

A-2025-3057121

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)

Familiar Roads Home Health Care Agency, Inc.

- 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)

Familiar Roads Transportation Services

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 0014510172
(See checklist and indicate type of business entity registered)

10. Describe the service area proposed by this application.
(Use the space below or attach additional sheet if space provided is not sufficient).

Service Area Description

The applicant proposes to provide non-emergency medical transportation (paratransit) services for elderly, disabled, and otherwise transportation-disadvantaged individuals. Service will be offered on a nonexclusive, advance-reservation basis.

Transportation will be provided:

From points in Bucks, Chester, Delaware, Montgomery, Philadelphia, and Lehigh Counties (primary service counties where Familiar Roads Home Health Care Agency, Inc. currently operates), to all other points within Pennsylvania, and return. This includes door-to-door and curb-to-curb service to medical appointments, dialysis centers, rehabilitation facilities, adult day programs, hospitals, and other health-related destinations.

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.

Tanya Ferguson, President + CEO

(Print Name)



(Signature) 09/13/2025
(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.

<i>Familiar Roads Home Health Care Agency, Inc.</i>			
Legal Name of Applicant			
<i>Familiar Roads Transportation Services</i>			
Trade Name, if any			
<i>880 Town Center Drive, Suite 884A Langhorne</i>	<i>Langhorne</i>	<i>Pennsylvania</i>	<i>19047</i>
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.

Dr. Tanya M. Ferguson, DNP, RN Title: President & Chief Executive Officer
Business Address: 880 Town Center Drive, Suite 884A, Langhorne, PA 19047
Telephone Number: 215-526-1251
E-mail Address: tanyaf@familiarroadshealth.com

I am authorized to make this Verified Statement on behalf of Familiar Roads Home Health Care Agency, Inc. in connection with its application for authority to operate as a Motor Common Carrier of Persons in Paratransit Service under the trade name Familiar Roads Transportation Services.

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

The applicant, Familiar Roads Home Health Care Agency, Inc., operates home healthcare services across multiple Pennsylvania counties, but it does not currently hold authority as a motor carrier.

The applicant is affiliated with the following entities: Familiar Roads Transportation Services (Fictitious Name - EIN 39-3081801)

This is the transportation arm registered under the applicant corporation, intended for non-emergency medical transportation and paratransit service. There are no additional affiliations, ownership interests, or managerial control with any other PUC-certified 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.

The applicant, Familiar Roads Home Health Care Agency, Inc., has extensive experience in providing services to seniors and individuals with disabilities throughout Pennsylvania. As part of its home healthcare operations, the applicant has coordinated and arranged safe, reliable, and timely transportation for clients to and from medical appointments, adult day programs, and rehabilitation services.

The applicant's President, Dr. Tanya M. Ferguson, DNP, RN, is a registered nurse, medical doctor specializing in geriatric care, and healthcare executive with more than 15 years of experience in critical care, community health, and senior services. This background provides the applicant with direct knowledge of client needs, compliance with state and federal regulations, and safety practices essential for operating a transportation service.

Although this will be the applicant's first formal PUC paratransit authority, the combination of healthcare operations, client transport coordination, and professional medical expertise demonstrates the applicant's ability to operate a safe, reliable, and compliant transportation service.

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 the Attached Form for this question

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.

Please see the Attached Form for this question

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
2017	NISSAN	MURANO	4	5N1AZ2MH5HN142150	46,000

*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 the Attached Form for this question

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

Please see the Attached Form for this question

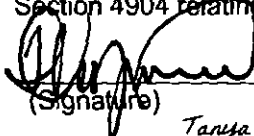
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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) *Tanya Ferguson, President + CEO*

(Name and Title, printed or typed)

09/13/2025

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 9/13/2025
 (Must be less than 6 months old)

ASSETS

Current Assets

Cash	<u>\$1,200,000</u>	
Other Current Assets (specify) <i>Receivable proposed Expenses</i>	<u>\$300,000</u>	
Total Current Assets		<u>\$1,500,000</u>

Tangible Assets

Motor Vehicle Equipment	<u>\$400,000</u>	
Property (buildings, land, etc.)	<u>400,000</u>	<u>\$800,000</u>
Office Equipment		<u>\$1,500,000</u>

TOTAL ASSETS

\$3,000,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans <i>short term vehicle financing</i>	<u>\$200,000</u>	
Credit cards/revolving credit	<u>\$60,000</u>	
Other Liabilities (Attach schedule)	<u>\$60,000</u>	
Total Current Liabilities		<u>\$300,000</u>

Long Term Liabilities (Due after one year of date)

Mortgage	<u>\$400,000</u>	
Long term commercial loan	<u>\$500,000</u>	
Other Liabilities (Attach Schedule)	<u>\$200,000</u>	
Total Long-Term Liabilities		<u>\$1,100,000</u>

TOTAL LIABILITIES

\$1,400,000

Owners equity

$$\text{Total Asset } (\$3,000,000) - \text{Total liabilities } (\$1,400,000) = \$1,600,000$$

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0014510172



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State
-FILED-
 File #: 0014510172
 Date Filed: 6/19/2025

BU866-5066 06/19/2025 9:59 PM Received by Pennsylvania Department of State

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name
 Fictitious name: Familiar Roads Transportation Services

Additional Information
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: "Non-emergency medical transportation services, including door-to-door transport for elderly and disabled individuals to medical and health-related appointments throughout Pennsylvania."

