

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

A-2017-2583781		PA PUBLIC UTILITY COMMISSION	
PUC Application Docket No.		MAY - 8 2017	
Family Matters Home Care Ltd.		BUREAU OF TECHNICAL UTILITY SERVICES	
Legal Name of Applicant		Trade Name, if any	
1319 Pleasant Hill Rd	Fleetwood	PA	19522
Street Address (principal place of business)	City or Municipality	State	Zip Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Glenn Buss -- Sole Member of Family Matters Home Care Ltd.

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

None

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

I have owned and operated Maiden Creek Marine Inc. in Fleetwood PA for 29 yrs and formed Family Matters Home Care Ltd. 4 years ago to service local needs in our area.

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4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

FMHC is located on a 6 acre property which includes a personal residence and office space. A 2 separate 30 x80 building will be partially used to house any vehicles. All transportation of wavier clients is approved through the office of long term living and records are audited every year. All records are required to be held for 10 yrs. All transportation is scheduled in advance, all employees are required to carry a cell phone. Hours 8-5 Monday- Friday On call service 24-7

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

2 existing employees that do home care scheduling , billing and record keeping will be utilized. These 2 employees handle current case load and will be able to absorb these duties.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system to ensure prospective drivers will be subject to a criminal background check;
 - Your driver training program;
 - Your system for ensuring that your drivers are properly licensed at all times;
 - Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - Your policies regarding alcohol and drug use by your drivers.

a. & b. --- see exhibit #1 and #1a

c. all training for use of equipment and procedure will be done at time of hire, all drivers will be tested on policies and procedures before being allowed to drive.

see exhibit #2

d. Through the use of software " Clearcare online " all employees information including drivers license, Tb testing and the like is required to be up to date and logged before scheduling of employee can be done.

e. Through the same system used at point of hire for all employees, Pa criminal background check for 2yr residency and fingerprint check if less than 2yr.

f. see exhibit #3

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs may not be used if the vehicle's age is greater than ten model years in age or the vehicle's mileage greater than 350,000. Limousines may not be used if the vehicle's mileage is greater than 350,000 miles.

One wheel chair accessible van is all that is required at this time. The clients served are on an individual basis

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Mileage</u>	<u>Seating Capacity</u>	<u>Vehicle ID#</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - If applying for taxi authority, your system for replacing vehicles once they are greater than ten model years in age or with mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.314(c);
 - If applying for limousine authority, your system for replacing vehicles once have mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.333(d);
 - If applying for household goods in use authority, your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37.

Vehicle will be inspected and maintained by FMHC Ltd. as to comply with all applicable regulations. These issues are covered in Exhibit #2 and are the responsibility of the executive director of FMHC Ltd..

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

At present FMHC has commercial auto insurance in place as required by PA dept of health home care license which covers transportation of clients.

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

- See Exhibit # 4
- The number for the PUC will be added to the non discrimination Policy which is received and signed by all employees and clients.

11. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES _____ NO

**If applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner. **PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.**

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets	See Exhibit #5	_____
Cash		_____
Other Current Assets (specify)		_____
Other Assets		_____
Motor Vehicle Equipment		_____
Building and Structures		_____
Office Equipment		_____
Investments and Funds (specify)		_____

TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date)	_____
Long Term Liabilities (Due after one year of date)	_____
TOTAL LIABILITIES	_____

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets) _____

Verification of Statement

The undersigned deposes and says 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 penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

 (Signature) **SOLE MEMBER**

 (Name and Title, printed or typed)

5-3-17

 (Date)

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INSTRUCTIONS FOR OBTAINING
SUPPORTING STATEMENTS FOR THE APPLICATION

In accordance with 52 Pa. Code §41.14(a) "An applicant seeking motor common carrier authority has a burden of demonstrating that approval of the application will serve a useful public purpose, responsive to a public demand or need."

Accordingly, verified witness statements provide a means for demonstrating such a public demand or need. The attached form is for documenting witness statements demonstrating the need for the proposed service. This form may be duplicated as needed for use by supporting witnesses.

Earlier Decisions by the Commission require that:

- (1) the supporting witnesses must give evidence which proves there is a need for the service
- (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must fall within the operating territory specified in the application
- (3) there must be a sufficient number of supporters for the proposed operating territory.

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain supporting statements from those in all parts of the proposed area may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.

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.

Joey Kissinger

Name of Supporter			
16541 Pottsville Pike	Hamburg	PA	19526
Street Address	City or Municipality	State	Zip Code

Family Matters Home Care Ltd.

Name of Applicant

- Describe the type of transportation service needed.

