

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)

His Loving Care Home Care, 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)

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- _____

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 7161262

(See checklist and indicate type of business entity registered)

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 provide transportation services for mobility challenged people in motor vehicles within and between Montgomery, Chester, Philadelphia, Delaware, and Bucks Counties

Examples:

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

11. **Certification:**

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

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

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

Verification of Application

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

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Timothy Hunter

(Print Name)

Timothy Hunter

(Signature)

01/09/2024

(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.

His Loving Care Home Care, LLC

Legal Name of Applicant

610 Old York Rd

Trade Name, if any

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.

Timothy Hunter, Owner/President
610 Old York Rd.,
Jenkintown, PA 19046
267-971-2974

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

N/A

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.

Timothy Hunter has owned and operated a successful home care business. He is adding non-emergency medical transportation to the services he provides to clients. He will be hiring experienced staff familiar with NEMT operations and they will follow strict guidelines as outlined in our policies and report directly to Mr. Hunter.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include 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.

His Loving Care Home Care operates its services 610 Old York Rd., Jenkintown, PA in a 300 square foot office space. There is high speed internet access, laptops, copy/scanner/fax machine. There is a dedicated telephone line that is used for scheduling clients. All requests must be scheduled at least 24 hours in advance. The hours of operation will be 6 AM - 6PM Monday through Friday and 8AM - 5 PM Saturdays. All Patient, business, administrative and employee records are kept in a locked file cabinet. Continuous communication with drivers will be through cell phones. Customer requests for transportation will be during office hours call the agency telephone number. When the office is closed there is 24 hour answering service.

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.

We plan to use two drivers to begin operations and will add additional drivers as business develops and we add more vehicles.

Please see attachment 5a., 5b., 5c., 5d., 5e

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
2008	Ford	E350	7	1FBVU4X67FKA49229	47,100

*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).

Please see attachments 7a and 7B

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

We already have a certificate of insurance and will make any necessary additions or changes that may be required.

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.

Timothy Hunter

(Signature)

Timothy Hunter, President

(Name and Title, printed or typed)

01/09/2024

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 01/04/2024

ASSETS

Current Assets		
Cash	5,000	
Other Current Assets (specify)		
Total Current Assets		5,000
Tangible Assets		
Motor Vehicle Equipment	60,000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		65,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	10,000	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		10,000
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		10,000

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

His Loving Hand Home Care

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

610 Old York rd Suite 400

6 City, state, and ZIP code

Jenkintown., Pa. 19046

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									

or

Employer identification number									
8	5								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Timothy hunter

Date ▶

12/28/23

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

HIS LOVING CARE HOME CARE

5A. HIRING STANDARDS FOR DRIVERS

All Drivers shall be recruited on the basis of merit with minimum eligibility standards. No preference shall be given on the basis of cast, creed, color, race and language.

1. The recruitment system encompasses mandatory criteria for all applicants, which must be followed in letter and spirit for recruitment of a driver in the organization.

2. Driver Recruitment Criteria

Age and Experience

Applicants for driver positions shall comply with the following age and experience criteria:

1. Applicant must have at least **two years'** driving experience on the type of vehicle required to be driven in the company e.g., articulated and fixed.
2. The applicant's age should be at least 18 years at the time of recruitment.
3. An applicant's age should not exceed the official retirement age of the company i.e., 65 years.
4. Have a clean driving record, must be drug and alcohol free and pass a criminal background check.
5. Other requirements as determined by the hiring manager.

Personality

Driver's personality attributes shall be verified through an **Interview / Assessment-Form** at the time of selection. The ideal candidate should be:

1. Someone who has an aptitude for driving.
2. Someone who can provide courteous service to customers.
3. Mature and responsible.
4. Decisive.
5. Capable of working independently, self-reliant, and self-disciplined.
6. Prepared and capable of working on shifts.

Someone who must be aware and determined to practice all safety rules, methods, and procedures.

1. Non-Smokers shall be preferred.
2. No attitude towards drugs.
3. No physical deformity & capable of controlling the vehicle (reaching and operating the controls).
4. Someone with the ability to perceive hazards & able to react rationally in normal and emergency situations.

