

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)

CARECRUIZ HOMECARE 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)

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?** **YES** **Previous Authority?** **YES**

If YES, at PUC No. A- 2025-3052758

4. **Are you a business entity registered with the PA Dept. of State?** **YES**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number ~~88-1748111~~ _____

(See checklist and indicate type of business entity registered)

Entity ID #6774876-AEL-10/22/25

DATE OF DEPOSIT

SEP 29 2025

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

Our transportation services will be offered to the public. We want to start providing transportation services to other people other than our own clients.

Service Area Counties

To transport persons by motor vehicle, in Para transit service, from points in Beaver, Erie, Armstrong, and Allegheny counties to anywhere in Pennsylvania 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.

YES

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.

YES

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.

YES

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 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.

CARECRUIZ HOMECARE AGENCY LLC
Legal Name of Applicant

SAMI
Trade Name, if any

87 Stambaugh Avenue, #7, Sharon PA 16146
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.

Name: Stella Obiakor Title: Owner/ Administrator
Address: 87 Stambaugh Avenue #7, Sharon Pa 16146
Email: contact@carecruizhca.com
Phone: 7245364172 Ext 404
Fax: 7245364146

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

DATE OF DEPOSIT

Applicant's Affiliation Disclosure

SEP 29 2025

1. **Applicant Name: Stella Obiakor**
2. **Company Name: Carecruiz Homecare Agency**
3. **Affiliation Type: 100% Owner**
4. **Description of Affiliation: Ms. Obiakor is the sole owner and operator of Carecruiz Homecare Agency, providing homecare and Non-Emergency Medical Transportation (NEMT) services to the public.**

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Stella Obiakor, Owner of Carecruiz Homecare Agency, has seven years plus of experience managing homecare services, ensuring compliance with regulatory requirements, and delivering quality patient care.

Relevant Transportation Experience

While operating Carecruiz Homecare Agency, I oversaw:

1. Patient transportation coordination
2. Driver management
3. Vehicle maintenance
4. Safety protocols

Education and Training

1. Degree: Bachelor's in accounting,
2. Certifications: CPR, First Aid
3. Training Programs:

Relevant Skills

1. Business management
2. Regulatory compliance
3. Customer service
4. Staff supervision
5. Safety protocol implementation

Although my experience is primarily in healthcare, I've successfully managed logistics and transportation aspects within my homecare agency and my other business outside the United States (www.zockvila.com). To enhance my knowledge, I've:

1. Completed transportation management courses
2. Consulted with industry experts
3. Developed comprehensive safety protocols

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.

Facilities, Record Maintenance, and Communication Network

Physical Location

1. **Office Address: 87 Stambaugh Avenue, Suite#7, Sharon, PA 16146**
2. **Office Hours: 7.30 Am-6 Pm**
3. **Facility Description: Our office is equipped with:**
 - **Computers (8)**
 - **Printers (3)**
 - **Fax Machine**
 - **Photocopier**
 - **High-speed internet**
 - **Telephone system**
 - **Comfortable waiting area**
4. **Vehicle Storage Facility: 87 Stambaugh Avenue, Suite#7, Sharon, PA 16146**

5. Parking Capacity: 15 vehicles-Parking lots

Record Maintenance Plan (we use Momentm Technologies software company):

We maintain both electronic and physical records. Trip records and communication Network:(dispatch, route, time)

- **Customer records (contact info, service history) and online booking platform**
- **Financial records (invoices, payments)**
- **Record Storage: Secure, climate-controlled storage room.**
- **Record Retention: 3+ years, complying with PUC regulations.**
 - **Backup System**
 - **Cloud-based storage (daily backups)1...**
- **Dispatch System: Automated dispatch software.**
- **Driver Communication: Mobile apps (GPS tracking).**
- **Continuous Communication: Regular check-ins and real-time updates.**
- **Emergency Contact: 24/7 phone support.**

6. Technology Infrastructure

1. **Transportation Management Software:**
2. **GPS Tracking: Integrated vehicle tracking.**
3. **Mobile Apps: Driver communication, navigation.**

8.Security Measures

- 1. Data Encryption: Protected electronic records (Outlook email encrypt system)**
- 2. Access Control: Authorized personnel only.**
- 3. Surveillance: ADT and CCTV cameras (office, vehicle storage).**

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; **6 drivers (please see page 3 for more information)**

b. **Your system for conducting criminal background checks;**

CareCruz Homecare Agency Policy on Background Checks

CareCruz Homecare Agency is committed to ensuring the safety of our passengers. As part of this commitment, we require criminal background checks and other state and federal mandated screenings for all prospective employees prior to hiring.