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address: TANYA FERGUSION
 880 TOWN CENTER DRIVE
 SUITE: 884 A
 LANGHORNE, PA 19047
 PA

Individuals interested in the business

Full Name	Address
Tanya M Ferguson	TANYA FERGUSION 880 TOWN CENTER DRIVE SUITE: 884 A LANGHORNE, PA 19047

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Familiar Roads Home Health Care Agency, Inc. Domestic Business Corporation Registered Office Address 846 Town Center Dr, Langhorne, PA 19047 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
Tanya M Ferguson

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Tanya Ferguson

06/19/2025

Tanya M Ferguson

Date

Tanya Ferguson

06/19/2025

Familiar Roads Home Health Care Agency , Inc.

Date

Date of this notice: 07-08-2025

Employer Identification Number:

[Redacted Box]

Form: SS-4

Number of this notice: CP 575 A

FAMILIAR ROADS HOME HEALTH CARE
AGENCY
FAMILIAR ROADS TRANSPORTATION SERVI
% TANYA FERGUSION
880 TOWN CENTER DR STE 884A
LANGHORNE, PA 19047

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [Redacted Box] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	04/30/2026
Form 940	01/31/2027
Form 1120	07/08/2025

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 2013. Please file your return(s) by 07/23/2025. If there is a balance due on the return(s), penalties and interest will continue to accumulate from the due date of the return(s) until it is filed and paid. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/efbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is FAMI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

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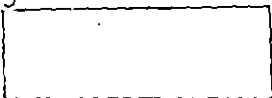
Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 07-08-2025

EMPLOYER IDENTIFICATION NUMBER:

FORM: SS-4

NOBOD



INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

FAMILIAR ROADS HOME HEALTH CARE
AGENCY
FAMILIAR ROADS TRANSPORTATION SERVI
% TANYA FERGUSION
880 TOWN CENTER DR STE 884A
LANGHORNE, PA 19047

Item 4 – Facilities, Record Maintenance Plan, and Communication Network

Physical Location & Office Equipment

The applicant's principal office is located at **880 Town Center Drive, Suite 884A, Langhorne, PA 19047 (Bucks County)**. The office is a professional administrative space equipped with standard business infrastructure, including:

- Desktop computers and laptops with secure internet access,
- Multi-line telephone and fax systems,
- Printers, copiers, and scanners for document management,
- Encrypted cloud-based software for scheduling, billing, and compliance reporting,
- Locked filing cabinets for sensitive records, in compliance with HIPAA and PUC record-keeping requirements.

Vehicle Facilities

Vehicles used in paratransit operations will be housed in secure, leased parking facilities with sufficient space for multiple vans. These facilities allow for regular vehicle inspections, cleaning, and access to certified mechanics for routine maintenance.

Record Maintenance Plan

The applicant maintains both **electronic and physical records** to ensure compliance with PUC regulations and contractual obligations with CHC Managed Care Organizations and insurance companies.

- **PUC-required records** (driver qualification files, vehicle inspection and maintenance logs, trip sheets, and insurance documentation) will be securely stored at the principal office and available for inspection.
- **Normal business records** (payroll, client contracts, CHC billing, insurance claims, financial statements) will be maintained in QuickBooks and HIPAA-compliant scheduling/billing platforms.
- Records will be retained according to state and federal retention requirements and backed up regularly in encrypted digital storage.

Communication Network

The applicant will receive customer requests for transportation primarily through **contracts with CHC Managed Care Organizations, insurance companies, and direct client referrals**. Requests will be processed by the office scheduling team through phone, email, and electronic scheduling portals.

Dispatching

Trips will be assigned to drivers using a centralized dispatch system integrated with GPS-enabled software. Dispatchers will monitor vehicle locations in real time and adjust assignments as needed to ensure on-time performance.

Continuous Communication with Drivers

Drivers will be equipped with company-issued smartphones for direct voice, text, and app-based communication with dispatch. In addition, all vehicles will be GPS-tracked, allowing dispatch to monitor status, location, and routing. A **24/7 dispatch line** will be available for drivers to report emergencies, client needs, or service interruptions.

This system ensures that client transportation requests from CHC and insurance contracts are efficiently scheduled, vehicles are safely dispatched, and continuous oversight is maintained throughout the trip.

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?