2.3. **Health.**

A board-certified physician shall conduct a comprehensive **medical examination**. Medical report shall be placed in the personal file of each driver after completion of selection process. Medical examination must ensure following fitness areas:

2.3.1 Vision (eyesight and color blindness).

2.3.2 Any serious illness.

2.3.3 Any neurological or musculoskeletal deficiency which could adversely affect movement and reaction time.

2.3.4 Conditions that could result in sudden collapse such as epilepsy, diabetes and heart attack.

2.3.5 Any history of anxiety or depression.

2.3.6 Use of any medication which could influence driving behavior.

2.3.7 Stress / sleeping disorders, and degree of dependence on sleeping tablets, alcohol, and other measures.

2.3.8 Drug and alcohol testing.

2.4 **Driving Skills**

2.4.1 **Practical Driving Test.**

Each driver should go through a practical driving examination before recruitment with a current certification. An experienced driver / monitor driver shall provide field orientation and test under typical operating conditions. He will confirm that the applicant is fully competent to drive the type of vehicle he would use on company business.

2.4.2 **Appropriate Driving License.** The applicant to be recruited must have an appropriate valid License for the vehicle to be driven by him. A Photostat copy of license must be placed in his personal file.

Education

(Education Requirement)

1. The preferable level of education for a prospective driver is a high school graduate or higher degree.
2. If an applicant is not meeting the above education standards, then he should be literate and numerate at a level where he is able to:
3. Follow written work instructions.
4. Read maps.

5. Safety bulletins.
6. Fill out trip log.
7. Other forms required to report journey details etc.
8. Complete a defensive-driving course sponsored or endorsed by the national safety council.
9. Complete an approved Passenger-assistance training.
10. Any driver who holds a current, valid EMT-basic, EMT-intermediate, or EMT-paramedic certification from the state board of emergency medical services is deemed qualified.
11. Pass a training course in first aid and CPR offered by the American red cross, the American heart association, the national safety council, medic first aid international, American safety and health institute or other approved institutions.

3. **Induction.**

3.1 A newly selected driver will be given a Job-Offer letter along with “Extract from Rules & Regulations of the Company” for his guidance. He will be on probation for three months.

3.2 Newly hired drivers should be put on the safest and least demanding routes.

3.3 There should be a progression from smaller *to larger vehicles* and from rigid to articulated vehicles, supported by continuous progressive training.

3.4 During initial short trips, a monitor driver should spend the first three to five days with new driver, identifying any skill gaps, attitude problems and providing the necessary support.

3.5 The monitor driver shall continue to record his skill gaps during the probationary period and through coaching, counseling, and other training drills would bridge the gaps in his driving skills. He will then submit his report to the company.

3.6 Following a final trip at the end of the probationary period, the monitor driver should recommend whether or not a driver to be rejected or accepted.

3.7 Job confirmation letter will be issued to the driver on probation, if Monitor-Driver comments positively about him and there is no other negative report against him.

Conduct

With respect to general conduct, drivers shall:

Follow procedures regarding duty and rest periods.

1. Follow defensive driving principles.
2. Wear a seat belt at all times whilst in a moving vehicle.
3. Work in accordance with all company Rules and to act on the instructions of their supervisor.
4. Keep the vehicle and cab interior clean and tidy.

5. Not place heavy or sharp objects in the cab (or on the top of trailers).
6. Not place product samples or product contaminated material, including gloves, in the cab.
7. Not engage in horseplay or unsafe driving maneuvers.
8. Must not smoke or carry matches, lighters or other source of ignition when carrying flammable products.

4. Other Important Requirements.

During the selection process in addition to the above-mentioned requirements, the under mentioned elements are also very important and the driver selection shall encompass the following:

1. Driving record (no serious offences and no more than three accidents or violations in the last 5 years).
2. Knowledge and application of defensive driving.
3. Attitude to alcohol and drugs.
4. Understanding of the Highway Code.
5. Awareness of key road safety issues.
6. Successfully pass all required and mandatory trainings

His Loving Care Home Care

5b. Criminal History Background Check Policy

In compliance of 55 PA Code Chapter 52.19, criminal background checks are required for all employed or rostered direct care workers, office staff and the direct owner of His Loving Care Home Care. There will be in-office procedures to ensure that all criminal background checks and verifications are in place prior to employment and updated annually.