Transportation to and from Doctors appointments

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

Hamburg Pa to Reading Pa

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

Weekly

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

Not Sure but wish to use Family Matters Home Care as they provide my Home care

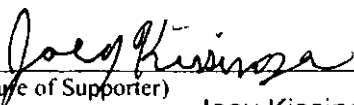
- Have you supported similar applications in the past? If so, who was the applicant?

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.



(Signature of Supporter) Joey Kissinger

(Supporter's Name, printed or typed)

5-3-2017

(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.

Pauline Nagle	Robert Nagle POA		
<small>Name of Supporter</small>			
560 State Street	Mertztown	PA	19539
<small>Street Address</small>	<small>City or Municipality</small>	<small>State</small>	<small>Zip Code</small>
Family Matters Home Care Ltd.			
<small>Name of Applicant</small>			

- Describe the type of transportation service needed.

Transportation to and from Doctors appointments

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

Mertztown Pa to Reading Pa

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

Monthly

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

Not Sure but wish to use Family Matters Home Care as they provide my Home care

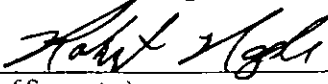
- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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 _____ (Signature of Supporter)	5-3-2017 _____ (Date)
Robert Nagle POA _____ (Supporter's Name, printed or typed)	

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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.

Edwin Witman

Name of Supporter

10 Kohler Road	Apt. 120	Kutztown	PA	19530
Street Address		City or Municipality	State	Zip Code

Family Matters Home Care Ltd.

Name of Applicant

- Describe the type of transportation service needed.

Transportation to and from Doctors appointments

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

Kutztown Pa To Reading Pa

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

Weekly

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

Not Sure but wish to use Family Matters Home Care as they provide my Home care

- 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.

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Edwin Witman
(Signature of Supporter)

5-3-2017
(Date)

Edwin Witman
(Supporter's Name, printed or typed)

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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.

Karen Neustadter

Name of Supporter

189 Fenstermaker Road

Kutztown

PA

19530

Street Address

City or Municipality

State

Zip Code

Family Matters Home Care Ltd.

Name of Applicant

- Describe the type of transportation service needed.

Transportation to and from Doctors appointments

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

Kutztown Pa To Reading Pa

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

Weekly

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

Not Sure but wish to use Family Matters Home Care as they provide my Home care

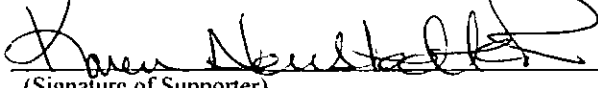
- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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(Signature of Supporter)

Karen Neustadter

(Supporter's Name, printed or typed)

5-3-2017

(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.

William Plouffe

Name of Supporter

215 Highland Avenue

Kutztown

PA

19530

Street Address

City or Municipality

State

Zip Code

Family Matters Home Care Ltd.

Name of Applicant

- Describe the type of transportation service needed.

Transportation to and from Doctors appointments

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

Kutztown Pa To Reading Pa

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

weekly

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

Yes, but wish to use Family Matters Home Care as they provide my Home care

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

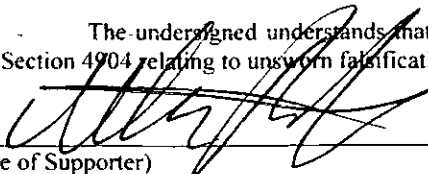
No

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.

(Signature of Supporter)



William Plouffe

(Supporter's Name, printed or typed)

5-3-2017
(Date)

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FAMILY MATTERS HOME CARE Ltd. REQUIREMENTS FOR EMPLOYMENT

1. Fill out and hand in a completed application.
2. Meet the physical requirements for the position you are applying for.
3. Meet one on one in a personal interview.
4. Take part in a pre-employment drug testing.
5. Provide proof of drivable vehicle including:
 1. • A current Pennsylvania Drivers License
 2. • Automobile insurance
 3. • A motor vehicle record
6. A working telephone in the residence and a cell phone.
7. Previous employment checks and personal reference checks will be done.
8. The first six months of employment will serve as a probation period.

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9. PLEASE READ THE FOLLOWING VERY CAREFULLY

- All individuals being considered for employment must first complete a Pennsylvania State Police Criminal History Check.
- Individuals who have resided in Pennsylvania for a time of less than two years must obtain a Federal criminal history record and a letter of determination from the Department of Aging.
- Opportunity to appeal. If the decision not to hire, roster or retain an individual is based in whole or in part on State Police criminal history records, Department of Aging letters of determination regarding Federal criminal history records, or both, Family Matters Home Care will provide an affected individual with information on how to appeal to the sources of criminal history records if the individual believes the records are in error.
- Family Matters Home Care Ltd. may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code § 15.143 (relating to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.
- Information may be obtained through a (CRA) Consumer Reporting Agency.

