-4:30 pm. Times in-between and after (and weekends) will be dedicated to transporting others.

Vehicles –

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Mileage</u>	<u>Seating Cap</u>	<u>Vehicle ID#</u>
2011	Ford	Crown Victoria	129,666	5	2FABP7BV4BX176632
2011	Ford	Crown Victoria	129,256	5	2FABP7BVIBX117540
1999	Ford	E150	21,563	9	1FMRE1128XHB90619
2010	Chrysler	Town & Country	100,374	7	2A4RR5D11AR414225

8a-b. Vehicles will be inspected daily by staff of Quality Care Transportation Service to be sure that all systems are working and that they are safe, clean and prepared to be operated. See Attachment #5: Vehicle Checklist – Daily.

Each month, a more thorough inspection will be conducted to assure safety and sanitary conditions. See Attachment #6: Vehicle Checklist – Monthly.

8c. The two checklists referenced above cover the requirements of 52 Pa Code, Section 29.403.

8d-f. Not applicable.

9. A thorough budget and Pro Forma were compiled in the planning for this venture. Several insurance agencies were visited for competing quotes which were included in the budgeting process.

Quality Care has investors with sufficient capital to cover expenses through the early months while business is built and able to sustain the operations.

10. Customer service is a significant priority for Quality Care Transportation. We believe that the passenger's experience with us will be directly proportionate to our success as a service business. Therefore, the better the experience the better our success.

Copies of our Grievance Policy will be laminated and kept in each vehicle, and also posted on our website. See Attachment #7: Policy - Grievance Procedure

11. No. Applicant has no criminal history and is not subject to supervision by a court or correctional institution.

Attachment (1)

Quality Care Transportation Services

Policy Name: Records Management		
Policy #: 51.15	Effective Date: December 14, 2016	Page 1 of 1

Policy

Records will be kept on services provided to individuals by Quality Care Transportation. Records will be orderly, timely and consistently completed by any staff providing the services.

Procedure

1. It is the responsibility of any staff providing a service to an individual to record that service in an accurate and true manner.
2. It is the responsibility of the Administrator to audit records to ensure compliance and accuracy and to ensure records are being stored and protected appropriately.
3. Individual's record will be kept for at least 5 years after waiver service has been provided or until any audit or litigation is resolved.
4. The availability and accessibility of the records to the Individual, staff, SC, AE, ODP and the US Health & Human Services Department or an entity permitted to access records under law.
5. All information will be considered confidential and restricted from release to anyone other than those mentioned in #4 above. When information needs to be released to another person or agency, a Release of Information form will be signed by the Individual prior to any information being released.
6. At this time Quality Care does not use electronic records.

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Quality Care Transportation Services

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU		
Policy Name: Employee Qualifications		
Policy #:	Effective Date: December 14, 2016	Page 1 of 2

Policy

Prior to hiring a prospective employee, the Administrator of Quality Care will ensure that each candidate meets the necessary staff qualifications. This includes minimum age, background and driver checks, drug screen and State and Federal data base screening.

Procedure

1. Upon interest in a position, a prospective employee will fill out an employment application. If the applicant is less than 18 years old, or indicates s/he has a recent criminal record, the process will stop here.
2. The prospective employee will go through the interview process, to determine whether or not they are qualified for the position for which they are interviewing.
3. If qualified and Quality Care wishes to continue in the hiring process, the company will offer the prospective employee an offer, *pending the results of the following:*

State and Federal database screening:

1. Prior to hire, the Administrator or designee will screen all applicants, and prospective contractors, to ensure they are not listed on the LEIE (List of Excluded Individuals and Entities), SAM (System for Award Management) and DHS's Medichex system. This will be done online at each respective website.
2. If the applicant or contractor's name appears on any of the exclusions lists, Quality Care will not continue in hiring the individual or contracting them for services.
3. Quality Care will keep a list of all employees verified through the exclusion list screening as well as a list of all contractors and service providers authorized through the exclusion list screening.
4. All active employees and contractors will be screened on a monthly basis to ensure ongoing compliance.

Criminal Background and Child Abuse checks:

1. Prior to working for Quality Care a prospective employee must submit for a Criminal Background check.
2. Should a candidate report that s/he has been a resident of any other state at any time in the past three (3) years, an application for a Federal Bureau of Investigation (FBI) criminal

history record check shall be submitted to the FBI in addition to the Pennsylvania criminal record check.

3. The Administrator will also submit for a Child Abuse History Clearance on prospective employees.
4. Should a recent criminal record or history of child abuse be returned in any of these checks, the hiring process would halt.
5. All active employees will be subject to a Criminal Background and Child Abuse History Clearance every two years.
6. Quality Care will check all of its active employees at its discretion should any report or suspicious activity prompt additional checks.

