



COMMONWEALTH OF PENNSYLVANIA

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

June 18, 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,

A handwritten signature in black ink that reads "Rosemary Chiavetta". The signature is written in a cursive, flowing style.

Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

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HIS LOVING HAND HOME CARE, LLC
Data Request

1. In the original application, applicant stated that sole owner, Timothy Hunter, owned and operated a home health care business. Please provide details about Mr. Hunter's existing home care business (name, location, services, etc.), its relationship with HIS LOVING HAND HOME CARE, LLC, and an explanation as to who exactly will be utilizing the proposed transportation service. Is the service limited to clients of the existing home care business, or is it available to the general public?

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.