The applicant intends to begin operations with **4–6 qualified drivers**, which is appropriate for the initial service territory covering Bucks, Montgomery, Chester, Philadelphia, and Lehigh Counties. This number ensures sufficient coverage for CHC and insurance transportation contracts, while maintaining scheduling flexibility.

a. Hiring Standards

Drivers must be at least 21 years of age, hold a valid Pennsylvania driver's license, maintain a clean driving history, and demonstrate reliability and professionalism. Preference is given to drivers with experience in healthcare, paratransit, or passenger transport.

b. Criminal Background Checks

All drivers will undergo:

- Pennsylvania State Police Criminal History (PATCH),
- ChildLine Child Abuse Clearance,
- FBI Fingerprinting (when required by DHS/PUC).

Employment will be contingent upon satisfactory results.

c. Driver Training Program

All drivers will receive training that includes:

- Defensive driving and passenger assistance techniques,
- Proper wheelchair and mobility device securement,
- HIPAA and confidentiality,
- CPR/First Aid,
- Emergency and accident response procedures,
- Customer service when transporting elderly and disabled individuals.

d. Driver License & MVR Checks

Driver's licenses will be verified at hire. Additionally, **Motor Vehicle Records (MVR) checks** will be conducted upon hire and annually thereafter to confirm continued compliance and insurability.

e. Alcohol and Drug Policy (Including Drug Panel Testing)

The applicant enforces a **zero-tolerance policy** for drugs and alcohol. All drivers will undergo:

- Pre-employment **DOT-compliant drug panel testing**,
- Random drug and alcohol testing,
- Post-accident and reasonable-suspicion testing.

This program ensures compliance with DOT, PUC, and insurance requirements.

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).

a. Periodic Vehicle Maintenance Plan

The applicant maintains a structured vehicle safety and maintenance program to ensure all vehicles are in safe and reliable operating condition. Preventive maintenance will be scheduled at regular intervals based on manufacturer recommendations and Pennsylvania DOT requirements. Routine checks will include:

- Daily pre-trip and post-trip driver inspections (documented on inspection logs),
- Weekly inspections of tires, brakes, lights, mirrors, wipers, and fluid levels,
- Oil changes, brake service, and mechanical inspections every 3,000–5,000 miles or per manufacturer guidelines,
- Comprehensive quarterly safety inspections by a certified mechanic.

b. Compliance with Pennsylvania Equipment Standards (67 Pa. Code, Chapter 175)

All vehicles will be kept in full compliance with **Pennsylvania Vehicle Equipment and Inspection Standards (67 Pa. Code, Chapter 175)**. Compliance measures include:

- Annual Pennsylvania State Safety Inspections and Emissions Testing conducted by licensed inspection stations,
- Maintaining current inspection stickers on all vehicles,
- Immediate correction of any mechanical defects noted by drivers or inspectors,
- Keeping detailed records of all inspections, maintenance, and repairs in vehicle files, available for review by the PUC.

This system ensures that all vehicles used in paratransit service remain safe, roadworthy, and continuously compliant with Pennsylvania regulations.

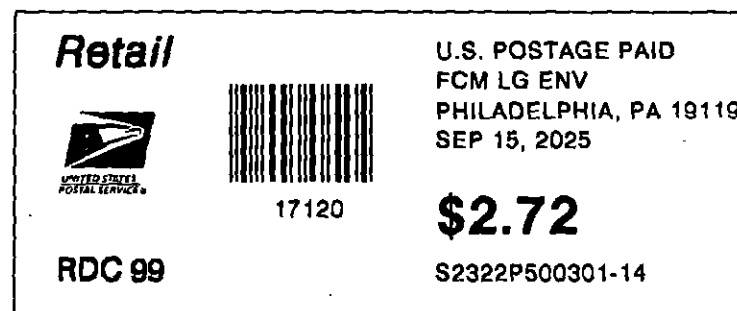
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Familiar Roads Home Health Care Agency, Inc., operating under the trade name Familiar Roads Transportation Services, has taken proactive steps to confirm that the required insurance coverage can be obtained and maintained in compliance with PUC regulations.

- Familiar Roads Transportation Services currently maintains **active contracts with Community HealthChoices (CHC) Managed Care Organizations and insurance companies** to provide transportation services. These agreements require proof of valid commercial automobile and general liability insurance, which has already been obtained and is kept current.
- Familiar Roads Transportation Services has consulted with its insurance broker, who confirmed that coverage meeting PUC requirements (including public liability, property damage, and workers' compensation) is available and will be secured immediately upon issuance of authority.
- The company has reviewed premium costs and included them in its financial planning to ensure uninterrupted insurance coverage and compliance with PUC requirements.

Accordingly, Familiar Roads Transportation Services has determined it can both **obtain and pay for the required insurance coverage** necessary to operate as a Motor Common Carrier of Persons in Paratransit Service.

→ Familiar Roads Home Health
880 TOWN Center Drive
888A
Langhorne PA 19047



To: Secretary Hornsler
Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120