A. Background Checks

All owners and employees of the Agency must have current criminal history checks. Owners will undergo criminal history checks as part of the state licensure process unless they have existing checks that are less than one year old.

Every individual being considered for employment must sign a Criminal Check Attestation and provide either:

- A criminal check that is less than 12 months old or
- An application for a criminal history check is pending.

It is a condition of employment to undergo a full background investigation (pre-employment screening). Job offers will be contingent upon the results of this investigation, which will include, at a minimum:

- A state and federal criminal history check covering from 18 years to present day.
- A State Motor Vehicle Record (MVR) check covering the past three (3) years.
- A nationwide sex offender registry search.
- A social security number check.
- An address history report.

Reporting Criminal Convictions

Employees must notify CareCruz of any criminal convictions that occur during their employment. This notification must be made within five days of the conviction.

B. Verification of Motor Vehicle Records

All drivers' licenses will be verified at the time of employment. A copy of the seven (7) year Motor Vehicle Record (MVR) will be obtained upon hiring and reviewed annually to ensure that CareCruz employees maintain good driving records. MVRs will be obtained and reviewed at the following times:

- Prior to employment
- After involvement in an accident or receiving a citation
- Any other time management deems necessary

This process complies with Federal Motor Carrier Safety Regulations (§391.25). During this process, each driver will be required to provide a list of all violations of motor vehicle traffic laws

and ordinances for which they have been convicted or for which they have forfeited bond or collateral in the past 12 months.

- c. Your driver training program: **We onboard using Hireology software and train through X- transit Solutions.**
- ci. Your system for conducting driver license checks; **Via our insurance and software support**
- cii. Your policies regarding alcohol and drug use by your drivers.

ILLEGAL DRUG USE/ALCOHOL ABUSE:

CareCruiz Homecare Agency LLC has a drug and alcohol free environment for employees. This policy is implemented because we believe that the impairment of any of our Agency's employees, due to his or her use of illegal drugs or due to alcohol abuse, is likely to result in the risk of injury to clients, other employees, the impaired employee, or to third parties, such as customers or business guests. Moreover illegal drug abuse adversely affects employee morale and productivity.

"Impairment" or "being impaired" means that an employee's normal physical or mental abilities or faculties while at work have been detrimentally affected by the use of illegal drugs or alcohol.

The employee who begins work while impaired or who becomes impaired while at work is guilty of a major violation of company rules and is subject to severe disciplinary action. Severe disciplinary action can include suspension without pay, dismissal or any other penalty appropriate under the circumstances. Likewise the use, possession, transfer or sale of any illegal drugs on company premises or in any Agency storage area or job site is prohibited. Employees who violate this rule are subject to severe disciplinary action including termination. In all instances disciplinary action to be administered shall be at the sole discretion and determination of the company.

When an employee is involved in the use, possession, transfer or sale of illegal drugs in violation of this policy, they will be immediately removed from direct client contact and the company may notify appropriate authorities. Such notice will be given only after such an incident has been investigated and reviewed by the employee's supervisor and the HR director. CareCruiz Homecare Agency LLC is aware that illegal drug abuse is a complex health problem that has both physical impact and an emotional impact on the employee, his or her family, and social relationships. A drug abuser is a person who uses illegal drugs, as defined above, for non-medical reasons, and this use affects job performance detrimentally or interferes with normal social interaction at work. Illegal drug abuse is both a management and a medical problem.

A supervisor/manager who suspects a drug or alcohol abuse case should discuss the situation immediately with his or her Agency Director. Because each case is usually different, the handling and referral of the case must be coordinated with the supervisor/manager and the personnel director.

Applicants who have a past history of substance abuse (SA) and who have demonstrated an ability to abstain from the substance, or who can provide medical assurance of acceptable control, may be considered for employment as long as they are otherwise qualified for the position for which they are applying. The Home service setting is more problematic for past/present history of SA as elders frequently have many medications in their home and Home service workers generally are alone in the home with the client increasing the temptation factor. Due to this aspect of our industry, our Agency must have more than the usual "medical assurance of control" over SA. Our Agency will not schedule a worker with a history of SA for 6 months after "medical assurance of control" over SA is received by our office. In this case, the employee enters an unpaid leave of absence status until the 6 month benchmark is achieved. The assignment of cases at this point will occur once a second "continued medical assurance of control" over SA is received by the employee's private MD. Our Agency does not pay for medical service to achieve the status of "medical assurance of control" over SA.

