

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)

Helping Hands Warming Hearts Transportation 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?** ___XNO

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 _____ 7386128

(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).**

Candice Ray
Leikicha Lowan Philips

6. **Mailing Address**

611 N 33rd Street
Street Address
Philadelphia Pa 19104 Philadelphia
City, State and Zip Code County
267-618-6593 raycandice88@yahoo.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.)

Street Address
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).
-

Please see the attached sheet

Example:

To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

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 Scheduled Route 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.

Candice Ray
(Print Name)

Candice Ray
(Signature)

4/28/22
(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.

Helping Hands Warming Hearts LLC

Legal Name of Applicant

Trade Name, if any

611 N 33rd Street	Philadelphia	PA	19104
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.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
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.

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.

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.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2015	Ford	T350	12	1FB2X2CM7FKB15385	106,000

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

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.

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 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.

Candice Ray
(Signature)

4/28/22
(Date)

Candice Ray
(Name and Title, printed or typed)

Candice Ray
 Statement of Financial Position (Balance Sheet)
 As of (date) 12/9/21
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$41,267 ⁰⁰	
Other Current Assets (specify)		<u>\$0</u>	
Total Current Assets			\$41,267 ⁰⁰
Tangible Assets			
Motor Vehicle Equipment		<u>\$0</u>	
Property (buildings, land, etc.)		<u>\$0</u>	
Office Equipment			
TOTAL ASSETS			<u>\$41,267⁰⁰</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		\$7,500 ⁰⁰	
Credit cards/revolving credit		\$12,100 ⁰⁰	
Other Liabilities (Attach schedule)		<u>\$0</u>	
Total Current Liabilities			\$19,600 ⁰⁰
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>\$0</u>	
Long term commercial loan		<u>\$0</u>	
Other Liabilities (Attach Schedule)		<u>\$0</u>	
Total Long-Term Liabilities			
TOTAL LIABILITIES			<u>\$0</u>

- 1) My name is Candice Ray, and my business address is 611 N 33rd Street Philadelphia, PA 19104. I am one of the 2 owners of Helping Hands Warming Hearts Transportations LLC. I am filing an application with the Pennsylvania Public Utility Commission requesting authority to provide paratransit services to persons who require wheelchair/paratransit transportation to and from doctors' appointments, treatments, hospital visits between points in counties of Philadelphia and surrounding counties Montgomery, Delaware, Bucks, and Chester.

- 2) The Applicant and 1 additional owner are not affiliated with any other motor carrier certified by the commission.

Candice Ray, Owner/President

Leikicha Lowan, Phillips, Owner/Vice President

- 3) Helping Hands Warming Hearts Transportations LLC is headed by Candice Ray and Leikicha Lowan Phillips, business owners with over 10 years of vast experiences within the healthcare, transportation, and industry. Candice Ray is a home healthcare administrator; and Leikicha Lowan an insurance agent. All the owner's experiences and careers in the healthcare, transportation, and insurance industry set them apart and will allow them to provide a top notch compassionate, compliant transportation service for those in needs of transportation to and from various appointments and treatments.

- 4) Helping Hands Warming Hearts Transportations LLC plans to utilize its home office which encompasses office space at 611 N 33rd Street Philadelphia PA which is a space with 2 offices with all modern business equipment that Helping Hands Warming Hearts Transportations LLC needs to conduct its proposed operations, including computers, fax, copier and telephone communications. The office serves as our headquarters, dispatch center and it is where supplies are stored.

All drivers will be issued company owned cell phones, which they are required to always keep with them when directly on duty or on call. Cell phones will also be used to communicate with drivers in connection with the proposed paratransit operation both in terms of scheduling their trips and in maintaining contact with the drivers when they are on trips. In addition to cell phones, Helping Hands Warming Hearts Transportation LLC has a landline that can and will be used for purposes of communicating with customers and others. We also have the capability to communicate with customers and drivers by means of emailing and texting. Helping Hands Warming Hearts Transportations is committed to helping the elderly and disabled customers live a better life by providing a friendly, professional and caring staff to help transport them to various medical facilities or other destinations. Since our customers have special needs, our staff is well trained to provide them with the individual attention they may need for safe transport. All drivers are CPR/AED certified and will provide door to door service.

Helping Hands Warming Hearts Transportations LLC, has 4 employees who are all able to assist in providing the proposed paratransit services. Supervisors will be responsible for all office and administrative duties including making sure that drivers remain in compliance with all safety regulations and issuing invoices or billing or private payment of services. We anticipate that, once Helping Hands Warming Hearts Transportation begins operations, there could be a significant increase in office operations and administrative tasks, and we intend to hire one or two additional employees to handle the additional work. Helping Hands Warming Hearts Transportations has one employee who's primary responsibilities are to oversee maintenance of the vehicles and to arrange for when a vehicle needs to be serviced, including standard oil changes, annual inspections and vehicles repairs.

