

# Compassionate Provider Care Agency, LLC

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SEP 26 2018

09/25/2018

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

306 Roberta Ave,  
Collingdale, PA 19023

Dear Secretary Chiavetta:

*A-2018-3005265*

Thank you for allowing us the opportunity to correct the Application for Motor Common Carrier of Passengers in Paratransit Service. The original application that was submitted to your office is enclosed in this letter. In addition, there is a corrected application attached that addresses the corrections that were requested of CPCA. Please view the corrected application for approval.

If there is any additional information needed, please feel free to contact the office via telephone at (215) 791-9103, email at [info@cprocareagency.com](mailto:info@cprocareagency.com), or the mailing address listed on this letter.

Sincerely,



Charlie Brown

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Revised 7/17/17

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

SEP 26 2018

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

A-2018-3005265

Compassionate Provider Care Agency Limited Liability Company

- If you are an individual who has not formed any type of corporate entity, you should enter your name *as it will appear on your insurance documents*.
- If you are filing for a partnership, but *not a limited liability partnership*, the names of all partners must be entered on this line. Those names should be entered *as they will appear on your insurance documents*. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), *even if you are the sole shareholder member*, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Compassionate Provider Care Agency

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?**  **NO** **Previous Authority?**  **NO**

If **YES**, at PUC No. A- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  **NO**

If **NO**, you must register (see checklist on how to register)

If **YES**, provide your **PA Corporation Bureau Entity ID Number** 6355686  
(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Charlie L. Brown (100%)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Physical Address** (do not use PO Box)

306 Roberta Avenue  
Street Address  
Collingdale, PA 19023  
City, State and Zip Code  
(215) 791-9103 Telephone Number Delaware County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing  
\_\_\_\_\_  
Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No  Yes, at No. \_\_\_\_\_

**10. Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

- 
- To transport individuals who require assisted transportation from points in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties to points in PA, and return.
  - To provide for and transport individuals who require non-emergency medical transportation from points in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties, to points in PA, and return.
  - To transport individuals who are clients of Compassionate Provider Care Agency Limited Liability Company between points in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.
- 

*Examples:*

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge 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.

*Charlie L. Brown*  
\_\_\_\_\_  
(Print Name)

*Charlie L. Brown* *9/24/18*  
\_\_\_\_\_  
(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

## VERIFIED STATEMENT OF APPLICANT

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

Compassionate Provider Care Agency Limited Liability Company  
Legal Name of Applicant

Compassionate Provider Care Agency  
Trade Name, if any

306 Roberta Ave Collingdale PA 19023  
Street Address (principal place of business) City or Municipality State Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Charlie Brown, President  
Address: 306 Roberta Ave, Collingdale, PA 19023  
Telephone: (215) 791-9103

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

The owner currently has no affiliation with any other carrier.

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. 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.

Please see attached document.

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SEP 26 2018

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SECRETARY'S BUREAU

4. 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 territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

Please see the attached document.

5. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

See attached document.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Please see the attached document.

10/11/2018 10:00 AM

10/11/2018

10/11/2018 10:00 AM

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Please see the attached document.

8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES  NO

Please see the attached document.

9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

### 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)

(Name and Title, printed or typed)

*Charlie L. Brown*

*Charlie L. Brown / President*

(Date)

*9/24/18*

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Statement of Financial Position (Balance Sheet)

As of (date) 7/1/2018

ASSETS

Current Assets

Cash \$ 50,000.00

Other Current Assets (specify) \_\_\_\_\_

Total Current Assets \_\_\_\_\_

Tangible Assets

Motor Vehicle Equipment \$ 20,000.00

Property (buildings, land, etc.) \$ 80,000.00

Office Equipment \_\_\_\_\_

TOTAL ASSETS \$ 160,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Loans \$ 8,000.00

Credit cards/revolving credit \$ 30,000.00

Other Liabilities (Attach schedule) \_\_\_\_\_

Total Current Liabilities \$ 38,000.00

Long Term Liabilities (Due after one year of date)

Mortgage \$ 30,000.00

Long term commercial loan \_\_\_\_\_

Other Liabilities (Attach Schedule) \_\_\_\_\_

Total Long Term Liabilities \$ 30,000.00

TOTAL LIABILITIES \$ 68,000.00

1. Identify the person making the Verified Statement on behalf of the applicant.

Charlie Brown, President

Address: 306 Roberta Ave, Collingdale, PA 19023

Telephone: (215) 791-9103

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

The owner currently has no affiliation with any other carrier.

