

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

RECEIVED

2022 APR 29 AM 11:19

PA P.U.C.
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)

Loving Care Senior Services, Inc.

- 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)

N/A

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- 6416740

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
(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).**

Linda Stone-Napper, M.Ed	President
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

305 York Road Suite 300 & 310

Street Address

Jenkintown, PA	Montgomery
City, State and Zip Code	County
215 576-5555	lovingcaresvs@aol.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.)

305 York Road Suite 300 & 310

Street Address

Jenkintown, PA 19046	Montgomery
City, State and Zip Code	County
215 576-5555	lovingcaresvs@aol.com
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?**

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 scheduled rides 16 or less for persons including driver for advance reservations from points in Philadelphia and Montgomery County to points in PA 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.

8


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.

Linda Stone-Napper, M.Ed., President

(Print Name)


(Signature)

4/1/22
(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.

Loving Care Senior Services, Inc

Legal Name of Applicant			
N/A			
Trade Name, if any			
305 York Road, Suite 300	Jenkintown,	PA	19046
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.

Linda Stone-Napper, M.Ed., President (215) 596-5555
 305 York Road, Suite 300 & 310
 Jenkintown, PA 19046

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

Applicant is the owner and the owner is not affiliated with any other carrier.

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.

The Applicant has been in business since 2002 and has provided transportation services for seniors since 2015 to present. Applicant has a Masters Degree in Education, A Bachelors Degree in Communications and has an array of business licensures including a licensure with the The Department of Health and the Department of Motor Vehicles in Pennsylvania.

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.

Loving Care Senior Services is currently a provider for the Area on Aging and a provider for three managed care companies in Pennsylvania which include Keystone, PA Health and Wellness and UPMC. All records are kept and stored in a secure locked authorized facility which is located at 305 York Road Suite 300 in Jenkintown, PA 19046. Currently the communication networks are provided through service orders to LCSS through portals and a program called HHA exchange from the managed care companies and then dispatched to our 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:
- 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.

Loving Care Senior Services currently has 10 drivers hired for the territory the company is currently servicing. Loving Care has policies and procedures already in place for hiring drivers that include conducting national background checks, MVR driver license checks, along with drug and alcohol ongoing testing. Also Loving Care provides ongoing training that includes safety and educational training on how to handle passengers with disabilities along with emergency situation training that pertain to defensive driving and administering First Aid CPR.

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
2019	Dodge	Caravan	6	2C4RDGCG5KR775415	58,000
2018	Ford	Transit 150	10	1FMZK1YM6JKB13015	54,280
2015	Ford	Transit 350	7	1FRZX2CM5FKB19547	62,820
2011	Ford	Transit Connect	2	NM01S6ANX62820BTO	49,306
2004	Toyota	Sienna	5	STDBA22C8450278	73,942
2010	Ford /Bus	450 Econoline	14	1FDXE45PO9DA92513	88,259
2003	Ford	350 Econoline	11 to 15	1EBSS31L83HA	79,814

*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:
- 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).

Loving Care Senior Services has a vehicle safety program that includes several policies and procedures to implement and complete prior to employment and throughout the employment process. The safety measures include completing trainings that consist of the following: defensive driving, wheelchair training, assisting passengers with disabilities and emergency situation training to demonstrate and ensure safety compliance. Vehicles are maintained daily through the monitoring of 45 point inspection report. This report is completed by the drivers and turned in daily to a transportation supervisor to ensure vehicles are maintained for safety. In addition, Loving Care vehicles are periodically inspected by two certified stations that comply with the Pennsylvania vehicle equipment standards policy under the PA Code of Chapter 175.

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

Loving Care Senior Services has been providing transportation services since 2015. A copy of the insurance policy is enclosed indicating all coverages.

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

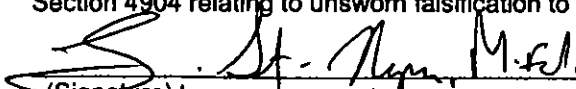
YES NO

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.

A copy of the company's tax return is included in packet.

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)
Linda Stone-Napper, M.Ed.
 (Name and Title, printed or typed)

4/1/22
 (Date)

Articles of Incorporation

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

117

RECEIVED

2022 APR 29 AM 11:19

PA P.U.C.
SECRETARY'S BUREAU

LOVING CARE SENIOR SERVICES, INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.DOS.STATE.PA.US/CORPS OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND/OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITIES THAT ARE CHARITIES AND SOLICIT FUNDS SHOULD CONTACT THE BUREAU OF CHARITABLE ORGANIZATIONS FOR REGISTRATION REQUIREMENTS AT DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS, 207 NORTH OFFICE BUILDING, HARRISBURG, PENNSYLVANIA 17120 (717) 783-1720 OR 1-800-732-0999 WITHIN PENNSYLVANIA.