Management has chosen to adopt an alcoholic beverage policy in keeping with the concern for and the risks associated with alcohol use. Alcoholic beverages shall not be served or used on CareCruiz Homecare Agency LLC premises at any time. Alcoholic beverages shall not be used in conjunction with any company business meeting. Our Agency enforces strict policy related to alcohol and its clients:

- Employees may not purchase alcohol for any client of any age group
- Employees may not engage socially with an agency client at a function where alcohol is being served
- Employees may never function in the capacity of “designated driver” for a client

Social activities held off-premises and paid for on a personal basis are not affected by this policy. If management considers it appropriate, light alcoholic beverages may be served at company-sponsored events held off-premises and for purely social reasons. The service must be managed in good taste and with good judgment.

The company is concerned with its employee’s privacy, especially when matters regarding medical and personal information are involved. As long as the information is not needed for police or security purposes, the company shall maintain employee medical and personal information in confidence and release this information to authorized company personnel on a “need to know” basis. An exception to this policy is when the employee signs a release for the transfer of such information on forms acceptable to the company to designated persons or agencies.

Nothing contained in this section shall eliminate or modify the company’s right to terminate any employee at any time for any reason.

CareCruiz Homecare Agency LLC does not presently perform routine drug testing on its employees but may do so at its discretion.

Staff are informed and advised on hire & ongoing that they are not to take money or other items/property from any client’s place of residence at any time. Staff will sign on the Do’s and Don’ts of Homecare form upon hire that they understand and will follow this policy.

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
2015	TOYOTA	SIENNA	8	B7504PD	164041
2019	TOYOTA	SIENNA	4 + TWO WHEELCHAIRS	C1137PD	54270
2014	ACURA	MDX	7	MPK0666	113114

*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).

Safety and compliance: We use Fleet Drive 360 Inc. software. To help us stay on track.

- Driver records (MVR, insurance, registration)
- Vehicle maintenance records

Please see the attached checklist

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

We have active commercial insurance.

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

N/A

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.

Please find the attached statement of financial position (balance sheet). I also own other companies internationally www.zockvila.com (Zockvila Africa construction and Zockvila Africa Food LLT) from which I can secure funds for this business if necessary.

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 Chimonye Obiakor

(Name and Title, printed or typed)
owner / Administrator

9-25-2025

(Date)

DATE OF DEPOSIT

SEP 29 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

CARECRUIZ HOMECARE AGENCY LLC

Balance Sheet

As of June 30, 2025

	<u>Jun 30, 25</u>	<u>Mar 31, 25</u>	<u>\$ Change</u>
ASSETS			
Current Assets			
Checking/Savings	22,256.95	12,004.60	10,252.35
Total Current Assets	<u>22,256.95</u>	<u>12,004.60</u>	<u>10,252.35</u>
Fixed Assets			
Furniture and Fixtures	5,050.00	5,050.00	0.00
Accumulated Depreciation	-5,000.00	-5,000.00	0.00
Total Fixed Assets	<u>50.00</u>	<u>50.00</u>	<u>0.00</u>
TOTAL ASSETS	<u>22,306.95</u>	<u>12,054.60</u>	<u>10,252.35</u>
LIABILITIES & EQUITY			
Liabilities			
Long Term Liabilities	97,494.54	82,203.92	15,290.62
Total Liabilities	<u>97,494.54</u>	<u>82,203.92</u>	<u>15,290.62</u>
Equity	<u>-75,187.59</u>	<u>-70,149.32</u>	<u>-5,038.27</u>
TOTAL LIABILITIES & EQUITY	<u>22,306.95</u>	<u>12,054.60</u>	<u>10,252.35</u>

