

## 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)

KENA CARE HOME HEALTH AGENCY 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** 6833398

(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).**

STELLA MUTHONI MWANGI  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

5915 PALMER DR  
Street Address

Harrisburg, PA 17112  
City, State and Zip Code

Dauphin  
County

717-319-7040  
Telephone Number

KENACAREAGENCY@GMAIL.COM  
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.)

Same as above  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

N/A  
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).

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To transport people paratransit services from points in the counties of Dauphin, Lebanon, Cumberland, Juniata, Lancaster, Northumberland, Schuylkill, Snyder and Perry to points in Pennsylvania and return.

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*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.

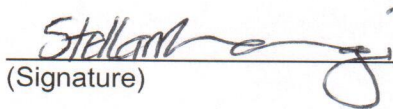
## Verification of Application

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.

STELLA MUTHONI MWANGI

(Print Name)

  
(Signature)

  
(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.

KENA CARE HOME HEALTH AGENCY LLC

Legal Name of Applicant

N/A

Trade Name, if any

5915 Palmer Dr Harrisburg, PA 17112

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.

STELLA MUTHONI MWANGI

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

No affiliations 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.

Previously, worked with Keystone Human services and used to transport mentally and physically challenged individuals to their daycare facilities and to their doctor's appointments. I also transport individuals to their doctor's appointments and errands through our home health agency.

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.

Office equipment includes desktop computers, printers, copiers/scanner and telephone. There is ample private parking to maintain all vehicles for the business as well as staff's personal vehicles. All records and documents will be kept in the owner's office in a locked file cabinet. Transportation services will be arranged via contracts with County personnel working with the ID/A population (Intellectual Disabilities/ Autism). This will result in transporting individuals to and from providers of Day programs, Prevocational services, Life Sharing, Homes and Community Habilitation, etc. These contracts will include the names of individuals to be transported, to and from addresses, times for pick up and drop off, frequency of services (daily, weekly, etc.) and any special needs of the individual. As contracts are secured, the Office Manager will coordinate the drivers' schedules to assure all riders can be serviced as per contract or request call. Each vehicle will have an assigned cell phone through which driver and office will have continuous communication

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.

In addition to the owner, Kena Care has staff in other service lines who are prepared to begin transportation duties upon demand. Schedules will be staggered and coordinated to assure all transportation requests and contracts can be fulfilled. When Kena Care secures additional contracts for transporting individuals that warrant the hiring of another driver, ads will be placed and/or offers will be made to Kena Care staff who express interest in full - time transportation employment.

For 5a-e, please see Attachment 1-Employee Qualifications and Training policies.

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2024	TOYOTA	GRAND HIGHLANDER	8	5TDAAAB5XRS003742	5,124

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

Kena Care currently has one vehicle to use in the business. As business increases and more contracts are secured, additional vehicles will be acquired. We believe that this vehicle will sufficiently cover the territory we intend to service during the start - up phase of this business. The vast majority of trips for the ID/A population referenced above occur Monday - Friday between 7:30-9:00 am, and 2:00-4:30 pm.

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).

Vehicles will be inspected daily by staff of Kena Care to be sure that systems are working and that they are safe, clean, and prepared to be operated.

Each month, a more thorough inspection will be conducted to assure safety and sanitary conditions.

See Attachment 2: Vehicle Checklists-Monthly and Daily.

The two checklists referenced above cover the requirements of 53 Pa Code, Section 29.403.

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

A thorough budget and Pro Forma were compiled in the planning of this venture.

Several insurance agencies were visited for competing quotes which were included in the budgeting process.

Kena Care's vehicle is currently insured and premiums have been consistently covered.

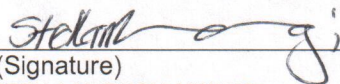
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

       YES        x   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.