- (1) A report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the Pennsylvania State Police Central Repository does not contain information relating to that person, under 18 Pa.C.S. Chapter 91 (relating to Criminal History Record Information Act), if the employee has been a resident of this Commonwealth for the 2 years immediately preceding the date of application.
- (2) A report of Federal criminal history record information under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 (Pub. L. No. 92-544, 86 Stat. 1109) if the employee has not been a resident of this Commonwealth for the 2 years immediately preceding the date of application.

Criminal history checks shall be in accordance with the Older Adults Protective Services Act (35 P. S. § 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

His Loving Care Home Care hiring process shall be in accordance with the Department of Aging Older Adults Protective Services Act policy as posted at

A copy of the final report received from the Pennsylvania State Police or the Federal Bureau of investigation, as applicable, shall be kept in accordance with § 52.15.

Employee Screening for Exclusion Policy (LEIE, EPLS & Medichex)

Exclusion Screening - An inspection process for minimizing risk in hiring individuals or contracting with business entities that have been involved in adverse governmental actions related to fraud, patient abuse, licensing board sanctions, license revocation/suspension/surrender, or have who have been excluded from federal healthcare programs. In addition, for employees that require specific medical/healthcare license/certification in order to perform their duties, these credentials will be verified with appropriate licensing and disciplining authorities.

His Loving Care Home Care will make initial and continued monthly screening for staff members and contractors to determine if they have been excluded from participation in Federal health care programs by reviewing the LEIE, EPLS and Medichex in accordance to 55 PA Code Chapter 52.11(a)(5)(xi).

5c DRIVER and STAFF TRAINING POLICY

Purpose: To set requirements for employee competencies.

His Loving Care Home Care will train their employees in the understanding of NEMT services in general, it's reporting forms, vehicle operation, requirements for fraud, abuse reporting and the geographic area which **His Loving Care Home Care** will provide service. All employees must be trained in understanding of service expectations set forth in the provider manual.

The entire staff must undergo the following training prior to performing services for **His Loving Care Home Care**:

- HIPAA Privacy and Security training. HIPAA training is required upon hire and on an annual basis.
- Fraud, Waste and Abuse Training. Medicaid Fraud, Waste and Abuse (FWA) training is required upon hire and on an annual basis.
- Cultural Competency/Cultural Diversity. Cultural Competency/Cultural Diversity training is required upon hire and on an annual basis
- Defensive driving. All drivers must complete a Defensive Driving course within six months of date of hire. If the initial employee qualifications did not include the date the employee took the Defensive Driving course, an updated certificate of completion must be submitted within 30 days of course completion or before the six month period elapses, whichever is sooner. A Certificate of Completion must be kept in the employee file.
- First Aid and CPR- If the driver takes a Safety training course that does not include First Aid, CPR and blood spill procedures training, such training must be obtained within six months of date of hire. A Certificate of Completion must be kept in the employee file.
- Passenger Assistance Techniques Certification or Mobility Assistance Technician course that includes Wheelchair Securement Training.

Courses and refresher modules will be provided as necessary to maximize quality service delivery. All materials, including the policy manual will be updated periodically to reflect changes in policy and revised or new procedures.

His Loving Care Home Care

5D DRIVER QUALIFICATION POLICY AND LICENSE CHECKS

Purpose:

To establish a process for the recruitment of non-emergency medical transportation drivers.

Introduction

1. All Drivers shall be recruited based on merit with minimum eligibility standards. No preference shall be given based on cast, creed, color, race, and language.
2. The recruitment system encompasses mandatory criteria for all applicants, which must be followed in letter and spirit for recruitment of a driver in the organization.
3. **Driver Recruitment Criteria**

The driver selection shall encompass the following:

1. Driving record (no serious offences and no more than three accidents or violations in the last 5 years).
2. Knowledge and application of defensive driving.
3. Attitude to alcohol and drugs.
4. Understanding of the Highway Code.
5. Awareness of key road safety issues.
6. Successfully pass all required and mandatory trainings

Age and Experience

Applicants for driver positions shall comply with the following age and experience criteria:

1. Applicant must have at least **two years** of driving experience on the type of vehicle required to be driven in the company e.g., articulated, and fixed.
2. The applicant's age should be at least 18 years at the time of recruitment.
3. An applicant's age should not exceed the official retirement age of the company i.e. 65 years.
4. Have a clean driving record, must be drug and alcohol free and pass a criminal background check.
5. Other requirements as determined by the hiring manager.