Signature _____ Date _____

10. PA residence proof via state and local taxes, voter registration, registered personal property in the state of Pennsylvania, or public records and receipts such as an electric bill may be requested.
11. All potential care givers must successfully complete the **PENNSYLVANIA HOME CARE ASSOCIATION LEARNING CENTER SECTIONS LISTED**

ALZHEIMERS AND DEMENTIA CARE

- Understanding Dementia and Alzheimer's Disease
- Providing Care for Some One with Dementia
- Bathing and Showering Some One with Dementia
- Identifying, Assessing and Caring For An Aggressive Personality

SENIORS AND AGING

- Elder Abuse and Neglect
- Assisting Stroke Patients
- Assessing Client Changes
- Dental and Oral Care
- Depression and Recognizing the Signs and Symptoms

INFECTION CONTROL

- Proper Hand Washing
- How to Protect Against Infection
- Recognizing Common Infections
- How to Prevent Pressure Ulcers

SAFETY

- Transferring People the Right Way
- Assistance Devices to Help Seniors with Disabilities
- Handling Emergencies
- Incident Reporting and Documentation

INDEPENDANCE AND CONFIDENTIALITY

- Understanding HIPPA and Confidentiality
- Understanding Activities Of Daily Living
 - ~ including proper toileting techniques, food pyramid training for meal prep, and assistance with medication reminders.
- Maintaining Boundaries with a Client
- Professionalism

A Competency Exam at the end of training will cover the following and annual competency reviews will be conducted by Family Matters Home Care LTD

1. Confidentiality.
2. Consumer control and the independent living philosophy.
3. Instrumental activities of daily living.
4. Recognizing changes in the consumer that need to be addressed.
5. Basic infection control.
6. Universal precautions.
7. Handling of emergencies.
8. Documentation.
9. Recognizing and reporting abuse or neglect.
10. Dealing with difficult behaviors.
11. Bathing, shaving, grooming and dressing.
12. Hair, skin and mouth care.
13. Assistance with ambulation and transferring.
14. Meal preparation and feeding.
15. Toileting.
16. Assistance with self-administered medications.

Signature _____ Date _____

FAMILY MATTERS HOME CARE LTD.

VISITING STAFF REQUIREMENTS

All visiting staff must take part in the (2 part) Tuberculin Testing and be updated annually. Failure to do so will result in all work being removed until proof of testing and results is provided.

All visiting staff must take part in annual reviews of competency.

All visiting staff is required to take part in on going education and awareness training and are responsible for the timeliness of returning any paperwork to the office.

All visiting staff must have a working, insured and inspected vehicle for transportation.

All visiting staff is required to provide updated proof of insurance and vehicle information.

Any staff using their vehicle to transport of a client must have the vehicle to be used checked by management prior to transport and must comply with all safety standards. Periodic checks of transport vehicles will be required. Vehicles used for transporting clients must be kept clean and orderly and be safe for each individual client to get in and out of.

All visiting staff must at all times conduct themselves in a manner which determines them fit for duty, be it in performance, including absenteeism or tardiness, or appearance, including personal hygiene and adherence to the dress policy. Whether in a client's home or enroute, the individual is representing the company and must adhere to all regulations agreed to at time of hire.

All visiting staff is required to comply with any on going or on the spot requests for drug and alcohol testing should the need arise. Failure to comply may result in termination of employment.

All visiting staff is responsible to make the office aware of any changes of name for any reason or a change of residence for any reason.

Signature _____ Date _____

FAMILY MATTERS HOME CARE LTD.

NONDISCRIMINATION POLICY

CLIENTS AND EMPLOYEES

Family Matters Home Care Ltd. is committed to the principle of equal opportunity in the areas of home care for our clients and employment. Family Matters Home Care Ltd. does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, or ethnic origin in the administration of its admissions to care policies or employment policies.

Individuals feeling as though they have witnessed or been subject to can act of discrimination may file a complaint with one of the following:

The Pennsylvania Human Relations Commission - 1-717-787-9780

The Office of Equal Opportunity - 1-800-692-7462

The Pennsylvania Department of Health – 1-877-724-3528

HANDICAPPED EMPLOYEES

Family Matters Home Care Ltd. is open to offering employment to all who seek to make a positive difference in the lives of people in our community.

Therefore it shall be the practice of FAMILY MATTERS HOME CARE LTD. to try and accommodate any individuals who apply and may be able to be of service to our company and its clients.

