

SAXTON & STUMP

LAWYERS AND CONSULTANTS

4250 Crums Mill Road • Harrisburg, PA 17112
P: (717) 941-1202 • F: (717) 441-3810

Direct Dial: (717) 941-1202
Email: smendelsohn@saxtonstump.com

July 29, 2025
VIA E-FILE SYSTEM

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

RE: Application of TeamPHCA Inc
PA Corporation Bureau Entity ID Number 0004368566
1500 Chestnut Street, Suite 2, #1070, Philadelphia, PA 19102

Dear Secretary Homsher,

Please accept this cover letter regarding our client, TeamPHCA Inc, and the above-referenced Application, which was filed before the Public Utility Commission on July 29, 2025.

I, Seth A. Mendelsohn, 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).

Thank you for your attention to this matter. As always, I am available to you for any further clarification.

Very truly yours,
SAXTON & STUMP



Seth A. Mendelsohn, Esquire

SAM/jm
Enclosure—Application

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)

TeamPHCA Inc (hereinafter "TeamPHCA")

- 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 0004368566

(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).**

Tiffani L. Brown, President _____

6. **Mailing Address**

1500 Chestnut Street, Suite 2, #1070
Street Address

Philadelphia, PA 19102 _____ Philadelphia _____
City, State and Zip Code County

215-240-0402 _____ phcahomecare@gmail.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.)

4400 Lancaster Avenue
Street Address

Philadelphia, PA 19104 _____ Philadelphia _____
City, State and Zip Code County

215-240-0402 _____ phcahomecare@gmail.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)

Seth A. Mendelsohn, Esq. _____ Phone: 717-941-1202 _____
Attorney's Name & Telephone Number for this Filing

Saxton & Stump
4250 Crums Mill Rd, Ste 201, Harrisburg, PA 17112 _____ smendelsohn@saxtonstump.com _____
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 from points in Bucks and Lehigh counties, and the City and County of Philadelphia 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.

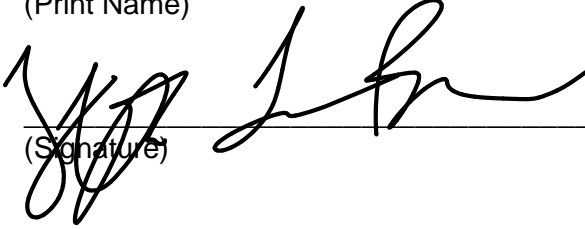
Verification of Application

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.

Tiffani L. Brown, President, TeamPHCA Inc

(Print Name)



(Signature)

07/28/2025

(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.

TeamPHCA Inc (hereinafter "TeamPHCA")

Legal Name of Applicant

Trade Name, if any

4400 Lancaster Avenue	Philadelphia	PA	19104
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.

Tiffani L. Brown, President
TeamPHCA Inc
1500 Chestnut Street, Suite 2, #1070
Philadelphia, PA 19102
215-240-0402

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

No other affiliation.

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.

Please see next page for answer to question 3.

Page 5 – Answer to Question 3.

TeamPHCA is a dynamic human services agency dedicated to supporting adults with intellectual and developmental disabilities. Through its expanding network of services—including in-home and community supports, adult day programs, transportation, food assistance, and specialized community initiatives—TeamPHCA is committed to fostering independence, dignity, and inclusion for those it serves.

Our business has 50 employees including ones with educational credits up to doctorate degrees. The current budget is \$1.5 Million.

The organization is led by Tiffani L. Brown, a proud native of North Philadelphia with over 15 years of experience in the human services field. As President, Ms. Brown brings a powerful blend of compassion, entrepreneurship, and creative leadership to TeamPHCA. Her background spans reality television, where she served as a judge for entrepreneurs, as well as business consulting, where she has helped countless ventures launch and succeed. Her passion is deeply rooted in her personal connection with adults with special differences, and she has made it her mission to create inclusive, community-based opportunities that leave a lasting impact.

Under Ms. Brown's guidance, TeamPHCA continues to thrive—building programs that not only serve individuals, but also uplift families, empower communities, and break down barriers to access and equity.

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.

Please see next page for answer to question 4.

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.

Please see next page for answer to question 5.

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>
2015	HONDA	ODYSSEY	7	5FNRL5H69FB057588	112,631
2016	FORD	TRANSIT	15	1FBZX2ZM4GKA17746	64,591

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

Please see next page for answer to question 6.

Page 6 – Answer to Question 4.

TeamPHCA's physical office is located at 4400 Lancaster Avenue, Philadelphia, PA 19104. All facilities, paper records and maintenance reports, and communications networks will be maintained here. This location has parking for company vehicles and all tangible assets will be housed at this address. Business records will be maintained and stored in appropriate fire-resistant records containers and contemporaneously electronically stored on local computer devices and on an off-site cloud-based database. We will retain professional accounting services to manage the company's accounting and tax filings. The company's equipment will include computers, printers, a fax machine, a scanner, cellular phones, and the software required to operate the same. The company's communication plan includes the company's primary phone line, which will be monitored and managed by the company. The company will receive customer requests for paratransit service via telephone and email. All requests will be confirmed. All vehicles will have GPS tracking and cell phones available in the cars for drivers in order for TeamPHCA to locate vehicles and drivers at all times.