Drug and Alcohol Policy

Effective as of 01/04/2024

His Loving Care Home Care

5e Drug and Alcohol Policy

I. Purpose of Policy

This policy complies with 49 CFR Part 655, as amended, 49 CFR Part 382, as amended, and 49 CFR Part 40, as amended. Copies of Parts 655, 382, and 40 are available in the drug and alcohol program manager's office and can be found on the Internet at the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance website <http://www.transportation.gov/odapc>.

All covered employees are required to submit to drug and alcohol tests as a condition of employment in accordance with these regulations.

In addition, DOT has published 49 CFR Part 32, implementing the Drug-Free Workplace Act of 1988, which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA.

All His Loving Care Home Care employees are subject to the provisions of the Drug-Free Workplace Act of 1988.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the covered workplace. An employee who is convicted of any criminal drug statute for a violation occurring in the workplace shall notify Timothy Hunter no later than five days after such conviction.

2. Covered Employees

This policy applies to every person whose position requires the possession of a commercial driver's license (CDL); every employee performing a "safety-sensitive function" as defined below, and any person applying for such positions.

Under FMCSA (Part 382), you are a covered employee if you perform any of the following safety-sensitive functions:

- Driving a commercial motor vehicle which requires the driver to have a CDL.
- Waiting to be dispatched to operate a commercial motor vehicle.
- Inspecting, servicing, or conditioning any commercial motor vehicle
- Performing all other functions in or upon a commercial motor vehicle (except resting in a sleeper berth)
- Loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloading, remaining in readiness to operate the vehicle, or giving or receiving receipts for shipments being loaded or unloaded.
- Repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle

His Loving Care Home Care 5e Drug and Alcohol Policy

Under FTA (Part 655), you are a covered employee if you perform any of the following safety-sensitive functions:

- Operating a revenue service vehicle, in or out of revenue service
- Operating a non-revenue vehicle requiring a commercial driver's license
- Controlling movement or dispatch of a revenue service vehicle
- Maintaining (including repairs, overhaul, and rebuilding) of a revenue service vehicle or equipment used in revenue service.
- Carrying a firearm for security purposes

3. Prohibited Behavior

Use of illegal drugs is prohibited at all times. All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body at or above the minimum thresholds defined in Part 40. Prohibited drugs include:

- marijuana
- cocaine
- phencyclidine (PCP)
- opioids
- amphetamines

All covered employees are prohibited from performing or continuing to perform safety-sensitive functions while having an alcohol concentration of 0.04 or greater.

All covered employees are prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. If the on-call employee claims the ability to perform his or her safety-sensitive function, he or she must take an alcohol test with a result of less than 0.02 prior to performance.

All covered employees are prohibited from consuming alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

All covered employees are prohibited from consuming alcohol for eight (8) hours following involvement in an accident or until he or she submits to the post-accident drug and alcohol test, whichever occurs first.

His Loving Care Home Care 5e Drug and Alcohol Policy

4. Consequences for Violations

FTA Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee will be immediately removed from safety-sensitive duty and referred to a Substance Abuse Professional.

Following a BAC of 0.02 or greater, but less than 0.04, the employee will be immediately removed from safety-sensitive duties for at least eight hours unless a retest results in the employee's alcohol concentration being less than 0.02.

FMCSA Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee will be immediately removed from safety-sensitive duty and referred to a Substance Abuse Professional (SAP).

Following a BAC of 0.02 or greater, but less than 0.04, the employee will be immediately removed from safety-sensitive duties until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test.

Treatment/Discipline

Per His Loving Care Home Care. policy, any employee who tests positive for drugs or alcohol (BAC at or above 0.04) or refuses to test will be referred to a Substance Abuse Professional (SAP) and termination.

5. Circumstances for Testing

Pre-Employment Testing

Pre-employment alcohol tests are conducted after making a contingent offer of employment or transfer. All pre-employment alcohol tests will be conducted using the procedures set forth in 49 CFR Part 40.

