

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)

Revised 7/17/11  
**RECEIVED**

APR 18 2019

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)

CT Home Care Services, LLC

- 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)

\_\_\_\_\_

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)

YES

If YES, provide your PA Corporation Bureau Entity ID Number 6438613

(See checklist and indicate type of business entity registered)



10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).

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To transport people, with diagnosis of intellectual disabilities and autism spectrum disorders, between points in Dauphin, Cumberland and contiguous counties.

\* Individuals to be transported are participants of CT Home Care Services day programs.

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*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.

Christine D. Tihh for GT Home Care Services  
(Print Name)

  
(Signature)

9/25/2019  
(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.

CT Home Care Services, LLC

Legal Name of Applicant

Trade Name, if any

6360 Flank Dr,

Street Address (principal place of business)

Harrisburg

City or Municipality

PA

State

17112

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.

Christine W. Tihh - CEO / Member manager

6360 Flank Dr, Ste. 1200

Harrisburg, PA 17112 412-758-4761

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

N/A

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. As a carrier of household goods in use, applicant should include a description of 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.

Records maintenance - See attachment.

Our offices are located at 6360 Flank Dr, with an onsite parking capacity of 20+ cars.

Office machines that will be utilized include fax, computers, printers and scanners.

Communication network: please see attachment.

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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 attachments.

We intend to use 5 drivers for a start. This is the number will increase as the business grows.

We believe this number is sufficient for the current client ratio. But as the client ratio goes up, the number of drivers will always go up.

This number is appropriate to cover our clients in Dauphin and Cumberland counties

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID#	MILEAGE
2006	Honda	Odyssey	8	5FVRL3816800548	169,837
2007	Honda	Odyssey	7	5FVRL18063809	211,280
(2003)				2214	

\*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).

See attachment

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

We have contacted 3 insurance companies to get a quote for commercial insurance.  
And we have selected one insurance company.

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

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)

Christine Tibb, CEO

(Name and Title, printed or typed)

(Date)

4/17/19

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CT Home Care Services

**Policy Name: Criminal History Record Check**

**Policy #:**

**Effective Date: April 11, 2019**

**Page 1 of 1**

**Policy**

In addition to the extensive interviewing, the selection process for potential employees includes requiring all applicants to consent to a criminal history check. All full and part time employees or contracted agents who will have direct contact with any individuals must have documented proof that they have no criminal history that would result in non-approval or termination of employment.

**Procedure**

1. No more than one (1) year prior to hire, and no more than five (5) days after date of hire, all potential or new employees, who will have direct contact with individuals, will submit to a Pennsylvania criminal history check.
2. If a new or potential employee 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. Documentation and reports obtained on employees from the Pennsylvania State Police, and FBI if applicable, will be maintained in each employee's personnel file.
4. All active employees will be subject to a Criminal Background every two years.
5. CT Home Care will check all of its active employees at its discretion should any report or suspicious activity prompt additional checks.

## CT Home Care Services

<b>Policy Name: Employee Qualifications</b>		
<b>Policy #:</b>	<b>Effective Date: April 11, 2019</b>	<b>Page 1 of 2</b>

### **Policy**

Prior to hiring a prospective employee, the Administrator of CT Home 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 be met with by the Administrator or designee, to determine whether or not they are qualified for the position for which they are interviewing.
3. If qualified, and CT Home Care wishes to continue in the hiring process, the company will extend the prospective employee a job 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/or 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, CT Home Care will not continue in hiring the individual or contracting them for services.
3. CT Home 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.

#### Drug Screen:

1. Prospective employees will need to submit for a drug screen in accordance with CT Home 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, CT Home 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 CT Home Care.

**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.

CT Home Care Services

<b>Policy Name: Employee Training</b>		
<b>Policy #:</b>	<b>Effective Date: April 11, 2019</b>	<b>Page 1 of 1</b>

**Policy**

All employees of CT Home Care 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.