DATE OF DEPOSIT

SEP 29 2025

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

CARECRUIZ HOMECARE AGENCY LLC**Profit & Loss**

January through June 2025

	<u>Jan - Mar 25</u>	<u>Apr - Jun 25</u>	<u>TOTAL</u>
Ordinary Income/Expense			
Income	128,726.61	111,998.01	240,724.62
Cost of Goods Sold			
Payroll Expenses	87,036.87	94,540.20	181,577.07
Total COGS	<u>87,036.87</u>	<u>94,540.20</u>	<u>181,577.07</u>
Gross Profit	41,689.74	17,457.81	59,147.55
Expense			
Donation	100.00	0.00	100.00
Advertising & Marketing	583.53	1,502.99	2,086.52
Auto Expenses	1,599.88	1,620.16	3,220.04
Bank Charges & Fees	158.45	101.55	260.00
Contract Labor	500.00	0.00	500.00
Continuing Education	417.00	0.00	417.00
Dues & Membership Fees	0.00	803.70	803.70
Insurance	2,992.51	12,470.18	15,462.69
Legal & Professional Services	4,175.32	1,438.00	5,613.32
Meals	0.00	81.99	81.99
Office Supplies & Software	2,553.26	670.77	3,224.03
Other Business Expenses	924.67	2,115.99	3,040.66
Payroll Processing	1,628.82	1,073.17	2,701.99
Rent & Lease	2,100.00	2,100.00	4,200.00
Repairs & Maintenance	970.00	90.00	1,060.00
Supplies	2,292.06	1,982.28	4,274.34
Telephone Expense	1,045.88	1,305.54	2,351.42
Utilities	912.40	1,005.87	1,918.27
Total Expense	<u>22,953.78</u>	<u>28,362.19</u>	<u>51,315.97</u>
Net Ordinary Income	<u>18,735.96</u>	<u>-10,904.38</u>	<u>7,831.58</u>
Net Income	<u><u>18,735.96</u></u>	<u><u>-10,904.38</u></u>	<u><u>7,831.58</u></u>

Criminal Background Check Policy

DATE OF DEPOSIT

SEP 29 2025

Policy Number: NMP: 5

Effective Date: 07/2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

POLICY:

It is the policy of CareCruiz Homecare Agency LLC to protect the vulnerable populations of elders and children by adhering to the requirement of performing criminal background checks and all other state and federal mandated checks prior to hire, for all employees who have direct client access and/or access to client records.

Employees may be hired conditionally and start orientation before the background check results are returned if they have provided or applied for a Criminal Background Check and completed a Criminal Attestation Form, but may not have direct consumer contact.

All owners and all employees of the CareCruiz Homecare Agency LLC are required to have current criminal history checks. Owners will have their criminal history checks conducted as part of the State licensure process, unless they have existing criminal checks that are less than one year old.

All staff being considered for hire must sign a Criminal Check Attestation and must either present a criminal check that is less than 12 months old or apply for a criminal history check pending.

Applicants may be hired on a provisional basis pending the outcome of their criminal checks, but it is the policy of CareCruiz Homecare Agency LLC that direct care staff members must have a completed criminal history check in his/her personnel file prior to independent home visits. Direct Care employees may start orientation and but may not make home visits prior to the results of the check being returned. If our agency services persons under the age of 18 years, all staff will have a ChildLine clearance

PROCEDURE:

UPON HIRE: All employees are subject to a criminal background check before hire. Employees will complete, as part of their hire paperwork, a Criminal Self Attestation. Employees have the right to be informed that the criminal background check is being done. The Criminal History information is confidential and will be placed in the *CONFIDENTIAL* employee file, stored separate from the general personnel files.

CRIMINAL BACKGROUND CHECK:

All criminal background checks/history information will be filed separately from the general personnel file, inside a sealed manila envelope, in the employee's *CONFIDENTIAL* personnel file. Criminal Background Check must be returned prior to permanent hire & direct client contact.

STATE CHECK PROCESS:

1. Prior to an offer of employment personnel, our Agency will conduct a criminal background history check to determine if that person has a criminal conviction or has committed certain conduct including abuse, neglect or mistreatment of a consumer of an agency or a facility licensed under the Health and Safety Code, or misappropriation of a consumer's property, that may disqualify him/her from employment with the Agency.
 - a. **RESIDENT OF PA FOR PAST 2 YEARS:** If an applicant has been a Pennsylvania resident for the past two (2) years preceding the date of the request for a criminal history report, the individual will request a state criminal check. Office staff/owners are also required to obtain a criminal background check in accordance with the PA regulations.

Any of the following documentation is acceptable:

- i. Motor vehicle records, such as a valid driver's license or a State issued identification.
- ii. Housing records, such as mortgage records or rent receipts.
Public utility records and receipts, such as electric bills.
- iv. Local tax records.
- v. A completed and signed, Federal, State or local income tax return with the applicant's name and address preprinted on it.
- vi. Employment records, including records of unemployment compensation.

If the individual is unable to show proof that they have been a resident of Pennsylvania for the 2 years immediately preceding the date of the request for a criminal history report, the individual shall obtain a Federal criminal history record and a letter of determination from the Department of Aging.

b. NOT A PA RESIDENT FOR PAST 2 YEARS: If the individual requiring the criminal background check has not been a resident of PA for the 2 years immediately preceding the date of request for the check, the individual shall obtain a Federal criminal history check and a letter of determination from the PA department of Aging, based on the Federal criminal history check, in accordance with Pa Code 15.144(b).