A negative pre-employment drug test result is required before an employee can first perform safety-sensitive functions. If a pre-employment test is cancelled, the individual will be required to undergo another test and successfully pass with a verified negative result before performing safety-sensitive functions.

If a covered employee has not performed a safety-sensitive function for 90 or more consecutive calendar days and has not been in the random testing pool during that time, the employee must take and pass a pre-employment test before he or she can return to a safety-sensitive function.

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A covered employee or applicant who has previously failed or refused a DOT pre-employment drug and/or alcohol test must provide proof of having successfully completed a referral, evaluation, and treatment plan meeting DOT requirements.

FMCSA Drug Testing Exceptions

A driver is not required to undergo a pre-employment test if:

- (1) The driver has participated in a DOT testing program within the previous 30 days; and
- (2) While participating in that program, either:
 - (i) Was drug tested within the past six months (from the date of application with His Loving Care Home Care, or
 - (ii) Participated in the random drug testing program for the previous 12 months (from the date of application with His Loving Care Transportation; and
- (3) His Loving Care Home Care can ensure that no prior employer of the driver of whom His Loving Care Home Care has knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months.

Reasonable Suspicion Testing

All covered employees shall be subject to a drug and/or alcohol test when His Loving Care Home Care has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. A reasonable suspicion referral for testing will be made by a trained supervisor or other trained company official based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee.

Covered employees may be subject to reasonable suspicion drug testing any time while on duty. Covered employees may be subject to reasonable suspicion alcohol testing while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions.

Post-Accident Testing

FTA Procedures

Covered employees shall be subject to FTA post-accident drug and alcohol testing under the following circumstances:

Fatal Accidents

As soon as practicable following an accident involving the loss of a human life, drug and alcohol tests will be conducted on each surviving covered employee operating the public transportation vehicle at the time of the accident. In addition, any other covered employee

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whose performance could have contributed to the accident, as determined by His Loving Care Home Care using the best information available at the time of the decision, will be tested.

Non-fatal Accidents

As soon as practicable following an accident not involving the loss of a human life, drug and alcohol tests will be conducted on each covered employee operating the public transportation vehicle at the time of the accident if at least one of the following conditions is met:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene unless the covered employee can be completely discounted as a contributing factor to the accident.
- (2) One or more vehicles incurs disabling damage and must be towed away from the scene unless the covered employee can be completely discounted as a contributing factor to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by His Loving Care Home Care using the best information available at the time of the decision, will be tested.

A covered employee subject to post-accident testing must remain readily available, or it is considered a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

FMCSA Procedures

Covered employees shall be subject to FMCSA post-accident drug and alcohol testing under the following circumstances:

Fatal Accidents

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and involving the loss of a human life, drug and alcohol tests will be conducted on each surviving covered employee who was performing safety-sensitive functions with respect to the vehicle.

Non-fatal Accidents

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, an alcohol test will be conducted on each driver who receives a citation within eight (8) hours

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of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene; or
- (2) One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, a drug test will be conducted on each driver who receives a citation within thirty-two (32) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene; or
- (2) One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

A covered employee subject to post-accident testing must remain readily available, or it is considered a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing will be conducted at all times of the day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimum annual percentage rate set each year within each DOT agency. The current year testing rates can be viewed online at <http://www.transportation.gov/odapc/random-testing-rates>. If a given driver is subject to random testing under the rules of more than one DOT agency, the driver will be subject to random drug and alcohol testing at the annual percentage rate established by the DOT agency regulating more than 50% of the driver's function.

The selection of employees for random drug and alcohol testing will be made by a scientifically valid method, such as a random number table or a computer-based random number generator. Under the

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selection process used, each covered employee will have an equal chance of being tested each time selections are made.

A covered employee may only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing must immediately proceed to the designated testing site.

Random Testing – End of Shift (FTA)

Random testing may occur anytime an employee is on duty so long as the employee is notified prior to the end of the shift. Employees who provide advance, verifiable notice of scheduled medical or childcare commitments will be random drug tested no later than three hours before the end of their shift and random alcohol tested no later than 30 minutes before the end of their shift. Verifiable documentation of a previously scheduled medical or childcare commitment, for the period immediately following an employee's shift, must be provided at least four hours before the end of the shift.