While many of our clients will need caregivers to stay with in certain criteria for safety of lifting, transporting and supplying personal care for them, there will be those who simply require companionship to relieve the loneliness of long days, and many persons in varying packages are able to meet that need, despite some limiting handicaps that hinder them in other area's of work.

It will be up to the management of FAMILY MATTERS HOME CARE LTD. to determine if an individual is able to be of service, and will also certainly depend on the client base at the time of application for hire.

Individuals feeling as though they have witnessed or been subject to can act of discrimination may file a complaint with one of the following:

The Pennsylvania Human Relations Commission - 1-717-787-9780

The Office of Equal Opportunity - 1-800-692-7462

The Pennsylvania Department of Health – 1-877-724-3528

Signature _____ Date _____

Family Matters Home Care Ltd.

Employee Screening for Exclusion Policy

All employees of Family Matters Home Care Ltd. will undergo a monthly check thru the use of EPStaffCheck™ for the following Exclusions.

EPLS—Excluded Parties List System—A database maintained by the United States General Services Administration that provides information about parties that are excluded from receiving Federal contracts, certain subcontracts and certain Federal financial and nonfinancial assistance and benefits.

LEIE—List of Excluded Individuals and Entities—A database maintained by the United States Department of Health and Human Services, Office of the Inspector General, that identifies individuals or entities that have been excluded Nationwide from participation in a Federal health care program.

Medicheck—A Departmental list identifying providers, individuals and other entities precluded from participation in the Commonwealth's MA Program.

Any Employee found to be on any of these lists will be restricted from work or contact with Clients of Family Matters Home Care Ltd..

By signing, express permission is granted to Family Matters Home Care Ltd. to conduct said checks.

Name _____

Date _____

Sign _____

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EXHIBIT 2

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Family Matters Home Care Ltd.
Employee Driving Policy

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Policy:

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It is the policy of Family Matters Home Care Ltd. to provide safe, reliable and efficient drivers on behalf of Family Matters Home Care Ltd. whether the driver is transporting or going to an assignment.

It is the expectation that all staff shall comply with the provisions of this policy.

Driver's License

All staff that drives on behalf of Family Matters Home Care Ltd. must have a current and valid driver's license. All new employees shall provide Human Resources with a copy of his/her driver's license and complete the "Request for Driver Information" form (DL-503) for three years. A copy of his/her driver's license must also be presented at the time of renewal, but prior to the expiration date.

If the employee's driver's license is revoked or suspended, he/she shall inform Human Resources and their supervisor immediately and shall not drive on behalf of Family Matters Home Care Ltd. Family Matters Home Care Ltd. will conduct annual motor vehicle record (MVR) checks to determine continued driving privileges.

Driving

- Drivers shall abide by all posted speed limits, traffic control signs and signals.
- Drivers and passengers must wear seatbelts.
- Cell phone and pager use is prohibited while driving. Pull off to the side of the road in a safe location to make necessary phone calls.
- Tobacco use and smoking in company-owned vehicles is forbidden while driving.
- Employees are not to be transporting anyone who is not a company client, including animals.
- Employees who drive non-company vehicles for business must maintain current state registration and have their vehicles regularly maintained. Family Matters Home Care Ltd. may at times inspect the employee's personal vehicle for safety, i.e. headlights, turning signals, tire tread, and brake lights. If it is felt unsafe, the employee may not drive for business purposes until corrections are made.

Company-Owned Vehicles

- All vehicles must be returned with the gas tank at least ¼ full.
- All mechanical problems and broken or missing equipment must be reported to the driver's supervisor immediately. Employees who are assigned vehicles are responsible for assuring that the vehicles are properly cared for and maintained.
- Vehicles are only to be used for work and may not be used for personal use.
- Vehicles must be clean and free of internal debris.
- Drivers of company vehicles must be 21 years of age or older.
- Alcohol may not be transported in a company vehicle.

- Drivers of a company vehicle are responsible for a \$500 deductible per incident in which damage results to the vehicle in their care. The driver will be held totally responsible for damage to a vehicle that is the result of driver negligence, i.e. damage resulting from a low oil level, brake damage, etc.

Insurance

Employees who drive their own personal vehicles while conducting business must maintain adequate personal automobile insurance, as it is the primary coverage for liability and physical damage. A copy of the current policy must be given to the employer.

Safety

- Good decisions require good information. Keep your eyes moving, checking ahead to sides and rear.
- Space creates visibility – keep a safe distance from others. Generally drivers should follow no closer than two seconds behind another vehicle.
- Adjust your speed for traffic and weather conditions.
- Leave yourself an out. Avoid creating or entering situations where you have no choices.
- If you change lanes, signal and check mirrors.
- Use your headlights at all times.
- Look left, then right, then left again before pulling out from a curb or intersection.
- Be aware that prescription medications can cause drowsiness, so observe the precautions that accompany them. Any person caught drinking alcohol or violating the Substance Abuse policy will be terminated.
- Never leave the vehicle running unattended.