The requests for a criminal history record must be made prior to employment. Documentation of this notification must be kept in each employee's personnel file.

c. A direct care worker and a driver who has complied with the PA criminal history check code, who transfers to another agency operated by the same company is not required to obtain another criminal history report. If there is a change in agency ownership, the workers are not required to obtain another criminal history report.

2. **CHILDLINE CHECK:** All Staff of agencies serving people under the age of 18 years, must obtain a Pennsylvania Child Abuse History Clearance (ChildLine) before they can be hired on a provisional basis. The form must be submitted to the ChildLine and Abuse Registry.
3. Any employee whose criminal history is being checked has the right to be informed prior to obtaining the history and must sign a Criminal Check Attestation under which they will state that they have not been convicted of disqualifying offenses.
4. The employee is subject to immediate termination if:
 - b. Our Agency determines that the applicant has falsified their Criminal Check Attestation.
 - c. A person is listed in the Nurse Aide Registry as unemployable due to findings of abuse, neglect or mistreatment of a consumer of any agency or facility licensed under the Health and Safety Code or misappropriation of a consumer's property.
 - d. If the decision was made not to hire an individual based in whole or in part on PA State Police criminal history records, or Federal criminal history records, or both, CareCruz Homecare Agency LLC shall provide an affected individual with information on how to appeal to the sources of criminal history records if the individual believes the records are in error.
 - e. If the driver has any major driving record. While a couple of minor offenses may not hinder the driver's chances of employment, a spotless record is preferable.

f. If the driver has any substance or alcohol abuse record.

5. Our Agency shall maintain *confidential* files for staff which include copies of State Police criminal history records and Federal criminal history records. The files shall be available for Department inspection. CareCruiz Homecare Agency LLC shall maintain copies of the criminal history report for the agency or owners, which shall be available for inspection.

6. The criminal history records and the information they contain may not be released or otherwise disclosed to any person or entity other than the subject of the information except on court order or with the written consent of the person being investigated. If CareCruiz Homecare Agency LLC has reason to believe that an employee has abused, exploited or neglected a consumer of the Agency, the Agency must report the information upon discovery to:

The PA Abuse Hotline at 1-800-490-8505 adults; 1-800-932-0313 children.

7. PROVISIONAL HIRE: An employee may be hired on a provisional basis (but may not be assigned direct access to consumers) pending return of the criminal checks and ChildLine verification (if applicable) if the following conditions are met:

- a. The applicant has applied for a criminal history report and, if a direct care Staff employee a ChildLine verification (as applicable) and the person has provided our Agency a copy of the completed request forms.
- b. Our Agency has no knowledge about the applicant that would disqualify the applicant under 18 Pa.C. S. 4911 (relating to tampering with public record information).
- c. The applicant shall swear or affirm in writing that the applicant is not disqualified from employment or referral under PA chapter 611.
- d. Our Agency may not assign or refer the provisionally hired applicant until that person has met the requirements of 611.55 (relating to competency requirements).
- e. Our Agency shall monitor the provisionally hired person awaiting a criminal background check, through random, direct observation and customer feedback. The results of monitoring shall be documented in the employees file.
- f. Our Agency shall directly supervise, or assign another direct care worker to accompany, a provisionally hired applicant awaiting a child abuse clearance who will provide home care services to a consumer less than 18 years of age.

PROVISIONAL HIRE TIMEFRAMES: The period of provisional hire is:

- IF A PA RESIDENT FOR 2 YEARS: may not exceed 30 days.
- IF NOT A RESIDENT FOR PAST 2 YEARS: may not exceed 90 days.

If the individual fails to provide the ChildLine verification or criminal history report, or both, within the time period permitted for provisional hire, the individual shall be terminated by the agency immediately. Serving persons under 18:

If our agency services persons under the age of 18 years, all staff will have a ChildLine clearance and acquire the following three (3) certifications:

- Report of criminal history from the Pennsylvania State Police

- Fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and Child Abuse History Certification from the Department of Human Services (child Abuse).
- Child Abuse History Certification from the Department of Human Services (Child Abuse).
- Certification must be renewed every 5 years from the date of their last certification.

