




12/21/2021

Amendment to Application A-2021-3029529 for Family Care for You, LLC, A-6224699

Dear Recipient,

As per instructions from previous contract carrier application filing, we are submitting an updated paratransit application. We were informed that all contract carrier applications need to be updated to paratransit per PUC guidelines. The fee for the application has already been confirmed as paid.

Sincerely,


Bridget Rankins

1609 Woodbourne Rd Suite 204A
Levittown, PA 19057
(267)583-3278(PH)
(215)486-5740(F)
www.FamilyCareForYou.net

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: **SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
 - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
 - Transportation of people to correctional facilities for visitation.
 - Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com. You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

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)

Family Care For You, 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)

Family Care For You

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 NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** NO yes
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 7180942
(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).**

Bridget Rankins _____

6. **Mailing Address**

28 Gooseneck Rd
Street Address

Levittown, Pa 19057 _____ Bucks _____
City, State and Zip Code County

(267)583-3278 _____ famcare4you@gmail.com _____
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

1609 Woodbourne rd Suite 204A
Street Address

Levittown, Pa 19057 _____ Bucks _____
City, State and Zip Code County

Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail 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?**

X 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 people in motor vehicles as a contract carrier between points in the counties of Bucks, Philadelphia, Delaware, Berks, Montgomery, Lehigh and Lancaster to point in Pennsylvania and return.

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.

Bridget Rankins

(Print Name)



(Signature) Bridget Rankins

(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.

Family Care For You, LLC

| | | | |
|-----------------------------------------------------|-----------------------------|--------------|-----------------|
| Family Care For You | | | |
| Legal Name of Applicant | | | |
| Family Care For You | | | |
| Trade Name, if any | | | |
| 1609 Woodbourne RD Suite 204A | Levittown | PA | 19057 |
| 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.

Bridget Rankins
 Owner
 1609 Woodbourne RD
 Suite 204A
 Levittown, Pa 19057

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

Not Applicable

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

Information Listed on attached additional pages

Motor Contact Carriers of Persons Application Responses

Page 4, Question 3

Facilities

We have leased an office space for the operation of our company. The location is comprised of 5 offices which can be locked for secure storing of our records. The office space does have ample parking for our vehicles for safe storing overnight.

The inside of the office is equipped with computers in each office, filing cabinets, a fax machine, multi-line phones and a printer. All listed equipment will be used daily for the intake of ride requests and records, submission of documents to carriers who contract with us and trip updates.

Record Maintenance Plan

All records for our trips will be filed physically in filing cabinets and copies retained electronically for retrieval. Our primary source of document retention will remain physical paper documents stored securely in our offices.

Our Financial Records will be maintained via QuickBooks and Microsoft Excel. This will include purchases, expenses, and payment from carriers for all transportation trips.

The mileage reporting, destination addresses, and vehicle maintenance records will be maintained via paper forms along with receipts in a locked office of the Transportation Manager.

This process will replicate and will not defer from our current record retention processes in our facility.

Communication Network

Customer Requests will be received electronically via email and fax. Immediate trip requests will be phoned in by the carrier to be documented and assigned by the dispatcher.

We will be utilizing tablets for GPS and 2-way radio communications to coordinate trips, changes or re-routing of drivers as needed.

The main office number will be utilized for any non-transportation requests including but not limited to previous completed trips, inquiries regarding covering other carriers, etc.

All organization leadership is equipped with cell phones for handling of emergencies and any after hour requests needed.

4. 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.

Included on Attached correspondences

5. 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:
- a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

Included on attached correspondences

6. 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 |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Page 5, Question 4

Number of Drivers and Territory

We intend to hire 16 drivers initially to staff drivers in each country service daily. This will include weekend hours and coverage for after hour requests which may be needed by the contract provider(s). This staffing model will allow for regular scheduled days off, vacation, sick and personal time requests. Our Dispatcher and Manager will also be available and listed for trips which may need to be handled in the case of an emergency, weather event, etc.

a. Hiring Standards for Drivers

All drivers will need to have a valid driver's license in their state of residence. Provisional or probationary licenses will not be allowed. The driver must have at least 3 years' experience operating a motor vehicle, with no at fault accidents and no more than 1 moving violation listed on driving history. We will require at least 2 references be provided and verified before beginning employment.