Moving Violations

All moving violations must be reported to the employee's supervisor and Human Resources on the first working day following the violation.

The following moving violations will disqualify an individual from driving for Family Matters Home Care Ltd.

- Operating a vehicle under the influence of drugs or alcohol within the prior five (5) years.
- Vehicular homicide.
- Drag racing offenses.
- Felonies involving a vehicle.
- Driving on a suspended or revoked license.
- A hit and run accident.
- Fleeing police in a motor vehicle.
- Two (2) or more speeding violations in the prior three (3) years.

Accident Reporting

Appropriate first aid should be rendered to all injured persons and police and/or ambulance personnel should be summoned if necessary.

When making statements, never admit fault. Answer all questions to officers truthfully and directly, otherwise refrain from casual communication.

If an officer is not present, exchange driver, vehicle and insurance information. Complete the "Accident Report" and notify your Supervisor as soon as possible.

Advise the other party to contact the company's Finance department if further information is needed. Never sign anything that a person you have been in an accident asks you to sign.

Discipline

Violation of this policy will subject an employee to disciplinary action up to and including termination of employment.

I, _____ (print name) have read and understand the above company vehicle policy. I have been provided a copy of the "Employee Driving Policy".

Signature

Date

Family Matters Home Care Ltd.

Motor Vehicle Report Authorization and Notification

I understand that my position with Family Matters Home Care Ltd. requires my driver's license to meet the standards set by their insurance carrier's policy underwriting guidelines for insurable drivers. By signing this statement, I authorize release of my Motor Vehicle Record to my employer or potential employer's insurance carrier and/or insurance agency.

If my driver's license now or in the future fails to meet these requirements, I understand that I will be removed as an active driver from Family Matters Home Care Ltd..

I understand that it is my responsibility to notify Family Matters Home Care Ltd. (immediate supervisor and Human Resources) of any problems that arise with my license.

I also understand this release in no way represents an employment contract.

Employee's Signature

Date

Driver's License Information:

Name (exactly as it appears on license): _____

Date of Birth: _____ Issuing State: _____

License # _____ Exp. Date: _____

§ 29.403. Requirements for passenger service operation.

A common carrier or a contract carrier may not permit a vehicle having a designed seating capacity of 15 passengers or less, including the driver, to be operated to transport passengers unless it complies with the following requirements, in addition to those in § 29.402 (relating to vehicle equipment requirements):

- (1) Vehicles which are equipped with folding, temporary or removable seats must have hinges, latches, brackets or other hardware associated with the seats in working order.
- (2) Vehicles must be in clean and sanitary condition.
- (3) Vehicles must have a factory-type heater, capable of producing heat for the accommodation of passengers. The heater must be in working order.
- (4) Trunk compartments must be clean and suitable for carrying passengers' luggage.
- (5) Vehicles must have snow tires or all-weather tires on the drive wheels between October 1 and April 1 of the following year.
- (6) A vehicle's exterior may not have any dents or gouges larger than 4 inches in diameter or damage that protrudes from the vehicle.
- (7) A vehicle must have four matching wheel covers, or the equivalent.
- (8) A vehicle must have operative air conditioning.
- (9) A vehicle's seats must be secure and not be damaged so as to allow springs or other cushioning or support devices to protrude through the seat.
- (10) Smoking is prohibited in vehicles used in taxicab and limousine service.

Authority

The provisions of this § 29.403 amended under the Public Utility Code, 66 Pa.C.S. § § 501, 1102, 1103, 1501, 1502, 1504, 1506, 1508 and Chapters 23 and 25; and the act of July 13, 2016 (P.L. 664, No. 85).

Source

The provisions of this § 29.403 adopted April 20, 1984, effective April 21, 1984, 14 Pa.B. 1390; amended August 4, 2006, effective August 5, 2006, 36 Pa.B. 4181; amended January 27,

FAMILY MATTERS HOME CARE LTD. DRUG AND ALCOHOL ABUSE POLICY

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Statement of Need

FAMILY MATTERS LTD. has a strong commitment to the health, safety and welfare of its employees, their families and its customers. Widely available statistics and information establish that the incidence of drug and alcohol abuse is increasing and that the effect is devastating to lives, business and the community at large.