PENNSYLVANIA CRIMINAL CHECK ATTESTATION		
<p>By signing this document, I acknowledge that I have been told by the Agency that a criminal history check will be performed on my name. I have informed that Agency of all alias used (maiden name, aliases). I understand that I have been employed on a provisional basis that is temporary pending the results of the PA criminal history check. I also understand that it is the Agency's policy not to hire an individual who has been convicted of the offenses enumerated below. I also understand that the Agency will search any Employee Misconduct Registry and Nurse Aide Registry to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on the registry. If my name is on the registries, I understand the Agency may deny me employment.</p>		
PART I: CONVICTION OF EITHER A FELONY OR MISDEMEANOR CHARGE FOR ANY OF THE OFFENSES LISTED BELOW		
CC2500	Criminal Homicide	CC3127 Indecent Exposure
CC2502A	Murder I	CC3301 Arson and Related Offenses
CC2502B	Murder II	CC3502 Burglary
CC2502C	Murder III	CC3701 Robbery
CC2503	Voluntary Manslaughter	CC4101 Forgery
CC2504	Involuntary Manslaughter	CC4114 Securing Execution of Documents by Deception
CC2505	Causing or Aiding Suicide	CC4302 Incest
CC2506	Drug Delivery Resulting in Death	CC4303 Concealing Death of a Child
CC2702	Aggravated Assault	CC4304 Endangering Welfare of a Child
CC2901	Kidnapping	CC4305 Dealing in Infant Children
CC2902	Unlawful Restraint	CC4952 Intimidation of Witnesses or Victims
CC3121	Rape	CC4953 Retaliation Against Witness or Victim
CC3122.1	Statutory Sexual Assault	CC5903C Obscene or Other Sexual Materials to Minors
CC3124.1	Sexual Assault	
CC3123	Involuntary Deviate Sexual Intercourse	CC5903D Obscene or Other Sexual Materials
CC3126	Indecent Assault	CC6301 Corruption of Minors
PART II: CONVICTION OF A FELONY CHARGE FOR ANY OF THE OFFENSES BELOW		
CC5902B	Promoting Prostitution	CS13A35(i),(ii),(iii) Illegal Sale of Non-Controlled Substance
CS13A12	Acquisition of Controlled Substance by Fraud	CS13A36 Designer Drugs Felony
CS13A14	Delivery by Practitioner	CS13Axx* Any Other Felony Drug Conviction Appearing On PA Rap Sheet
CS13A30	Possession with Intent to Deliver	
Part III: CONVICTION OF EITHER ONE (1) FELONY CHARGE OR TWO (2) MISDEMEANORS CHARGES FOR ANY OF THE OFFENSES LISTED BELOW		
CC3901	Theft	CC3929 Retail Theft
CC3921	Theft By Unlawful Taking	CC3929.1 Library Theft
CC3922	Theft By Deception	CC3929.2 Unlawful Possession of Retail or Library Theft Instruments
CC3923	Theft By Extortion	CC3929.3 Organized Retail Theft
CC3924	Theft By Property Lost	CC3930 Theft of Trade Secrets

CC3925	Receiving Stolen Property	CC3931 Theft of Unpublished Dramas or Musicals
CC3926	Theft of Services	CC3932 Theft of Leased Properties
CC3927	Theft By Failure to Deposit	CC3933 Unlawful Use of a Computer
CC3928	Unauthorized Use of a Motor Vehicle	CC3934 Theft From a Motor Vehicle
<p>I, _____ (print name) hereby confirm that I have not been convicted of any felony or misdemeanor listed in PART I; that I have not been convicted of any felony listed in PART II or PART III, and; that I have not been convicted of any two misdemeanors listed in PART III of this document. I further confirm that there are no charges currently pending against me with respect to the above in PA or any other state.</p>		
Name:		Maiden name or Alias:
Address		
Social Security #:		Driver's License #:
Signature		Date

PRE-HIRE CHECKS

Employee: _____ Social Security# : _____

LICENSE CHECK: All licensed professionals must produce their current professional license and Verify credentials online to ensure the licensee is listed as "in good standing". The online statement must be printed & placed in their personnel file along with a copy of the current license.

<http://www.licensepa.state.pa.us/>

Professional Licensure checked online: YES
Professional license "in good standing"? YES NO
Printed and placed it in personnel file: YES

OIG FRAUD CHECK (LEIE): Every employee has an OIG Fraud/Exclusions check at:

<http://exclusions.oig.hhs.gov/>

CHECK completed: YES NO
Printed and placed the findings in the personnel file: YES

PA MEDICHECK LIST: <http://www.dhs.pa.gov/publications/medichecksearch/index.htm>

CHECK completed: YES NO
Printed and placed the findings in the personnel file: YES

SAM EPLS CHECK: <https://www.sam.gov/portal/SAM/##11>

CHECK completed: YES NO
Printed and placed the findings in the personnel file: YES

DATE OF DEPOSIT

SEP 29 2025

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

Person conducting pre hire screening Signature

Date



New Hire Approval or Denial

Applicant Name: _____ Date: _____

Date of Interview: _____ Official Hire Date: _____

1. Were at least 2 Reference Checks performed?
Y or N Date Performed: _____

Was there a bad reference?