Drug Screen:

1. Prospective employees will need to submit for a drug screen in accordance with Quality Care's drug-free workplace policy.
2. Any candidate returning a positive result for illicit or mood-altering substances will be disqualified from the hiring process.
3. In order to assure a drug-free workplace, Quality Care may further require staff to submit to a drug screen should a report or other suspicious activity prompt additional checks. Any staff involved in an at-fault vehicle accident will automatically be screened for substance use. It is prohibited for any employee to manufacture, distribute, possess or use illegal substances or alcohol while engaged in any work or job function for Quality Care Transportation Services.

Driver's Vehicle Records check:

1. Prior to a job offer, a driver's motor vehicle records check will be completed for each potential applicant for hire.
2. Any candidate will not be eligible for hire based on the following criteria:
 - a. A combination of 3 motor vehicle violations or accidents within the past 2 years
 - b. Any driving infraction relating to the use of drugs or alcohol within past 3 years
 - c. Having an invalid or suspended license
3. All active employees will need to show proof of valid driver's license and vehicle insurance on an annual basis. Employees must report to administration any lapse or suspension of license or insurance, as well as any driving offense or violation.

3

Quality Care Transportation Services, LLC
Driver Job Description

This position provides transportation services to consumers of Quality Care Transportation Services.

1. Perform duties as required and pertinent to the mission of Quality Care.
2. Assure the safety and protection of the Individuals we serve; assure provision of all rights.
3. Conduct all transportation services with safety and courtesy for all passengers.
4. Assist all passengers as needed with entering/exiting the vehicles, securing safety belts, etc.
5. Maintain accurate and timely records of all activities.
6. Report any and all incidents to Supervisor as soon as possible after the incident is recognized.
7. Complete travel logs as assigned.
8. Complete vehicle pre-trip checklist prior to transport; remedy and/or report any issues immediately.
9. Monitor vehicles for safety and comfort; maintain service logs and records. Monitor:
 - a. State Inspection is valid
 - b. State Vehicle Registration is valid and in the vehicle
 - c. Insurance cards are valid and in the vehicle
 - d. Report to Supervisor any non-compliances noted in the above
10. Participates and assists in pre-service and annual in-service training.
11. Represent Quality Care Transportation Services professionally at all times.

Requirements:

- Valid driver's license
- Clean driving record
- Clean Criminal Background check and Child Abuse history
- Not be on any of the following lists:
 - List of Excluded Individuals and Entities (LEIE)
 - System for Award Management (SAM)
 - DHS's Medichex list
- Must pass Quality Care Transportation Services driving test and demonstrate ability to effectively use all safety equipment in all vehicles (safety belts, wheelchair lifts, straps, etc.) after initial orientation and training.
- Must be 18 years of age or older.

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Quality Care Transportation Services

Policy Name: Employee Training		
Policy #:	Effective Date: December 14, 2016	Page 1 of 1

Policy

All employees of Quality Care Transportation will be trained in Driver Safety and all other employee-related policies and procedures. Training will occur upon hire and annually thereafter.

Procedure

1. All staff, regardless of position, will participate in the following trainings as part of New Hire Orientation and annually thereafter.
 - Supervised driving course through areas typical to the territory served.
 - Parking.
 - How to conduct a thorough vehicle safety and comfort check.
 - Include Daily and Monthly Checklists
 - How to check fluids, tire air pressure, etc.
 - How to use jumper cables
 - Checking seatbelts and straps for safety
 - Use of equipment: wheelchair lift, wheelchair and stretcher securing straps, seatbelts.
 - Completion of all required documentation: Safety checks, logs, incident reports, etc.
 - Recognition and response to any emergencies. Including use of 911.
 - Loading and unloading passengers; including in inclement weather.
 - Interacting with passengers.
 - Reporting incidents and problems.

