



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

December 17, 2025

A-6428500
A-2025-3059288

UNITED FAMILY HOME CARE
1031 BORBECK AVENUE
PHILADELPHIA PA 19111

RE: APPLICATION OF UNITED FAMILY HOME CARE

To Whom It May Concern:

On December 15, 2025, the application of United Family Home Care, at A-2025-3059288, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by mail.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

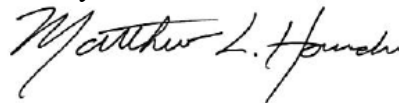
I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Jerome Elliott, Bureau of Technical Utility Services at 717-214-7155. Faxed or emailed filings are **not** accepted.

Sincerely,

A handwritten signature in cursive script that reads "Matthew L. Homsher".

Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2025-3059288
UNITED FAMILY HOME CARE

Request for Information

Questions for evaluation on a PUC Application require regulation compliant answers, they should be well thought out and complete, and must answer all parts of the questions asked. Please review Title 52 PA Code to ensure your answers meet that standard.

- 1) In regard to Question #10 of the application for proposed service area: Please re-read the instructions to understand that “personal convictions” language should only be used in reference to Amish transit, which may not specifically exist in your area of sufficient quantity to support a business. This does not refer to people who cannot for drive for any other reason.

Please consider that your request should only indicate the areas from which you intend to **originate** service. Your proposed service area must also be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc. Generally speaking, naming counties is the most wide-spread manner of achieving this goal, but other properly bound descriptions are acceptable if correctly prepared. Examples of sample territories are provided on the application itself, and your proposed territory should be written in similar format, clearly and concisely.

YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.

Example(s):

- a. Paratransit service between points in the counties of X, Y, and Z.
- b. Paratransit service from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.

- 2) The responses to questions 5(a), 5(b), 5(c), 5(d) and 5(e) of the verified statements are insufficient. Title 52 Pa. Code § 29 provides detailed requirements. **Please provide a system which incorporates code specified compliance requirements for frequency and retention of the specific documents as stated in the Code.** Each of your answers to sections of this question were insufficient:
 - § 29.503. Age restrictions.
 - § 29.504. Driver history
 - § 29.505. Criminal history.
- 3) Your statement of financial position does not show sufficient resources to support the requirements for providing the paratransit services, insurance premiums, reserve for repairs that are needed to operate a successful transportation business. Do you have additional resources to provide? Note that the statement **MUST** be dated to be acceptable.

The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because you have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.