2. Was a Background Check performed?
Y or N Date Performed: _____

Were there findings on Background check? IF yes, what was found?

3. Were Pre-Hire Checks performed?
Y or N
Date Performed: _____

Were there findings on Prehire checks?

4. Has the applicant been residing in PA for more than two years?

Y or N
Date Performed: _____

Sent for FBI fingerprints? Y or N Date sent _____
Has the proof of residency document been verified and copied? Y or N Date verified _____

5. Is child abuse clearance required? (Please verify if there are any minors present in the client's home.)
Y or N
Date verified with client _____
Date Performed: _____

Sent for additional clearances?

Based on your judgement do you feel this applicant is a good candidate for this company? Why or why not?

The position of _____ was or wasn't offered to _____

On _____ day of _____ in the year of _____

X

X

CareCruz Representative & Date

CareCruz Administrator & Date



Confidential File Management Drivers Checklist (Red Folder)

NAME _____ **DOH** _____

I-9 Form for ALL employees are filled all together, in a separate file folder.					
Identity, Tax and Payroll	<input checked="" type="checkbox"/>	Health Documents	<input checked="" type="checkbox"/>	STATE CHECK	<input checked="" type="checkbox"/>
Valid Driver License		Physical		Provisional Letter (if applicable)	
Social Security		2-Step PPD or Chest x-ray		Background Check	
Proof of Vehicle Insurance & Registration		T.B Questionnaire & Hepatitis B Vaccine		Background Consent	
W4- Form		Health Questionnaire		Pre-Hire Checks	
Local Tax		Pre-employment Tests		Child Abuse Clearance (if applicable)	
Direct Deposit		Substance Abuse Form		OIG (Up to date Monthly)	
Safe Driving Policy				Sam (Up to date Monthly)	
				National Sex Offender (Up to date Monthly)	
				Medi check (Up to date Monthly)	
				Driving record	



HIRED DRIVER FOLDER (Yellow)

Name _____ **DOH** _____

Leave Requests	
Disciplinary Action Forms	
NEMT trip Log	
Vehicle Inspection Check list	
Evaluations – 90 Day, 6 Month, and Yearly	
Salary Review Forms	
GUARDIAN	
AFLAC	
WORKPARTNERS	

Training Checklist (DRIVERS) Blue



Name _____ DOH _____

Trainings and test check List	
Lessons	Date Completed and initials
Lesson 1 -Transporting Persons with Disabilities Lesson 1 - Test	
Lesson 2 - Adaptive Equipment Lesson 2 -Test	
Lesson 3 – Bloodborne Pathogens/ Covid -19 Lesson 3 – Test	
Lesson 4 – Defensive and Distracted Driving Lesson 4 -Test	
Lesson 5 – Pre and Post Trip Inspections Lesson 5 – Test	
Lesson 6 – Accident and Incident Management Lesson 6 – Test	
Lesson 7 – Emergency and Evacuation Procedures Lesson 7- Test	
Lesson 8 – Substance Abuse and Alcohol Misuse Lesson 8- Test	
Lesson 9 – HIPAA and Confidentiality Standards Lesson 9 – Test	
Lesson 10 – Sexual Harassment in Transit Lesson 10 - Test	

Pre - Hire Management Checklist for Drivers (Manilla)



Name _____ DOH _____

EMPLOYMENT / JOB APPLICATION (4 pgs.) (Resume if available)	
Personal information and Emergency Contact	
Pre-Hire Interview (3 pgs.) and ready to Schedule	
Reference Checks (2-3)	
Provisional Hire Form	
Offer Letter	
CPR Requirement Form	
Carecruiz Hiring Guideline Form	
Employee Handbook	
Acknowledgement of Employee Handbook Do's & Don'ts	
HIPAA (2 pages)	
Non - Disclosure Policy / Affirmative Action	
Regulatory Compliance: State/Local Level	
Driver Job Summary / Job Description	
Agreement of Confidentiality, Non- Solicitation, and Non- Competition	
Conflict of Interest	
Driving Statement	
Incident/Accident Reporting Acknowledgement	
Emergency Breakdown Policy	
Personnel Policies and Procedures Manual	
Professional Boundaries (2 pages.)	
Acknowledgement & Understanding of Zero Tolerance Sexual Abuse Police	
Employee Photo Release Form	
Orientation Instruction Pages (2)	
Skill Competency Checklist	
PA Notification to Employee's Rights and Duties	

Policy Number: NMP: 10
Effective Date: 7/2024 cont'd

SEP 29 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

ILLEGAL DRUG USE/ALCOHOL ABUSE:

CareCruiz Homecare Agency LLC has a drug and alcohol free environment for employees. This policy is implemented because we believe that the impairment of any of our Agency's employees, due to his or her use of illegal drugs or due to alcohol abuse, is likely to result in the risk of injury to clients, other employees, the impaired employee, or to third parties, such as customers or business guests. Moreover illegal drug abuse adversely affects employee morale and productivity.