2. Record of each participant's training will be kept in their personnel file.

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Quality Care Transportation Services, LLC
Daily Vehicle Checklist

Date: _____ Vehicle: _____ Mileage: _____

Inspection Date: _____ Registration Date: _____ Ins Card in Vehicle: Y N

Lights:

Headlights	<input type="checkbox"/> Y <input type="checkbox"/> N	Brake lights	<input type="checkbox"/> Y <input type="checkbox"/> N
High beams	<input type="checkbox"/> Y <input type="checkbox"/> N	Turn Signals	<input type="checkbox"/> Y <input type="checkbox"/> N
Flashers	<input type="checkbox"/> Y <input type="checkbox"/> N	Back-up lights	<input type="checkbox"/> Y <input type="checkbox"/> N
Interior lights	<input type="checkbox"/> Y <input type="checkbox"/> N	Warning lights	<input type="checkbox"/> Y <input type="checkbox"/> N

Comments: _____

Are these present:

First Aid Kit	<input type="checkbox"/> Y <input type="checkbox"/> N	Accident Forms	<input type="checkbox"/> Y <input type="checkbox"/> N
Extinguisher	<input type="checkbox"/> Y <input type="checkbox"/> N	Incident Forms	<input type="checkbox"/> Y <input type="checkbox"/> N

Comments: _____

Systems working:

Wipers	<input type="checkbox"/> Y <input type="checkbox"/> N	Horn	<input type="checkbox"/> Y <input type="checkbox"/> N
Heater	<input type="checkbox"/> Y <input type="checkbox"/> N	Air Cond	<input type="checkbox"/> Y <input type="checkbox"/> N
Windows	<input type="checkbox"/> Y <input type="checkbox"/> N	Camera	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Seat belts	<input type="checkbox"/> Y <input type="checkbox"/> N	Wheelchair lift	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Comments: _____

Need to check tire pressure?	<input type="checkbox"/> Y <input type="checkbox"/> N	Any fluids leaking under vehicle?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any new external damage?	<input type="checkbox"/> Y <input type="checkbox"/> N	Dents/gouges \geq 4" in length?	<input type="checkbox"/> Y <input type="checkbox"/> N
Damage protruding?	<input type="checkbox"/> Y <input type="checkbox"/> N	Inside clean/sanitary, good repair?	<input type="checkbox"/> Y <input type="checkbox"/> N

Comments: _____

Vehicle Inspected By: _____

Form Reviewed and Filed By: _____

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Quality Care Transportation Services, LLC
Monthly Vehicle Checklist

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Date: _____ Vehicle: _____ Mileage: _____

Date of Last Monthly Inspection: _____

Miles to Next Oil Change: _____ Months to Next State Inspection: _____

Any Scheduled Maintenance or Services Due (QCTS Maintenance Log): _____

Are fluids sufficient:

Oil level ___Y___N
Trans Fluid ___Y___N
Antifreeze ___Y___N

Brake fluid ___Y___N
Pwr steering ___Y___N
Washer fluid ___Y___N

Comments: _____

Under the hood – are these in good condition:

Belts ___Y___N
Hoses ___Y___N

Battery ___Y___N

Comments: _____

Tires:

Are tires safe? (Sufficient tread is > 3/16")

___ LF ___ RF ___ RR ___ LR ___ Spare

Air Pressure in tires?

___ LF ___ RF ___ RR ___ LR ___ Spare

Are all four wheel covers matching? ___ Y ___ N

Between October 1 and April 1: Are tires all-weather or snow tires? ___ Y ___ N ___ N/A

Comments: _____

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Vehicle Inspected By: _____

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Form Reviewed and Filed By: _____

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3. If the grievant(s) is dissatisfied with the answer or resolution, they may appeal to the other Administrator; face-to-face or in writing. An answer or proposed resolution will be given within five (5) working days of the receipt of the appeal. It is understood that some appeals may be urgent and require much more rapid action.
 - a. Documentation of the appeal and responses will be kept and include the information listed in 2(a)(i-vi) above.
4. All grievances will be addressed no later than (21) days of grievance notification.
5. This procedure will be reviewed annually to determine number of grievances and their disposition.

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jack Orr
Name of Supporter

1710 N Orange St Carlisle PA 17013
Street Address City or Municipality State Zip Code

Quality Care
Name of Applicant

- Describe the type of transportation service needed.

Home to work

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Home to work

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes. I like Kumbc

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/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. Section 4904 relating to unsworn falsification to authorities.

Jack Orr
(Signature of Supporter)

Jack Orr
(Supporter's Name, printed or typed)

2/14/2017
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

<u>Phillip Tietbohl</u>			
Name of Supporter			
<u>207 Promfret St</u>	<u>Carlisle</u>	<u>Pa.</u>	<u>17103</u>
Street Address	City or Municipality	State	Zip Code
<u>Quality Care Trans. Services</u>			
Name of Applicant			

- Describe the type of transportation service needed.

Getting my son to/from his day program

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Our home to the Y in Carlisle

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Every day

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Rehab. would like more personal attention

- Have you supported similar applications in the past? If so, who was the applicant?