Return to Duty Testing

Any employee who is allowed to return to safety-sensitive duty after failing or refusing to submit to a DOT drug and/or alcohol test must first be evaluated by a substance abuse professional (SAP), complete a SAP-required program of education and/or treatment, and provide a negative return-to-duty drug and/or alcohol test result. All tests will be conducted in accordance with 49 CFR Part 40, Subpart O.

Follow-up Testing

Employees returning to safety-sensitive duty following leave for substance abuse rehabilitation will be required to undergo unannounced follow-up alcohol and/or drug testing for a period of one (1) to five (5) years, as directed by the SAP. The duration of testing will be extended to account for any subsequent leaves of absence, as necessary. The type (drug and/or alcohol), number, and frequency of such follow-up testing shall be directed by the SAP. All testing will be conducted in accordance with 49 CFR Part 40, Subpart O.

6. Testing Procedures

All FTA drug and alcohol testing will be conducted in accordance with 49 CFR Part 40, as amended.

Dilute Urine Specimen

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Dilute negative results with a creatinine level greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL require an immediate recollection under direct observation (see 49 CFR Part 40, section 40.67).

Split Specimen Test

In the event of a verified positive test result, or a verified adulterated or substituted result, the employee can request that the split specimen be tested at a second laboratory. His Loving Care Home Care guarantees that the split specimen test will be conducted in a timely fashion. Test

Refusals

As a covered employee, you have refused to test if you:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by His Loving Care Home Care.
- (2) Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- (3) Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- (4) In the case of a directly observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
- (5) Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- (6) Fail or decline to take a second test as directed by the collector or His Loving Care Home Care for drug testing.
- (7) Fail to undergo a medical evaluation as required by the MRO or His Loving Care Home Care Designated Employer Representative (DER).
- (8) Fail to cooperate with any part of the testing process.
- (9) Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly observed test.
- (10) Possess or wear a prosthetic or other device used to tamper with the collection process.
- (11) Admit to the adulteration or substitution of a specimen to the collector or MRO.
- (12) Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
- (13) Fail to remain readily available following an accident.

As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

As a covered employee, if you refuse to take a drug and/or alcohol test, you incur the same consequences as testing positive and will be immediately removed from performing safety-sensitive functions, and referred to a SAP.

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7. Voluntary Self-Referral

FMCSA Procedures

Any covered employee who has a drug and/or alcohol abuse problem and has not been selected for reasonable suspicion, random or post-accident testing or has not refused a drug or alcohol test may voluntarily refer her or himself to the administrator, who will refer the individual to a substance abuse counselor for evaluation and treatment.

The substance abuse counselor will evaluate the employee and make a specific recommendation regarding the appropriate treatment. Employees are encouraged to voluntarily seek professional substance abuse assistance before any substance use or dependence affects job performance.

Any safety-sensitive employee who admits to a drug and/or alcohol problem will immediately be removed from his/her safety-sensitive function until successful completion of a prescribed rehabilitation program. Prior to participating in a safety-sensitive function, the employee must also undergo a DOT return-to-duty drug test with a verified negative result and/or a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

8. Prescription Drug Use

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to [decide who to report to]. Medical advice should be sought, as appropriate, while taking such medication and before performing safety-sensitive duties.

9. Contact Person

For questions about His Loving Care Home Care's anti-drug and alcohol misuse program, contact Timothy Hunter, President.

HIS LOVING HAND HOME CARE
7a VEHICLE INSPECTION AND MAINTENANCE PLAN

Policy: Each company vehicle shall be maintained in a safe operating condition. The vehicle and all required equipment shall be functional and operable when the non-emergency transportation vehicle is "in-service." The responsibility for the safe operation of each vehicle shall rest with the crewmembers staffing that vehicle. The company strongly prohibits the operation of any vehicle without due regard for the safety of the general public or without adhering to all applicable laws, rules and/or regulations. The company will also avoid the operation of any vehicle that is patently unsafe to drive, presents a hazard to personnel and/or bystanders, has not passed the state Motor Vehicle Commission (MVC) inspection or does not display a valid MVC inspection sticker. It is the policy of the company that no person shall staff or operate, or be allowed to staff or operate a non-emergency transportation vehicle:

1. After consuming or while under the influence of alcohol, narcotics or any substance that substantially compromises a person's decision-making abilities;
2. In a reckless manner;
3. At an excessive rate of speed; or
4. While engaging in any illegal conduct.