"Impairment" or "being impaired" means that an employee's normal physical or mental abilities or faculties while at work have been detrimentally affected by the use of illegal drugs or alcohol.

The employee who begins work while impaired or who becomes impaired while at work is guilty of a major violation of company rules and is subject to severe disciplinary action. Severe disciplinary action can include suspension without pay, dismissal or any other penalty appropriate under the circumstances. Likewise the use, possession, transfer or sale of any illegal drugs on company premises or in any Agency storage area or job site is prohibited. Employees who violate this rule are subject to severe disciplinary action including termination. In all instances disciplinary action to be administered shall be at the sole discretion and determination of the company.

When an employee is involved in the use, possession, transfer or sale of illegal drugs in violation of this policy, they will be immediately removed from direct client contact and the company may notify appropriate authorities. Such notice will be given only after such an incident has been investigated and reviewed by the employee's supervisor and the HR director. CareCruiz Homecare Agency LLC is aware that illegal drug abuse is a complex health problem that has both physical impact and an emotional impact on the employee, his or her family, and social relationships. A drug abuser is a person who uses illegal drugs, as defined above, for non-medical reasons, and this use affects job performance detrimentally or interferes with normal social interaction at work. Illegal drug abuse is both a management and a medical problem.

A supervisor/manager who suspects a drug or alcohol abuse case should discuss the situation immediately with his or her Agency Director. Because each case is usually different, the handling and referral of the case must be coordinated with the supervisor/manager and the personnel director.

Applicants who have a past history of substance abuse (SA) and who have demonstrated an ability to abstain from the substance, or who can provide medical assurance of acceptable control, may be considered for employment as long as they are otherwise qualified for the position for which they are applying. The Home service setting is more problematic for past/present history of SA as elders frequently have many medications in their home and Home service workers generally are alone in the home with the client increasing the temptation factor. Due to this aspect of our industry, our Agency must have more than the usual "medical assurance of control" over SA. Our Agency will not schedule a worker with a history of SA for 6 months after "medical assurance of control" over SA is received by our office. In this case, the employee enters an unpaid leave of absence status until the 6 month benchmark is achieved. The assignment of cases at this point will occur once a second "continued medical assurance of control" over SA is received by the employee's private MD. Our Agency does not pay for medical service to achieve the status of "medical assurance of control" over SA.

Management has chosen to adopt an alcoholic beverage policy in keeping with the concern for and the risks associated with alcohol use. Alcoholic beverages shall not be served or used on CareCruiz Homecare Agency LLC premises at any time. Alcoholic beverages shall not be used in conjunction with any company business meeting. Our Agency enforces strict policy related to alcohol and its clients:

- Employees may not purchase alcohol for any client of any age group

- Employees may not engage socially with an agency client at a function where alcohol is being served
- Employees may never function in the capacity of “designated driver” for a client

Social activities held off-premises and paid for on a personal basis are not affected by this policy. If management considers it appropriate, light alcoholic beverages may be served at company-sponsored events held off-premises and for purely social reasons. The service must be managed in good taste and with good judgment.

The company is concerned with its employee’s privacy, especially when matters regarding medical and personal information are involved. As long as the information is not needed for police or security purposes, the company shall maintain employee medical and personal information in confidence and release this information to authorized company personnel on a “need to know” basis. An exception to this policy is when the employee signs a release for the transfer of such information on forms acceptable to the company to designated persons or agencies.

Nothing contained in this section shall eliminate or modify the company’s right to terminate any employee at any time for any reason.

CareCruz Homecare Agency LLC does not presently perform routine drug testing on its employees but may do so at its discretion.

Staff are informed and advised on hire & ongoing that they are not to take money or other items/property from any client’s place of residence at any time. Staff will sign on the Do’s and Don’ts of Homecare form upon hire that they understand and will follow this policy.

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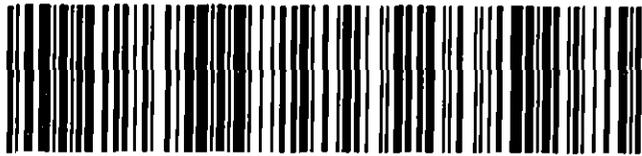
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