Scope

This policy applies to all employees of the company while on the job and to situations where an employee's off-the-job or off-premises conduct impairs work performance or undermines public confidence in or harms the reputation of FAMILY MATTERS HOME CARE LTD. It is also intended to apply to employees of firms doing business with the company while on our premises.

Although FAMILY MATTERS HOME CARE LTD. has no intention of intruding into the private lives of its employees, we recognize that involvement with alcohol or other drugs off the job eventually takes its toll on job performance. Our concern is to ensure that employees report to work in a condition to perform their duties safely and efficiently in the interest of their fellow workers and customers as well as themselves.

Policy Statement

FAMILY MATTERS HOME CARE LTD. will not tolerate or condone substance abuse. It is our policy to maintain a workplace free from alcohol and other drug abuse and its effects.

It is the policy of FAMILY MATTERS HOME CARE LTD. that employees who engage in the sale, use, possession or transfer of illegal drugs or controlled substances, or who offer to buy or sell such substances; the use of alcohol during working hours; or the abuse of prescribed drugs will be subject to disciplinary action up to and including termination.

Company Responsibility

As a responsible employer and member of the community FAMILY MATTERS HOME CARE LTD. will:

1. Create an awareness in employees and their families of the impact of substance abuse.
2. Support the establishment of programs to assist employees with alcohol and other drug abuse or dependency problems.
3. Utilize all channels and resources available to it to educate and increase the awareness of employees and the general public.
4. Support local and national efforts to combat alcohol and other drug abuse and its effects.

Employee Responsibility

FAMILY MATTERS HOME CARE LTD. believes that each employee has the responsibility to :

- 1. Report to work at all times free of alcohol or other drugs and their effects.**
2. Participate in and support company-sponsored drug and alcohol education programs.
3. Seek and accept assistance for alcohol and other drug-abuse-related problems before job performance is affected.
4. Support company efforts to eliminate alcohol and other drug abuse among employees where it exists.

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Family Matters Home Care Ltd.

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Quality Management Program Policy

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Family Matters Home Care Ltd. is committed to an organizational wide approach to a Quality Management Program that includes data collection and analysis, performance measurement and continuous improvement.

The Quality Management Program consists of a Plan-Do-Check-Act Model.

Plan: Includes a set minimum of client files and personnel files to be reviewed each quarter. A root cause analysis is completed after major incidents or near misses. Review of these findings and the development of goals accordingly.

Do: Implement the goals

Check: Evaluate and modify the goals where and when appropriate that are set forth in the plan

Act: Involves the continuation or modification of the above plan designed to constantly evaluate and improve quality outcomes.

PURPOSE: The QMP is designed to assist Family Matters Home Care Ltd. in providing excellent client services, which comply with local, state, and federal laws.

Definitions:

- **Major Incident:** Any incident involving theft, misappropriation of client property, substantiated allegations of abuse or neglect by a staff member
- **Near Miss:** Situations where the potential for a major incident was present but did not occur; may include harm to a client, injury to an employee, unsubstantiated allegations of theft, neglect or abuse of a client by a staff member

PROCEDURE:

Record Reviews

- 1) Senior management/ Director shall review a minimum of ten (10) percent of open client charts each quarter
- 2) Senior management/Director shall review a minimum of ten (10) percent of personnel files each quarter
- 3) Any unusual findings will immediately be brought to the attention of the Director
- 4) Director shall review findings from client charts and personnel files for trends each quarter
- 5) Any trends shall be discussed at the quarterly Quality Advisory Committee (QAC)
- 6) The QAC shall develop measurable goals to improve quality outcomes and compliance
- 7) Director or designee will be responsible to present findings and goals to all staff for their support
- 8) Manager will report progress toward established goals at QAC quarterly meeting.

Major Incidents/ Near Misses

Home care aides and nurses shall immediately notify director or designee of any incident that occurs in the client's home

- 1) Director or designee will review all incident reports and notify appropriate State agencies when applicable (see Incident Reporting policy)
- 2) Director or designee will notify any major incidents/ near misses with senior management
- 3) Root cause analyses will be conducted with involved parties for major incidents/near misses
- 4) Plan shall be developed during root cause analysis
- 5) Director or designee will be responsible for ensuring plan is implemented and monitored
- 6) Director or designee will report any major Incidents/ near misses to QAC as necessary

FAMILY MATTERS HOME CARE LTD.

NONDISCRIMINATION POLICY

CLIENTS AND EMPLOYEES

Family Matters Home Care Ltd. is committed to the principle of equal opportunity in the areas of home care for our clients and employment. Family Matters Home Care Ltd. does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, or ethnic origin in the administration of its admissions to care policies or employment policies.