(Signature)  
STELLA MUTHONI MWANGI

(Name and Title, printed or typed)

07/11/2024  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date)** July 1, 2024  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$12,000	
Other Current Assets (specify)	\$0	
Total Current Assets		\$12,000
Tangible Assets		
Motor Vehicle Equipment	\$40,000	
Property (buildings, land, etc.)	\$0	
Office Equipment		
TOTAL ASSETS		\$52,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$760	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		\$760
Long Term Liabilities (Due after one year of date)		
Mortgage	\$82,000	
Long term commercial loan	\$0	
Other Liabilities (Attach Schedule)	\$0	
Total Long-Term Liabilities		\$82,000
TOTAL LIABILITIES		\$82,760

## Employee Qualification

### Policy

Prior to hiring a prospective employee, the Administrator of Kena Care will ensure that each candidate meets the necessary staff qualifications. This includes minimum age, background and driver checks and State and Federal data base screening.

### Procedure

1. Upon interest in a position, a prospective employee will fill out an employment application. If the applicant is less than 18 years old, the process will stop here.
2. The prospective employee will go through the interview process, to determine whether or not they are qualified for the position for which they are interviewing.
3. If qualified and Kena Care wishes to continue in the hiring process, the company will make the prospective employee an offer, *pending the results of the following*:

#### State and Federal database screening:

1. Prior to hire, the Administrator or designee will screen all applicants, and prospective contractors, to ensure they are not listed on the LEIE (List of Excluded Individuals and Entities), SAM (System for Award Management) and DHS's Medichex system. This will be done online at each respective website.
2. If the applicant or contractor's name appears on any of the exclusions lists, Kena Care will not continue in hiring the individual or contracting them for services.
3. Kena Care will keep a list of all employees verified through the exclusion list screening as well as a list of all contractors and service providers authorized through the exclusion list screening.
4. All active employees and contractors will be screened on a monthly basis to ensure ongoing compliance.

#### Drug Screen:

1. Prospective employees will need to submit for a drug screen in accordance with Kena Care's drug-free workplace policy.
2. Any candidate returning a positive result for illicit or mood-altering substances will be disqualified from the hiring process.

3. In order to assure a drug-free workplace, Kena Care may further require staff to submit to a drug screen should a report or other suspicious activity prompt additional checks. Any staff involved in an at-fault vehicle accident will automatically be screened for substance use. It is prohibited for any employee to manufacture, distribute, possess or use illegal substances or alcohol while engaged in any work or job function for Kena Care.

Criminal Background checks:

1. Prior to working for Kena Care a prospective employee must submit for a Pennsylvania State Police Criminal Background check.
2. Should a candidate report that s/he has been a resident of any other state at any time in the past three (3) years, an application for a Federal Bureau of Investigation (FBI) criminal history record check shall be submitted in addition to the Pennsylvania criminal record check.
3. Should a criminal record exist, Kena Care will take the following into consideration in making the determination to employ the person:
  - a. The nature of the crime(s)
  - b. The facts surrounding the conviction
  - c. Time elapsed since the conviction
  - d. Evidence of the person's rehabilitation
  - e. The nature and responsibilities of the job position
6. Kena Care will check all of its active employees at its discretion should any report or suspicious activity prompt additional checks.

Driver's Vehicle Records check:

1. Prior to a job offer to a perspective driver, a driver's motor vehicle records check will be completed for each applicant.
2. Any candidate will not be eligible for hire based on the following criteria:
  - a. A combination of 3 motor vehicle violations or accidents within the past 2 years
  - b. Any driving infraction relating to the use of drugs or alcohol within past 3 years
  - c. Having an invalid or suspended license
3. All active employees will need to show proof of valid driver's license and vehicle insurance on an annual basis. Employees must report to administration any lapse or suspension of license or insurance, as well as any driving offense or violation.

## **Employee Training**

### **Policy**

All employees of Kena Care will be trained in Driver Safety and all other employee-related policies and procedures. Training will occur upon hire and annually thereafter.

