COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
http://www.puc.pa.gov

January 24, 2024

Docket No. A-2024-3045516

HIS LOVING HAND HOME CARE LLC
610 OLD YORK RD
SUITE 400
JENKINTOWN PA 19046

RE: Application of His Loving Hand Home Care, LLC, 610 Old York Rd., Ste. 400, Jenkintown, Montgomery County, PA 19046. 267-971-2974

To Whom It May Concern:

On January 11, 2024, the application of HIS LOVING HAND HOME CARE, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: https://www.puc.state.pa.us/efiling/default**

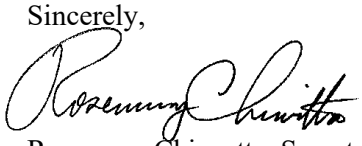
Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

> I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,



Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2024-3045516
HIS LOVING HAND HOME CARE, LLC
Data Request

1. In your description of proposed service, you indicated an intent to, "provide transportation services for mobility challenged people." How do you quantify and identify "mobility challenged people?" In other words, for enforcement purposes, you must establish a criteria which clearly demonstrates in what way a person qualifies under this term. This clarity is required to assist Commission Enforcement Officers who may be undertaking enforcement actions or conducting investigations to ensure that you are offering services to the individuals you are certificated to serve.

2. Question #5 of the applicant's verified statements requires that you describe your hiring and employment policies. You are expected to provide a PLAN that satisfies the requirements of 52 Pa Code. Please review the requirements of the following chapters of 52 Pa Code and provide a revised compliant plan for drivers.
   - § 29.503. Age restrictions (minimum age). Are you going to employ drivers who are qualified to operate at only 18 years of age? Verify and adjust your policy if necessary.
   - § 29.504. Driver history. (schedule)
   - § 29.505. Criminal history. (schedule)

3. Please verify the accuracy of the provided balance sheet. The information presented must be **DATED** and comprised of information which is less than 6 months old. The submission **MUST** also be comprised of information which is **accurate as of the date provided**. **The information is to be exact and should not include estimates or approximations when accurate numbers are available**. ALL relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value).

   The information provided is also to be strictly limited to assets and debts **HELD BY THE APPLICANT (HIS LOVING HAND HOME CARE, LLC), and not the individual member(s)**. Any property listed MUST be registered or titled to the corporation.

   If your previously submitted statement of financial position is accurate simply provide a response indicating that. If corrections or updates are required, please provide a new dated balance sheet, as well as a brief explanation of what was changed and why.

   Also, please bear in mind that supporting documentation (e.g. - copies of bank statements, or vehicle registrations, etc.) may be requested later to establish the veracity of the information presented.

The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.