Individuals feeling as though they have witnessed or been subject to can act of discrimination may file a complaint with one of the following:

The Pennsylvania Human Relations Commission - 1-717-787-9780

The Office of Equal Opportunity - 1-800-692-7462

The Pennsylvania Department of Health – 1-877-724-3528

HANDICAPPED EMPLOYEES

Family Matters Home Care Ltd. is open to offering employment to all who seek to make a positive difference in the lives of people in our community.

Therefore it shall be the practice of FAMILY MATTERS HOME CARE LTD. to try and accommodate any individuals who apply and may be able to be of service to our company and its clients.

While many of our clients will need caregivers to stay with in certain criteria for safety of lifting, transporting and supplying personal care for them, there will be those who simply require companionship to relieve the loneliness of long days, and many persons in varying packages are able to meet that need, despite some limiting handicaps that hinder them in other area's of work.

It will be up to the management of FAMILY MATTERS HOME CARE LTD. to determine if an individual is able to be of service, and will also certainly depend on the client base at the time of application for hire.

Individuals feeling as though they have witnessed or been subject to can act of discrimination may file a complaint with one of the following:

The Pennsylvania Human Relations Commission - 1-717-787-9780

The Office of Equal Opportunity - 1-800-692-7462

The Pennsylvania Department of Health – 1-877-724-3528

Signature _____ Date _____

EXHIBIT 5

10:49 AM
05/03/17
Accrual Basis

Family Matters Home Care Ltd.
Balance Sheet
As of May 3, 2017

	<u>May 3, 17</u>
ASSETS	
Current Assets	
Checking/Savings	
Bank of America Checking	18,852.21
BOA Savings	500.44
Petty Cash	271.91
Total Checking/Savings	<u>19,624.56</u>
Accounts Receivable	
Accounts Receivable	24,630.04
Total Accounts Receivable	<u>24,630.04</u>
Total Current Assets	<u>44,254.60</u>
Fixed Assets	
Accumulated Depreciation	-60,136.00
Furniture and Equipment	18,537.99
Vehicle	71,080.17
Total Fixed Assets	<u>29,482.16</u>
TOTAL ASSETS	<u><u>73,736.76</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Bank of America 2205	795.95
Total Credit Cards	<u>795.95</u>
Other Current Liabilities	
Glenn Buss Loan	5,279.06
Payroll Liabilities	6,401.17
Total Other Current Liabilities	<u>11,680.23</u>
Total Current Liabilities	<u>12,476.18</u>
Long Term Liabilities	
Note Payable Ford	34,598.54
Notes Payable Jeep	17,258.76
Total Long Term Liabilities	<u>51,857.30</u>
Total Liabilities	<u>64,333.48</u>
Equity	
Members Draw	-87,500.00
Members Equity	71,073.32
Net Income	25,829.96
Total Equity	<u>9,403.28</u>
TOTAL LIABILITIES & EQUITY	<u><u>73,736.76</u></u>

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PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition as of

5/13/2017

INDIVIDUAL INFORMATION (type or print)			CO-BORROWER (type or print)		
Name	GLENN P. BUSS		Name		
Residence Address	1319 PLEASANT HILL RD		Residence Address		
City, State, Zip	FLEETWOOD, PA, 19522		City, State, Zip		
Position or Occupation	OWNER	DOB: 9/29/62	Position or Occupation		
Business Name	MAIDEN CREEK MARINE		Business Name		
Business Address	14035 KUTZTOWN RD		Business Address		
City, State, Zip	FLEETWOOD, PA, 19522		City, State, Zip		
Res. Phone	610-914-0565	Bus. Phone 610-944-9994	Res. Phone		

ASSETS (DO NOT INCLUDE ASSETS OF DOUBTFUL VALUE)	In Dollars (omit cents)	LIABILITIES	In Dollars (omit cents)
Cash on hand and in banks - see Sch. A	20,000	Notes payable to banks-secured - Sch. H	
U.S. Gov't & Marketable Securities - see Sch. B	148,500	Notes payable to banks - unsecured - Sch. H	
Non-marketable Securities - see Sch. C		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others - secured	
Restricted or control stocks		Amounts payable to others - unsecured	
Partial Interest in Real Estate Equities - Sch. D	350,000	Accounts and bills due	
Real Estate Owned - Residence - see Sch. D	375,000	Unpaid income tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property	24,000	Real estate mortgage payable - Sch. D	262,000
Cash Value - life insurance - Sch. E	10,500	Other Debts - itemized B & W	10,000
Pension/Profit Sharing - Sch. F			
Business Ventures - Schedule G	200,000		
Other Assets - itemize:			
HORSES AND EQUIPMENT FOR EQUINE BUSINESS	28,000		
		TOTAL LIABILITIES	272,000
		NET WORTH	884,000
TOTAL ASSETS	1,156,000	TOTAL LIAB. & NET WORTH	1,156,000