(a) The interior of the vehicle shall be designed for the safety of patients and crewmembers and the patient compartment shall have the following safety features:

1. There shall be no protruding edges
2. Exterior corners (corners that point-out) shall be rounded or covered with a padded material;
3. The ceiling shall be finished with a padded material or with a flat, even and unbroken surface;
4. The floor shall have a flat, even, unbroken and impervious surface and shall be covered with a slip resistant material;
5. Any seats with under seat storage shall have a positive latching mechanism that holds the seat closed;
6. All cabinet doors, except a sliding door, shall have a positive latching mechanism that shall hold the door securely closed and shall prevent the contents of the cabinet from pushing the door open from the inside; and
7. All equipment and supplies carried on the vehicle shall be stored in a crashworthy manner (that is, they shall remain firmly in place and shall not present a hazard to any vehicle occupant in the event of an accident or sudden change in vehicle speed or direction). There shall be sufficient cabinets and other storage spaces within the vehicle so as to meet

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Pre-inspection		
		Print, review, and attach a copy of service detail
		Review any current write-ups for this vehicle

Odometer

Date

Most recent
Oil change

Inspect	Repair	Comments
OK	Needed	

Pre-trip inspection		
		Gauges
		Switches and controls
		Driver area condition
		Passenger area condition

Road test		
		Starting
		Steering
		Acceleration
		Braking
		Transmission
		Heating and air conditioning

Engine compartment: engine running		
		Listen for and investigate any unusual noises
		Transmission fluid level and condition

Engine compartment: engine off		
		Cooling system, coolant level and condition
		Brake fluid level
		Power steering fluid level and condition
		Windshield washer fluid level and condition
		Fuel lines and connections
		Inspect and adjust drive belts as needed
		Coolant hoses for leaks and wear
		Exposed wiring and vacuum hoses for wear

		Freightliner only:	
		Clean engine crankcase breather	
		Clean and test after-cooler core as needed	
		Clean radiator as needed	

Undercarriage			
		Tire condition and inflation	
		Wheel condition and lug nut torque	
		Steering linkage for wear	
		Front suspension for looseness or wear	
		Rear suspension for looseness or wear	
		Wheel bearings and seals, front and rear	
		Brake caliper and rotor condition	
		Brake pad condition	
		Parking brake unit condition	
		Differential for leaks	
		Driveline and U-joint condition	
		Transmission for leakage	
		Exhaust system for leaks or damage	
		Ford only:	
		Change engine oil and oil filter	
		Freightliner only:	
		Lube suspension, steering, and driveline	

Wheelchair lift			
		Cycle lift, inspect, and listen for noises	
		Lubricate lift pivot points	

Other scheduled maintenance			

Other unscheduled maintenance			

HIS LOVING HAND HOME CARE

7b. Vehicle Equipment Standards Policy

His Loving Hand Home Care requires their vehicles to be maintained and continually monitored semiannually to comply with Pennsylvania vehicle equipment standards. Vehicles will have a valid certificate of inspection.

All subject vehicles required to participate in the Emission I/M Program shall display on the vehicle a renewed emission certificate of inspection prior to placement of a renewed safety certificate of inspection.

Upon successful completion of a safety inspection, a certificate of inspection may be affixed to the vehicle if the vehicle's emissions certificate of inspection is valid for more than 90 days from the date of the safety inspection.

If the emissions certificate of inspection will expire in less than 90 days from the date of the safety inspection, the vehicle shall receive a renewed emissions certificate of inspection prior to a renewed safety certificate of inspection being affixed.

A temporary inspection approval indicator may be used to designate vehicles which have successfully passed the required periodic safety inspection, but must display a renewed emission certificate of inspection, or obtain an official waiver, prior to placement of the renewed safety certificate of inspection.

Under this chapter, the expiring safety certificate of inspection may be replaced with a new safety certificate of inspection at any time prior to the expiration of the certificate of inspection to which the temporary inspection approval indicator is affixed. The temporary inspection approval indicator does not extend the inspection expiration of any certificate of inspection to which it is affixed.