3. Describe your facilities, record maintenance plan and your communication network.

Compassionate Provider Care Agency has an office located in Collingdale, PA. The office is a home office, and has exterior steps leading to it. Records are kept in a locked file cabinet within the office. The president and the office manager are the only authorized personnel with a key, and access to the files.

Communication is shared throughout the organization through company emails and through telephone calls through the organization's telephones.

4. 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 territory you will be serving. In addition, please explain:

Compassionate Provider Care Agency will hire 3 drivers, who will drive the two vans that the organization will provide. Each driver will drive 4-5 days out of the week. CPCA will be serving counties within a 60-mile radius of Collingdale. The use of two drivers at a time will allow the drivers to share the responsibility of covering the 60 miles, and allow each driver to cover a smaller area of 30 miles. Therefore, drivers will be able to reach clients more quickly.

- a. Your hiring standards for drivers

As a potential healthcare worker, the individual must be CPR/AED certified, submit proof of negative PPD test within the last 6 months, and pass either a CNA or CNEA competency test. In addition, the individual must meet all documentation requirements, such as submitting two forms of government-issued identification. Drivers will be submitted to a background check. In addition, the driver recruiters will consider the individual's past driving performance. Finally, drivers must agree to submit to an on-site interview, and submit proof of insurance, and a resume with at least 3 references, with one reference capable of describing the individual's driving experience.

- b. Your system for conducting criminal background checks

Criminal background checks are conducted through the Pennsylvania State Police Department.

- c. Your driver training program

Compassionate Provider Care Agency will ensure that each driver is fully prepared to fulfill their duties as van drivers. Prior to driving, individuals must attend a 2-day orientation at Compassionate Provider Care Agency. During the first day of orientation, potential drivers must participate in the driver's safety

course, such as the National Safety Council's Defensive Driving Self-Study Course, or an equivalent course. The course will include topics such as impaired driving, distracted driving, and driving adjustment for weather and road conditions. In order to become a driver with CPCA, the potential driver must pass a safety test and receive a certificate of completion from NSC or an equivalent organization. The second day of orientation will include a presentation specific to driving for the needs of CPCA clients. The orientation will include topics such as incident reporting, emergency procedures, operation and control of vehicle being assigned, vehicle inspection and maintenance, as well as proper etiquette and treatment towards clients. After receipt of the certificate of completion, an employee of CPCA will participate in a driving session with the potential driver to ensure that the driver is familiar with the use of a Global Positioning System (GPS) as well as to ensure that the driver meets all of the safety regulations required of him or her. The driver may also be subject to periodic ride-alongs by safety employees from CPCA.

**d. Your system for conducting driver license checks**

Driver license checks will be conducted through the Pennsylvania Department of Motor Vehicles' Online Business Driver History Request Service. Any potential driver who has major incidents noted on his or her record will be denied employment. Minor infractions will be considered on a tally system, and an individual will be denied employment if his or her infractions exceeds the allowed value. Throughout employment with CPCA, individuals may be subject to random driver history checks. In addition, drivers must notify their supervisor if their license is suspended or revoked.

**e. Your policies regarding alcohol and drug use by your drivers**

Compassionate Provider Care Agency has a zero-tolerance policy for drug and alcohol abuse by drivers. Any employee who tests positive to drug or alcohol use will be immediately released from employment. Potential drivers must pass a drug screening prior to employment, and are subject to random drug screenings at least once a year during their duration of employment with CPCA.

5. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

The organization will utilize 2 vehicles. The organization currently service 13 clients, and the use of two 7-passenger vans will allow each client to have access to a van regularly. We also currently provide services in Philadelphia, Bucks, Delaware, Chester, and Montgomery counties. The van will operate for 7 days a week, from 8 am until 5 pm (excluding an hour lunch for the drivers from 12 pm until 1 pm). The use of two vans will allow each client of CPCA to have access to the van's services for at least 4 hours during each week.

6. Describe your vehicle safety program. Please include the following in your explanation:

**a. Your periodic vehicle maintenance plan**

Vehicle maintenance will occur in three forms: preventative maintenance, demand maintenance, and crisis maintenance.

For preventative maintenance, vehicle service and upkeep intervals will be conducted according to the manufacturer's recommendations, as well as after notice of a manufacturer recall, and in accordance

with regulatory requirements and best management practices. All vehicles will be maintained by qualified automotive technicians, at regular intervals based on mileage and calendar time. This form of maintenance will include oil changes, tire rotation, engine tune-ups, and brake work.

Demand maintenance will occur with need. This form of maintenance will occur when vehicle parts need to be replaced due to failure or malfunction. This includes replacing light bulbs, window glass, or wiring. Often, these issues may arise during inspection for preventative maintenance, and therefore, may be resolved at that time.

Crisis maintenance will occur following a vehicle breakdown on the road. Vehicles that breakdown will immediately be towed to a qualified automotive technician following an incident if necessary. However, this form of maintenance should be minimized following proper preventative maintenance measures.

Record of the vehicle maintenance for each vehicle will be maintained by the office manager to ensure that the vehicle is continually sustained and safe for use by drivers and clients of CPCA.

- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175)

Employees must conduct a walk-around inspection of the vehicle prior to each shift. The employee must identify any defect or damage present on the exterior of the vehicle, as well as any damage to the interior, including the seats, seatbelts, interior lights, engine warning lights, rearview mirrors, and emergency equipment. If any defect or damage is found, the employee must report it to their supervisor immediately, who will then evaluate the damage and ensure that all issues are addressed promptly.

Vehicles will be inspected by a certified inspection mechanic every 6 months. If the inspection mechanic notifies CPCA of any vehicular issues, they will be resolved by a qualified automotive technician prior to CPCA's usage of the vehicle again.

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

The President of CPCA has contacted McGlawn Insurance Company, AAA Insurance Company, and Nationwide Insurance company in order to request quotes for insurance coverage for the two vehicles. The president has also budgeted the cost of insurance and the required premiums into the company's budget, and determined that the cost of premiums is within the company's allotted budget.

# Compassionate Provider Care Agency

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Compassionate Provider Care Agency

306 Roberta Avenue

Collingdale, PA 19023

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SECRETARY'S BUREAU

To whom it may concern:

In September of 2002, while at a party with friends, I was arrested for the use and possession of a controlled substance. Since that time, I have lead a clean and constructive life. Helping others is my passion through education and service. As I continue to build my business my hope is that you find us a fitting partner. My staff and I are dedicated to providing the best services we can to consumers by doing the things that others won't do. If we are fortunate enough to be a partner in the industry with you, we will not let you down. Thank you for the opportunity to express myself.

Sincerely,

  
Charles Brown  
President/CEO

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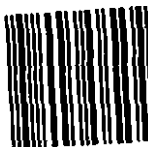
**Compassionate Provider Care Agency**

Serving Greater Philadelphia – Office: (215) 791-9103 – 24hr. Contact: (267)276-5320  
[info@cprocareagency.com](mailto:info@cprocareagency.com) – [www.cprocareagency.com](http://www.cprocareagency.com)

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CPCA, LLC  
306 Roberta Ave.  
Collingdale, PA 19023

PAYMENT BY ACCOUNT (if applicable)

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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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Secretary PA PUC  
400 North Street, 2nd Fl.  
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