ENTITY NUMBER:

MICROFILM NUMBER:

1713-1716

L STONE NAPPER
7823 BAYARD ST
PHILA PA 19150

Microfilm Number 2002036-1627

Filed with the Department of State on APR -1 2002

Entity Number 3062619

C. Michael Stewart
ACTING Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

Loving Care Senior Services, INC.
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. ' 1306)
- Business-nonstock (15 Pa.C.S. ' 2102)
- Business-statutory close (15 Pa.C.S. ' 2303)
- Cooperative (15 Pa.C.S. ' 7102)
- Management (15 Pa.C.S. ' 2702)
- Professional (15 Pa.C.S. ' 2903)
- Insurance (15 Pa.C.S. ' 3101)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

The name of the corporation is: Loving Care Senior Services, INC.

The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 7823 Bayard st. Phila Pa. 19150 Pa.
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

The aggregate number of shares authorized is: _____ (other provisions, if any, attach 8 1/2 x 11 sheet)

The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Linda Stone-Napper</u>	<u>7823 Bayard st. Phila. Pa. 19150</u>

PA DEPT. OF STATE

APR 15 2002

PA DEPT. OF STATE

Number 2002036-1627

Filed with the Department of State on APR - 1 2002

Number _____

C. Michael Stewart
ACTING Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

Loving Care Senior Services, INC.
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. '1306)
- Business-nonstock (15 Pa.C.S. '2102)
- Business-statutory close (15 Pa.C.S. '2303)
- Cooperative (15 Pa.C.S. '7102)
- Management (15 Pa.C.S. '2702)
- Professional (15 Pa.C.S. '2903)
- Insurance (15 Pa.C.S. '3101)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

The name of the corporation is: Loving Care Senior Services, INC.

The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 7823 Bayard st. Phila Pa. 19150 Pa.
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

The aggregate number of shares authorized is: _____ (other provisions, if any, attach 8 1/2 x 11 sheet)

The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Linda Stone-Napper</u>	<u>7823 Bayard st. Phila. Pa. 19150</u>

ie specified effective date, if any, is: _____
month day year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.).

9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: N/A

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 13th day of March, 2002.

Scott St. Rogers, M.Ed.
(Signature)

(Signature)

Loving Care Senior Services Driving Policy

Policy:

It is the policy of Loving Care Senior Services to provide safe, reliable and efficient drivers on behalf of all of our customers whether the driver is transporting or going to an assignment. It is the expectation that all staff shall comply with the provisions of this policy.

Driver's License

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

If the employee's driver's license is revoked or suspended, he/she shall inform Human Resources and their supervisor immediately and shall not drive on behalf of Loving Care Senior Services Inc.

Loving Care Senior Services conducts annual motor vehicle record (MVR) checks to determine continued driving privileges.

Driving

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

Company-Owned Vehicles

- All vehicles must be returned with the gas tank at least $\frac{1}{4}$ full.
- All mechanical problems and broken or missing equipment must be reported to the driver's supervisor immediately. Employees who are assigned vehicles are responsible for assuring that the vehicles are properly cared for and maintained.
- Vehicles are only to be used for work and may not be used for personal use.
- Vehicles must be clean and free of internal debris.
- Drivers of company vehicles must be 21 years of age or older.

- Alcohol may not be transported in a company vehicle.
- Drivers of a company vehicle are responsible for a \$500 deductible per incident in which damage results to the vehicle in their care. The driver will be held totally responsible for damage to a vehicle that is the result of driver negligence, i.e. damage resulting from a low oil level, brake damage, etc.

Insurance

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

Safety

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

Moving Violations

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

The following moving violations will disqualify an individual from driving for Loving Care Senior Services, Inc.

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

Accident Reporting

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

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

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

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

Discipline

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

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

Signature

Date

RECEIVED

2022 APR 29 AM 11:20

PA P.U.C.
SECRETARY'S BUREAU



POLICY AND PROCEDURE ON SAFE TRANSPORTATION

I. PURPOSE

The purpose of this policy is to ensure the safety of persons served as well as staff during transportation and include the provisions for handling emergency situations.

II. POLICY

When transportation is the responsibility of the company, staff will assist in transporting, handling, and transferring persons served in a safe manner and according to their Service Plan.