No

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Phillip Tietbohl

(Signature of Supporter)
Phillip Tietbohl

(Supporter's Name, printed or typed)

2-14-17

(Date)

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Charisse Titb

Name of Supporter

118 Countryside

Street Address

Boiling Springs Pa

City or Municipality

State

17007

Zip Code

Quality Care

Name of Applicant

- Describe the type of transportation service needed.
medical appointments x 3/week
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
my home in Boiling Springs to Carlisle
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
3 appointments each week
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Yes, I think they are expensive
- Have you supported similar applications in the past? If so, who was the applicant?
No

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Charisse Titb

(Signature of Supporter)

Feb 9, 2017

(Date)

Charisse Titb

(Supporter's Name, printed or typed)

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Maliha Raouf for Rizgar Raouf
Name of Supporter

6351 Chatham Glenn Way Harrisburg, PA 17111
Street Address City or Municipality State Zip Code

Rizgar Raouf
Name of Applicant

- Describe the type of transportation service needed.
The need to transport to and from Rehabilitation Center.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From home to Goodwills in Harrisburg. Also to appointments if need it.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
daily, weekly basis.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Yes, but with Rizgar's mental situation, it help to interact with familiar faces. It helps his mind at ease.
- Have you supported similar applications in the past? If so, who was the applicant?
No.

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[Signature]
(Signature of Supporter)

Maliha Raouf
(Supporter's Name, printed or typed)

3-5-17
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Muhtarr Cham
Name of Supporter

4092 Cypress Road Harrisburg PA 17112
Street Address City or Municipality State Zip Code

Quality Care
Name of Applicant

- Describe the type of transportation service needed.
Wheel Chair
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From my address to day program
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Daily
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
not known
- Have you supported similar applications in the past? If so, who was the applicant?
No

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Muhtarr Cham
(Signature of Supporter)
Muhtarr Cham
(Supporter's Name, printed or typed)

02/24/17
(Date)

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Kim Jones

Name of Supporter

5375 Wilshire Rd

Street Address

Hbg

City or Municipality

PA

State

17112

Zip Code

Kumba

Name of Applicant

- Describe the type of transportation service needed.

wheelchair

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Harrisburg Area

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Times

- Have you supported similar applications in the past? If so, who was the applicant?

No, N/A

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Kimberly A. Jones
(Signature of Supporter)

3/16/17
(Date)

Kimberly A. Jones
(Supporter's Name, printed or typed)

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Julia A. Swann
Name of Supporter

2922 George Street Harrisburg PA 17109
Street Address City or Municipality State Zip Code

Quality Care Transportation Services
Name of Applicant

- Describe the type of transportation service needed.
trip to Medical appointments
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
from home (above address) to Linglestown Dialysis for seniors and back home or to appointment at VA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
3 days a week Tuesdays, Thursdays, Saturdays; VA/Camp Hill will be as needed Lebanon/Camp Hill
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Not aware of any that provides the Quality and comprehensiveness of transportation options that Quality Care offers.
- Have you supported similar applications in the past? If so, who was the applicant?
This is my first time to support such an application.

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Julia A Swann
(Signature of Supporter)
Julia A. Swann
(Supporter's Name, printed or typed)

(Date)

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Raquel D. Love
Name of Supporter

3621 Canterbury Rd Harrisburg PA 17109
Street Address City or Municipality State Zip Code

Quality Care
Name of Applicant

- Describe the type of transportation service needed.

To work and doctor appointments

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From home to work and medical appointments

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 days a week

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

I am not aware of any transportation services in my area

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/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. Section 4904 relating to unsworn falsification to authorities.

Raquel D. Love
(Signature of Supporter)

Raquel D. Love
(Supporter's Name, printed or typed)

3/23/17
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Robert Patis
Name of Supporter

304 North St. Carlisle Pa. 17103
Street Address City or Municipality State Zip Code

Quality Care
Name of Applicant

- Describe the type of transportation service needed.
for my mother. Approx. Shopping, etc
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Carlisle mostly
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Few times per week
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Usually I take her. My sister
- Have you supported similar applications in the past? If so, who was the applicant?
Have not

VERIFICATION OF STATEMENT

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Robert Patis
(Signature of Supporter)
Robert Patis
(Supporter's Name, printed or typed)

2/19/17
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Stacy F.
Name of Supporter

194 Grange Ave Williams Grove PA 17035
Street Address City or Municipality State Zip Code

Quality Care Transportation
Name of Applicant

- Describe the type of transportation service needed.

To my program

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Williams Grove to Mechanicsburg

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

I don't know

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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

Stacy F.
(Signature of Supporter)

Stacy F.
(Supporter's Name, printed or typed)

Feb. 6, 2017
(Date)

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