Page 6 - Answer to Question 5.

Our initial plan is to hire three to four drivers for the vehicles and to give us the opportunity to provide more service with fewer vehicle costs. We suggest this is a good starting point as we launch the business and an appropriate for the size of the territory we are requesting from the Commission.

- a. At all times, our plan is to employ the highest standards for hiring drivers. Specifically, all necessary paperwork for Applicant's drivers will be completed prior to hiring. All drivers will complete a driver's application, including front and back photocopies of driver's licenses. All drivers will be 21 years of age or older, and their age will be confirmed via driver's license and an additional form of photo identification. HIPAA Medical Release Authorization Forms must be signed for each driver's background check. We also will follow the criminal background check requirements as set forth in 5(b).
- b. We will obtain and review comprehensive criminal history records for each driver from the Pennsylvania State Police and every other state in which the driver has resided for the last 12 months. In addition, we note that TeamPHCA will obtain and review criminal history for each driver from the Pennsylvania State Police every two years from the date of the last criminal history check. Per Pa. Code § 29.505(a)(4), the criminal background checks will be kept for a minimum of three years. We will follow the provisions of Title 52 Pa. Code §29.505(a)(3) and will not hire an individual to operate a vehicle in the service of TeamPHCA who was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide service safely and legally. This individual would be disqualified from employment as a driver at TeamPHCA. TeamPHCA also will follow the Commission's Policy Statement, 52 Pa. Code §41.14(6), and will apply it and will not employ any driver convicted of a felony or crime of moral turpitude and remains subject to supervision by a court or correctional institution.
- c. Drivers must complete driver's training prior to employment, including Defensive and Distracted Driving Course, Red Cross First Aid training, OSHA Bloodborne Pathogen training, and CPR training. We also will make sure that they know how to safely operate and securing in a wheelchair in the vehicle.
- d. Drivers must sign and return Motor Vehicle Record Release Form DL-503. We will obtain and review drivers histories for each driver for the preceding three years and will obtain new driver histories at least once every 12 months from the date of the last report. Pa. Code § 29.504(a)(3), TeamPHCA will maintain a copy of the driver license check for each driver for at least two years.
- e. Drivers must complete a consent form for urinalysis drug testing with random urinalysis conducted as needed. TeamPHCA has a zero-tolerance policy on the use of unlawful drugs by its drivers.

Page 6 - Answer to Question 6.

Applicant will begin operations upon approval of the Certificate of Public Convenience using the above-mentioned two vehicles.

Applicant plans to purchase additional vehicles and employ additional drivers as demand for its paratransit services increases.

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 next page for answer to question 7.

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

The company owns two vehicles, and both vehicles have insurance policies. We are confident of our ability to continue to maintain insurance at or above the minimum limits that the PUC requires based upon our financial position.

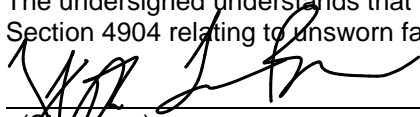
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.



 (Signature)

07/28/2025

 (Date)

Tiffany L. Brown, President, TeamPHCA Inc

 (Name and Title, printed or typed)

Page 7 – Answer to Question 7.

- a. Each vehicle will be subjected to preventative maintenance checks each day before operation making sure all lights, windshield wipers, tires and windows are properly working. These checks will be performed at our physical location. TeamPHCA also will make sure that all wheelchair apparatus safety features are operational. TeamPHCA also intends to follow regular manufacturer recommended maintenance guidance, e.g. oil changes and tire replacements/rotations.
- b. TeamPHCA will comply with the inspection requirements for its vehicles.

TeamPHCA is aware of the requirements in 52 Pa Code §§ 29.402 (vehicle equipment requirements) and 29.403 (requirements for passenger service operation) and will continue to follow these provisions.

Statement of Financial Position (Balance Sheet)
As of (date) July 24, 2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	481,291.08	
Other Current Assets (specify)	0	
Total Current Assets		481,291.08
Tangible Assets		
Motor Vehicle Equipment	39,000.00	
Property (buildings, land, etc.)	0	0
Office Equipment		100,000.00
TOTAL ASSETS		620,291.08

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	22,000.00	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		22,000.00
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		22,000.00

See attached Exhibit "A"

Exhibit "A"

TeamPHCA Inc

Fulton Bank Letter dated July 24, 2025

FultonBank

07.24.2025

To Whom this May Concern:

This letter serves as the verification of TeamPHCA Inc deposit account with Fulton Bank, N.A. The account below can send and receive ACH transactions.

- Account Name: TeamPHCA Inc.
- Account Number: [REDACTED]
- Routing: 031301422
- Account Type: Commercial Checking Account
- Current Balance 7/24/2025: \$481,291.08

If you have any further questions, please feel free to reach out to me directly.

Thank you.



**Fulton
Bank**

Dion A. Wiles Jr.

Vice President

Financial Center Manager II

NMLS #1416322

dwiles@fultonbank.com | 215.563.3600

Fulton Bank - 16th & Market Financial Center

Philadelphia, PA 19102 | fultonbank.com | [LinkedIn](#)

1.800.FULTON.4 (1.800.385.8664)

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