III. PROCEDURE

A. Upon employment, staff are informed of the requirement that they must hold a valid driver's license, and maintain a safe driving record. Staff may also be required to complete additional training on safe transportation procedures.

B. The Designated Coordinator and/or Designated Manager will ensure the safety of vehicles, equipment, supplies, and materials owned by the company and will maintain these in good condition. Standard practices for vehicle, equipment, supplies, and materials maintenance and inspection will be followed.

C. Staff will transport persons served with a company's vehicle.

D. For group transportation, the Designated Coordinator and/or Designated Manager will ensure that all required documentation is completed and submitted before the first trip is scheduled.

E. When dropping off persons at a site which requires a transfer of persons, transporting staff will ensure that staff or another responsible party are present and must have transportation form signed, before leaving the person. Any necessary information will be presented to the staff or other responsible party.

F. In accordance with state laws, anyone riding in a moving vehicle must wear seatbelts and/or child safety restraints.

G. Staff are prohibited by state law to compose, send, or receive an electronic message while operating a motor vehicle. An electronic message (as defined by state law) "means a self-contained piece of digital communication that is designed or intended to be transmitted between physical devices. An electronic message includes, but is not limited to, e-mail, a text message, an instant message, a command or request to access a World Wide Web page, or other data that uses a commonly recognized electronic communications protocol. An electronic message does not include voice or other data transmitted as a result of making a phone call, or data transmitted automatically by a wireless communications device without direct initiation by a person."

H. Persons served using wheelchairs will be transported according to manufacturer's safety guidelines. This includes, but is not limited to, safe operation and regular maintenance of lift equipment, checks of straps to secure the wheelchair to the floor of the vehicle, and use of adaptive seating equipment (i.e. headrests, lap trays) when appropriate. Staff who are transporting persons served and who complete "tie-downs" of wheelchairs will receive training on how to do so and will be required to demonstrate competency prior to transporting persons using wheelchairs.

Loving Care Senior Services

I. Staff will receive training on each person's transferring or handling requirements for the person and/or equipment prior to transferring or transporting persons. All transfers and handling of persons served will be done in a manner that ensures their dignity and privacy. Any concerns regarding transportation, transfers, and handling will be promptly communicated to the Designated Coordinator and/or Designated Manager who will address these concerns. This will be done immediately if the health and safety of the person(s) served are at risk.

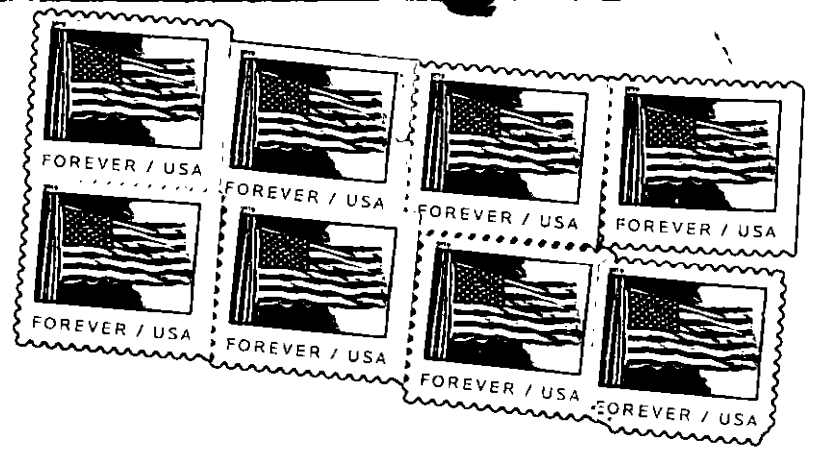
J. When equipment used by a person served is needed, staff will place the equipment in a safe location in the vehicle and secure it, when possible, so that there is limited to no shifting during transport.

K. If there is an emergency while driving, staff follow emergency response procedures to ensure the person(s) safety. This will include pulling the vehicle over and stopping in a safe area as quickly and as safely as possible. Staff will use a cell phone or any available community resource to contact "911" for help if needed. If a medical emergency were to occur, staff will call "911" and follow first aid protocols according to their training.

L. While transporting more than one person served and person to person physical aggression occurs, staff will pull over and stop the vehicle in a safe area as quickly and as safely as possible, redirect the persons served, and if necessary, attempt to contact another staff person, the Designated Coordinator and/or Designated Manager, or "911" for assistance.



"WE CATER TO YOU!" SERVICE WITH A SMILE.
305 YORK ROAD, SUITE 300 & 310
JENKINTOWN, PA 19046



Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg PA 17120