### **Procedure**

1. All staff, regardless of position, will participate in the following trainings as part of New Hire Orientation and annually thereafter.
  - Supervised driving course through areas typical to the territory served.
  - Parking.
  - How to conduct a thorough vehicle safety and comfort check.
    - Include Daily and Monthly Checklists
    - How to check fluids, tire air pressure, etc.
    - How to use jumper cables
    - Checking seatbelts and straps for safety
  - Use of equipment: wheelchair lift, wheelchair and stretcher securing straps, seatbelts.
  - Completion of all required documentation: Safety checks, logs, incident reports, etc.
  - Recognition and response to any emergencies. Including use of 911.
  - Loading and unloading passengers; including in inclement weather.
  - Interacting with passengers.
  - Reporting incidents and problems.
2. Record of each participant's training will be kept in their personnel file.

### Monthly Vehicle Checklist

Date: \_\_\_\_\_ Vehicle: \_\_\_\_\_ Mileage: \_\_\_\_\_

Date of Last Monthly Inspection: \_\_\_\_\_

Miles to Next Oil Change: \_\_\_\_\_ Months to Next State Inspection: \_\_\_\_\_

Any Scheduled Maintenance or Services Due (Kena Care Maintenance Log): \_\_\_\_\_

Are fluids sufficient:

Oil level      \_\_\_ Y \_\_\_ N

Trans Fluid    \_\_\_ Y \_\_\_ N

Antifreeze     \_\_\_ Y \_\_\_ N

Brake fluid     \_\_\_ Y \_\_\_ N

Pwr steering    \_\_\_ Y \_\_\_ N

Washer fluid    \_\_\_ Y \_\_\_ N

Comments: \_\_\_\_\_

Under the hood – are these in good condition:

Belts      \_\_\_ Y \_\_\_ N

Hoses      \_\_\_ Y \_\_\_ N

Battery    \_\_\_ Y \_\_\_ N

Comments: \_\_\_\_\_

Tires:

Are tires safe? (Sufficient tread is > 3/16") \_\_\_ LF \_\_\_ RF \_\_\_ RR \_\_\_ LR \_\_\_ Spare

Air Pressure in tires? \_\_\_ LF \_\_\_ RF \_\_\_ RR \_\_\_ LR \_\_\_ Spare

Are all four wheel covers matching? \_\_\_ Y \_\_\_ N

Comments: \_\_\_\_\_

Vehicle Inspected By: \_\_\_\_\_

Form Reviewed and Filed By: \_\_\_\_\_

### Daily Vehicle Checklist

Date: \_\_\_\_\_ Vehicle: \_\_\_\_\_ Mileage: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Ins Card in Vehicle:  Y  N

Lights:

Headlights  Y  N  
High beams  Y  N  
Flashers  Y  N  
Interior lights  Y  N

Brake lights  Y  N  
Turn Signals  Y  N  
Back-up lights  Y  N  
Warning lights  Y  N

Comments: \_\_\_\_\_  
\_\_\_\_\_

Are these present:

First Aid Kit  Y  N  
Extinguisher  Y  N

Accident Forms  Y  N  
Incident Forms  Y  N

Comments: \_\_\_\_\_  
\_\_\_\_\_

Systems working:

Wipers  Y  N  
Heater  Y  N  
Windows  Y  N  
Seat belts  Y  N

Horn  Y  N  
Air Cond  Y  N  
Camera  Y  N  N/A  
Wheelchair lift  Y  N  N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_

Need to check tire pressure?  Y  N

Any fluids leaking under vehicle?  Y  N

Any new external damage?  Y  N

Dents/gouges  $\geq$  4" in length?  Y  N

Damage protruding?  Y  N

Inside clean/sanitary, good repair?  Y  N

Comments: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Inspected By: \_\_\_\_\_

Form Reviewed and Filed By: \_\_\_\_\_