CT Home Care Services

<b>Policy Name: Records Management</b>		
<b>Policy #:</b>	<b>Effective Date: April 11, 2019</b>	<b>Page 1 of 1</b>

**Policy**

Records will be kept on services provided to clients by CT Home Care. 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 client 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. Client records will be kept in a locked cabinet at the CT Home Care office. Records shall be stored for at least 5 years after services have been provided or until any audit or litigation is resolved.
4. The availability and accessibility of the records will be made to the client, staff, others involved in the client's care and the US Health & Human Services Department or an entity permitted to access records under applicable laws.
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 client prior to any information being released. Any use or disclosure of information will be for purposes directly related to the implementation of services needed.
6. At this time CT Home Care does not use electronic records.
7. The above procedures will apply to all employee records and Human Resources files.

**CT Home Care 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?  Y  N      Any fluids leaking under vehicle?  Y  N

Any new external damage?  Y  N      Dents/gouges  $\geq$  4" in length?  Y  N

Damage protruding?  Y  N      Inside clean/sanitary, good repair?  Y  N

Comments: \_\_\_\_\_

Vehicle Inspected By: \_\_\_\_\_

Form Reviewed and Filed By: \_\_\_\_\_

**CT Home Care Services, LLC  
Monthly Vehicle Checklist**

Date: \_\_\_\_\_ Vehicle: \_\_\_\_\_ Mileage: \_\_\_\_\_

Date of Last Monthly Inspection: \_\_\_\_\_

Miles to Next Oil Change: \_\_\_\_\_ Months to Next State Inspection: \_\_\_\_\_

Any Scheduled Maintenance or Services Due (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: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Inspected By: \_\_\_\_\_

Form Reviewed and Filed By: \_\_\_\_\_

## CT Home Care Services

<b>Policy Name: Communications</b>		
<b>Policy #:</b>	<b>Effective Date: April 11, 2019</b>	<b>Page 1 of 1</b>

### **Policy**

CT Home Care Communications procedures will ensure consistent and effective access between agency staff and customers as well as between office and drivers.

### **Procedure**

1. All current and prospective customers will have access to CT Home Care's transportation services via phone call to the main office.
2. 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.
3. In addition to accepting request calls, transportation services will be arranged via contracts with area providers of IDD services (Intellectual and Development Disabilities). This will result in contacts with providers of Day Programs, Pre-vocational services, Lifesharing, Community Inclusion and County Supports Coordination Units for the IDD population.
4. 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.
5. 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.
6. Each vehicle will have an assigned cell phone through which driver and office will have continuous communication.

Statement of Financial Position (Balance Sheet)

As of (date) 3/31/2019

ASSETS

Current Assets

Cash

39,732

Other Current Assets (specify)

0

Total Current Assets

39,732

Tangible Assets

Motor Vehicle Equipment

8500

Property (buildings, land, etc.)

0

Office Equipment

85,000

2,400

TOTAL ASSETS

50,832

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

12,500

Credit cards/revolving credit

6,500

Other Liabilities (Attach schedule)

0

Total Current Liabilities

19,000

Long Term Liabilities (Due after one year of date)

Mortgage

0

Long term commercial loan

0

Other Liabilities (Attach Schedule)

0

Total Long Term Liabilities

0

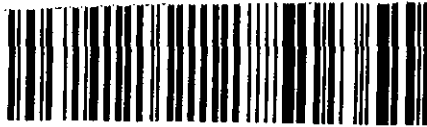
TOTAL LIABILITIES

19,000

	<b>ASSET</b>	<b>End March</b>
<b>Current Asset</b>		
	Cash	39,732
	Other Assets	0
	<b>Total</b>	<b>39,732</b>
<b>Tangible Assets</b>		
	Motor Vehicle	8,500
	Property	0
	Office Equipment	2,400
	<b>TOTAL ASSET</b>	<b>50,632</b>
	<b>LIABILITY</b>	
<b>Current</b>		
	Loans	(12,500)
	Credit Cards	(6,500)
	Other Liabilities	
<b>Long Term Liabilities</b>		
	Mortgage	0
	Longterm Commercial Loan	0
	Other	0
	<b>TOTAL LIABILITY</b>	<b>(19,000)</b>

**FROM:**

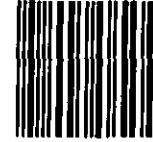
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Harrisburg, PA 17112



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**TO:**

Secretary, PA Public Utility  
Commission  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120