Upon receiving approval Helping Hands Warming Hearts Transportation will ensure that all drivers hired will reside locally in or near the Philadelphia area, this ensures that the drivers are familiar with the road systems in our servicing area there will be an extensive hiring system to ensure we hire only qualified driver personnel and that the personnel remain in compliance with all applicable regulations. For instance, we require criminal background checks on all drivers as well as pre-employment drug screening. All drivers must be at least 21 years old and not have any DUI convictions or license suspensions within the last five years. A driver is not allowed to have any felony convictions or any convictions involving the health care industry to qualify for employment. In Addition, drivers will not be hired if they have been convicted of any offense that would call into question their trustworthiness to deal with passengers, such as robbery. If a driver is involved in an accident, the driver must, within three hours of the accident, submit to a drug testing. Our company's drug and alcohol testing program is modeled after the alcohol and drug testing regulations of the U.S. Department of Transportation.

Helping Hands Warming Hearts Transportation has a very strict policy of zero tolerance for any alcohol and illegal drugs in a driver's system while on duty as well as a policy against any prescribed medications in a driver's system which could impair the ability of the driver to operate a vehicle. If the driver is tested for drugs or alcohol and the test turns up positive, the driver will be immediately suspended, and an investigation will be conducted to determine if there is any explanation of how this may have occurred lawfully and if the driver's employment will be terminated.

When a driver is hired, the driver is given one week of training and hands-on experience in learning how to operate the vehicles. Upon satisfactorily completing the training program, the driver is then given instructions as to how to properly lift on the vehicle for use with wheelchairs and properly securing passengers in the vehicle with straps and other devices. Drivers will be subject have an active CPR/AED Certification and an EVOC (Emergency Vehicle Operation Course) training program before they are allowed to operate and company vehicles.

After a driver is hired. Every two years the driver will be subject to a criminal background check. Also, we have an in-house system to monitor when each driver's license is scheduled to expire so that we can remind each driver to renew his or her license and follow up with the driver to confirm it has been

completed and place a copy in the employees file. An annual check for each driver's license will be conducted to be certain that licenses are still in good standing and not under any type of suspension by the Pennsylvania Department of Transportation.

Helping Hands Warming Hearts Transportation intends to provide drivers with information on how to file a complaint with the commission by posting the following in each vehicle

For complaints or information contact the Pennsylvania Public Utility Commission at 1-800-692-7380 or at www.state.pa.us.

Helping Hands Warming Hearts Transportation will make a diligent effort to address any complaint from an employee or customer to determine what the facts and circumstances are so that our service can be improved to ensure that they don't encounter similar issues on future trips. As a company we are very much aware that a satisfied customer is the best source for a referral of new business, we are committed to making every effort to address any problems or complaint no matter how big or small head-on.

5) Helping Hands Warming Hearts Transportation will operate (on form)

6) Helping Hands Warming Hearts Transportation will have an in-house Vehicle Maintenance Employee. The vehicle maintenance employee will be a verified mechanic who inspects the vehicles and maintains all records regarding maintenance and repairs to each vehicle. Our maintenance procedure will include oil changes and filters every 3,000 to 5,000 miles driven on all vehicles. Fluids are required to be checked on each vehicle on a regular weekly basis. Drivers are required to perform both pre-trip and post-trip inspections.

7) Our insurance agent is Nick Andersson with Core Insurance; our vehicles will maintain at minimum the required insurance. Our insurance carrier will file with the Commission a Form E on behalf of American Christian Transport to certify that we have required insurance. Our agent estimated that our coverage will be about \$650/month to cover each vehicle. Based on the current cash/assets on hand as well as our 3-year business earning projections we will have no issue with maintaining required insurance.

8) Helping Hands Warming Hearts Transportation and its two owners have never been convicted of a misdemeanor or felony, and none of them are subject to supervision by court or correctional institution.

9) Attached are the completed "Statement of Financial Position" which displays cash assets and liabilities of Helping Hands Swarming Hearts Transportation. Based on the provided financials we do not

anticipate any problem in having a sufficient cash flow to current operate and to expand our current passenger operations with acquiring more vehicles.

VERIFIED STATEMENT OF

SUPPORT OF THE PARATRANSIT

APPLICATION OF HELPING HANDS WARMING HEART TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is Joan Phillips, and my home address is 3732 Wallace St Phila PA 191
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.

I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:

- Doctor Appointments
- Therapy
- Treatments

5. I estimate that I would use the Applicants paratransit services on trips within Philadelphia on an average of approximately 5 times per (week) month, or year).