SCHEDULE A - CASH CHECKING AND SAVINGS ACCOUNTS, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance
PARTIOT BANK	CHECKING	GB & KB			1,000
Bank of America	CHECKING	GB & KB			4,000
Bank of America	CHECKING	FMIIC			15,000

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES (use additional sheet if necessary)

Number of shares or Face Value of Bonds	Description	In Name Of	Market Value	Are these Registered, Pledged or Held by Others?	Exchanges Where Traded
Merrill lynch	IRA	GB	27,000	NO	Money Market
OPPENHEIMER / PUTMAN	IRA	KB	19,500	NO	Money Market
Merrill lynch	Money Market	GB	102,000		Money Market

SCHEDULE C - NON-MARKETABLE SECURITIES (use additional sheet if necessary)

Number of shares or Face Value of Bonds	Description	In Name Of	Market Value	Are these Registered, Pledged or Held by Others?	Exchanges Where Traded

SCHEDULE D - INVESTMENTS IN REAL ESTATE (use additional sheet if necessary)

Location R.E. Investment	Titled To:	Date Purchased	Original Cost	% Owned	M/V of Investment	Mtg. Balance	Mo. Pymt.	Mtg. maturity	Mtg. owed to:
1319 PLEASANT HILL RD FLEETWOOD, PA 19522	GB & KB	2-Nov-07	\$265,000	100	375,000	\$152,000	\$815	2033	CITI BK
1319 PLEASANT HILL RD FLEETWOOD, PA 19522	GB & KB	2-Nov-07				\$114,000	\$900	2026	BANK OF AMERICA

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary Relationship	Face Value	Policy Loan	Cash Surrender Value
NORTHWESTERN	K.BUSS	G. BUSS	\$25,000		\$4,500
NORTHWESTERN	G. BUSS	Maiden Creek Marine	\$25,000		\$7,900
ALLSTATE	K.BUSS	G. BUSS	\$6,000		\$6,000

SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT SHARING PLANS

Vested %	Company Name	Account Number	(Manner of Payment)	Distribution Date	Beneficiary	Amount

SCHEDULE G - BUSINESS VENTURES (use additional sheet if necessary)

List Name and address of any Business Ventures in Which you Are a Principal or a Partner	Your Position Title in Business	Line of Business	Years In Business	Your % of Business	Net Worth of Business	Present Net Value of Your Investment
B & W	Partner	Real Estate	29	50	\$700,000	\$350,000
MAIDEN CREEK MARINE	VP / SEC	Sales/Service	29	50	\$400,000	\$200,000
Family Matters Home Care Ltd	Sole Member	Home Care	4	100	\$75,000	\$75,000

SCHEDULE H - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHER (Mastercard, Visa, Etc.)

Owing To (Acct. No)	(J)	Date of Original Borrowing/Amount	Loan Balance	Due	Monthly Payments	Date of Final Payment	Secured By

ANNUAL INCOME	Applicant	Co-Applicant	CONTINGENT LIABILITY
Salaries	21,091		Co-Maker
Bonus			Guarantor
Dividends			Contracts
Interest			Legal Claims
Real Estate Income	33,349		Contested Tax
Other FMHCare	60,000		Other
Total	114,440		
Do you have a will?	y		Name of Executor
Are you a defendant in any legal action?	n		Provide Details

The information contained in this statement is provided to induce you to extend and or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided therein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that: (1) the information provided herein is true, correct, complete and gives a correct and complete showing of the financial condition of the undersigned; (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except s may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and any material adverse change: (1) in any of the information contained in this statement notwithstanding any changes that have occurred in the course of a year it will be required that you provide a Personal Financial Statement annually, or (2) in the financial condition of any of the undersigned or: (3) in the ability of any of the undersigned to perform its (or their) obligations to you in the absence of such notice or a new and full statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. We also authorize that this information can be shared with all First Leesport BankCorp, Inc affiliates.

Date Signed 5/16/2017 _____

Signature (individual)  _____

Date Signed 5/16/2016 _____

Signature (other party) _____

FAMILY MATTERS HOME CARE LTD
1319 PLEASANT HILL RD
FLEETWOOD PA 19522



PA
PUBLIC UTILITY COMMISSION

MAY - 8 2017

BUREAU OF
TECHNICAL UTILITY SERVICES

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PO BOX 3265, [REDACTED]
HARRISBURG, PA 17105-3265

ATTN DAVID CANZONERI
COMPLIANCE SPECIALIST