The drivers must exemplify excellent communication skills, patience, the ability to work with people of different backgrounds, age, disabilities, and gender.

b. Criminal Background Checks

All employees will undergo a criminal background check via the State Police of Pennsylvania's Criminal Background check website along with any other states of residences provided during the last 10 years. All drivers must sign an agreement to undergo this background check prior to beginning employment.

These background checks will be performed annually from the date of hire. The drivers will sign an employee agreement advising that any encounters with law enforcement which may result in a felony conviction be reported to our Human Resources Manager.

c. Driver Training Program

All employees will need to complete online and on-the-road training prior to be able to work individually under any contracts. The training will include road safety, the un/loading of patients via wheelchair, safely and securely fastening a wheelchair or car seat, defensive driving, and stretcher safety. All drivers must complete the mobility assistance vehicle training before operating a vehicle.

d. Driver License Checks

All employees will undergo a review of their annual driving record provided by their state's Motor Vehicle Commission/Division. This will allow us to ensure all drivers have valid licenses and no suspensions. The driver will sign an employee agreement which includes prompt notification if the license status has changed or has been involved in any accidents

e. Substance Abuse Policy

Family Care For You has a No tolerance policy for the use of alcohol or any illegal substances. Any drivers caught drinking or using drugs will be immediately terminated. If a driver is prescribed medication which will impede their ability to operate a vehicle, they must notify their manager immediately.

Page 5, Question 5

Planned Number of Vehicles

We currently have plans to purchase, lease and finance 12 vehicles to be able to serve customers in all our territories of service. 12 vehicles will allow for us to maintain our contracted runs as well as replace vehicles in the fleet regularly for maintenance. The vehicles will be a variety of ambulatory, ambulettes and stretcher vans.

We currently do not have any vehicles we plan to operate under this authority.

Page 5, Question 6

Vehicle Maintenance Plan

Each Vehicle will have a maintenance log folder which will list any services performed on vehicle, daily mileage logs and daily inspection sheets. Our dispatcher will be responsible for daily review of the logs to ensure any reported issues are documented and vehicle listed for maintenance services. The recommended vehicle maintenance timeframes will be used for all oil changes, tire rotations and tune-ups.

All vehicles will be inspected and equipped with spare tires and equipment, portable air compressors and emergency kits. All vehicles will also be covered with roadside assistance for any on the road emergencies.

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

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

We currently have funds set aside for our quoted insurance premium. Our insurance agent has confirmed we will be able to obtain insurance but will need vehicle information before final quote can be provided.

9. 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 X NO

10. 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.

Bridget Rankins
 (Signature) _____
 Bridget Rankins, Owner
 (Name and Title, printed or typed)

 (Date)

Statement of Financial Position (Balance Sheet)

Liabilities

| | |
|-------------------|--------------------|
| Monthly Rent | \$15,000.00 |
| Monthly Utilities | \$200.00 |
| Monthly | \$1,700.00 |
| Over 12 mos | x12 |
| Total = | \$20,400.00 |

Statement of Financial Position (Balance Sheet)
As of (date) 09/10/2021
(Must be less than 6 months old)

| <u>ASSETS</u> | | |
|----------------------------------------------------|-----------|-------------------------------------------|
| Current Assets | | |
| Cash | 60,000.00 | |
| Other Current Assets (specify) | _____ | |
| Total Current Assets | _____ | <u>60,000.00</u> |
| Tangible Assets | | |
| Motor Vehicle Equipment | _____ | |
| Property (buildings, land, etc.) | _____ | |
| Office Equipment | _____ | |
| TOTAL ASSETS | | <u>3,000.00</u> <u>63,000.00</u> |
| <u>LIABILITIES</u> | | |
| Current Liabilities (Due within one year of date) | | |
| Loans | _____ | |
| Credit cards/revolving credit | _____ | |
| Other Liabilities (Attach schedule) | _____ | |
| Total Current Liabilities | _____ | <u>rent/utilities</u> <u>20,400.00</u> |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | _____ | |
| Long term commercial loan | _____ | |
| Other Liabilities (Attach Schedule) | _____ | |
| Total Long-Term Liabilities | _____ | |
| TOTAL LIABILITIES | | <u>20,400.00</u> |