6. I reside in *Phila*, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	Street Address of Destination	Description of Medical Offices
<i>3732 Wallace St Phila PA 19104</i>	<i>5501 Old York rd Phila PA 19141</i>	<i>Medical Center</i>

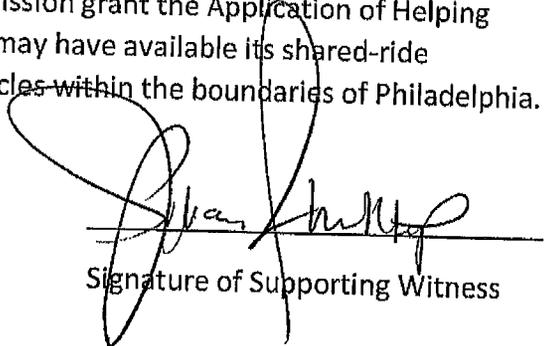
7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down, I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

8. I (have) or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On *Paratransit* (a few) several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passengers carriers: *Not on time to pick up to and from my appointments and special occasions*

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons: *To go back and forth to my appointments, I know they are reliable company*

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.

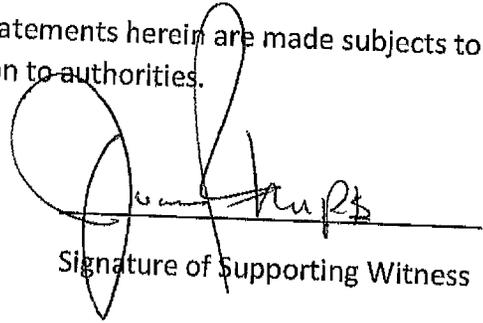

Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 2/11/22


Signature of Supporting Witness

Joan Phillips
Print Name of Supporting Witness

VERIFIED STATEMENT OF *Tyrina McGill*

SUPPORT OF THE PARATRANSIT
APPLICATION OF HELPING HANDS WARMING HEART TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is *Tyrina McGill*, and my home address is *2339 Nicholas St Phila PA 19121*
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.

I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:

- Adult day center
- social events
- Therapy

5. I estimate that I would use the Applicants paratransit services on trips within Philadelphia on an average of approximately 2 times per week, month, or year.

6. I reside in Phila, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	Street Address of Destination	Description of Medical Offices
2339 Nicholas St Phila PA 19121	Ana Health	3998 Red Lion Rd Phila PA 19114

7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down, I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

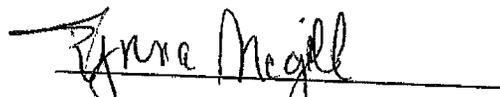
8. I (have or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On several (a few, several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passengers carriers:

Paratransit

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons:

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.


Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 3/1/22

Tyrina McGill

Signature of Supporting Witness

Tyrina McGill

Print Name of Supporting Witness

VERIFIED STATEMENT OF *Bernice Jones*

SUPPORT OF THE PARATRANSIT
APPLICATION OF HELPING HANDS WARMING HEART TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is *Bernice Jones*, and my home address is *1205 Wingohocking St Philadelphia PA*
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.

I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:

- *Errands*
- *Doctor App.*
- *Therapy*

5. I estimate that I would use the Applicants paratransit services on trips within Philadelphia on an average of approximately _____ times per _____ (week, month, or year).

6. I reside in _____, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	Street Address of Destination	Description of Medical Offices
1205 Wingochocking st Phila PA 19121	3406 Spruce st Phila PA 19104	Doctors Appointments

7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down, I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

8. I have (have or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On Paratransit (a few, several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passengers carriers: I had a experience with a no ride show up. no dependable at all.

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons: to get to appointments on time, and safe.

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.

Subrice Jones
Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 1/19/22

Bernice Jones

Signature of Supporting Witness

Bernice Jones

Print Name of Supporting Witness

VERIFIED STATEMENT OF *Tamar Woods* SUPPORT OF THE
PARATRANSIT APPLICATION OF HELPING HANDS WARMING HEART
TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is *Tamar Woods* and my home address is *7046 Chew Ave
Phila PA 19119*
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.
I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:
*- To get to and from my medical appointments
- To get to therapy
- To help me complete my errands*
5. I estimate that I would use the Applicant's paratransit services on trips within Philadelphia on an average of approximately *3* times per *(week, month, or year)*.

6. I reside in *Philadelphia*, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	<i>7046 Chew Ave</i>
Street Address of Destination	<i>1912 Fairmont Ave</i>
Description of Medical Offices	<i>Phila PA 19119</i>

7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in

wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down. I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

8. I (have or ~~have not~~) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On several (a few, several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passenger carriers:

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons: Allowing me to get to my appointments on time. Allow me to get out of my therapy sessions and allow me to pick up my medical

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.


Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 2/18/2022


Signature of Supporting Witness

Tamar Woods
Print Name of Supporting Witness