



Grace & Loving Home Care LLC

5745B N Broad Street
Philadelphia, PA 19141
267-634-2901

Pennsylvania Public Utility Commission & Bureau of Investigation & Enforcement

RE: Application for Motor Common Carrier of Persons in Paratransit Service

Dear Commissioners,

Grace & Loving Home Care LLC respectfully submits this application for authority to operate as a Motor Common Carrier of Persons in Paratransit Service within the Commonwealth of Pennsylvania.

Our organization currently provides in-home care services to elderly and disabled individuals across Philadelphia, Bucks, Montgomery, Delaware, and Chester Counties. Through our operations, we have identified a critical need for reliable, non-emergency transportation services to ensure continuity of care and access to essential medical services.

This application represents a natural expansion of our existing services, allowing us to better serve our clients and address transportation barriers that impact health outcomes.

We are committed to full compliance with all Pennsylvania Public Utility Commission regulations and maintaining the highest standards of safety, reliability, and professionalism.

Sincerely,

Arthur Kharko

Arthur Kharko
Administrator
Grace & Loving Home Care LLC

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)

Grace and Loving Home Care, LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A.

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** ___ **Previous Authority?** X NO

If YES, at PUC No. A- _____

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

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

If YES, provide your PA Corporation Bureau Entity ID Number 6543456

(See checklist and indicate type of business entity registered) **LLC**

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Arthur Kharko, Administrator

6. **Mailing Address**

5745B N Broad Street
Street Address
Philadelphia, PA 19141 Philadelphia
City, State and Zip Code County
267-634-2901 arthur@graceandlovinghomecare.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.)

Street Address

City, State and Zip Code County

Telephone Number E-mail Address

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

8. **Attorney** (if applicable)

N/A

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No Yes, at No. _____

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport clients as a motor common carrier in paratransit from their residences in Philadelphia, Bucks, Montgomery, Delaware, and Chester Counties to points within those counties (including, but not limited to, the licensed home care agency operated by Grace and Loving Home Care LLC) and return, but only to the extent reimbursable as non-medical transportation services under (i) the Pennsylvania Medicaid Community HealthChoices Waiver, through contracts with Coordinated Transportation Solutions, Inc. and MTM, Inc., or (ii) the Pennsylvania Medicaid OBRA Waiver

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.

Arthur Kharko

(Print Name)

Arthur Kharko

(Signature)

03/23/2026

(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.

Grace and Loving Home Care LLC

Legal Name of Applicant

Trade Name, if any

5745B N Broad Street	Philadelphia	PA	19141
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.

Arthur Kharko, Administrator
5745B N Broad Street
Philadelphia, PA 19141
267-634-2901

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

None.

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.

Applicant will attend the Coordinated Transportation Solutions (CTS) Annual Pennsylvania Transportation Provider Training, and complete all initial trainings required by CTS and MTM. Applicant has not previously operated a licensed transportation service, but is an established provider of in-home care services to elderly and disabled individuals across multiple Pennsylvania counties. The company has extensive experience in staff management, scheduling, and coordinating time-sensitive services for 300+ clients.

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.

The facilities will consist of an office with a computer and landline telephone for communication with Applicant's drivers. Applicant's vehicles will be parked on-site when not in use. Applicant will maintain a communication network that ensures both reliable and efficient communication among its staff and clients. Applicant will receive customer requests via email or telephone from CTS or MTM, or in limited instances, clients. Applicant will dispatch vehicles in accordance with client needs. Applicant will maintain communication with its driver(s) via telephone and cell phone. Applicant will ensure all records related to its business as a Common Carrier are stored in a safe, secure, and easily accessible location. Applicant will designate a space within its facility for the safe and secure storage of PUC and normal business records.

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.

Applicant will initially employ five (5) drivers. When demand for Applicant's services increases through an increase in individuals seeking reimbursable transportation, applicant will employ additional drivers.

- a. Be at least twenty-one years of age (21). Speak and read English to effectively communicate with clients, understand traffic signals, make legible reports and records, operate vehicle safely, and have a valid drivers license issued by the Commonwealth of Pennsylvania. Comply with Applicant's Driver Job Description.
- b. Applicant will require all applicants for a driver position to submit a criminal history background check, including Pennsylvania State Police checks and, when applicable, FBI fingerprint-based screening.
- c. Applicant's Driver Training Program will include attendance at all CTS and MTM required training sessions and quarterly reviews by Applicant's administrator.
- d. Applicant will request quarterly drivers license checks on PennDOT online system for all drivers.
- e. Drivers will not be permitted to operate a vehicle under the influence of either drugs or alcohol. If a driver operates a vehicle under the influence of drugs or alcohol driver will be immediately terminated from employment with Applicant.

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>

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

Applicant will initially operate one (1) vehicle. When demand for Applicant's services increases, company have resources to obtain four (4) more vehicles or as needed.

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. Vehicles will undergo maintenance reviews on a quarterly basis. Drivers will be required to alert Applicant immediately upon noticing any maintenance or repair needs to their vehicle.
 - b. Vehicles will undergo compliance reviews on a quarterly basis and annual inspections as required by law. Drivers will be required to notify Applicant immediately upon noticing any maintenance or repair needs to their vehicle.

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

Applicant has consulted with its insurance broker and is prepared to pay for all necessary insurance. The Applicant have sufficient funds to pay for initial 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 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.

Arthur Kharko

 (Signature)
 Arthur Kharko, Aministrator

 (Name and Title, printed or typed)

03/23/2026

 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) Initial Balance Sheet
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$180,098.22	
Other Current Assets (specify)	\$0	
Total Current Assets		\$180,098.22
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)	\$0	
Office Equipment		\$35.000
TOTAL ASSETS		\$215,98.22

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$0	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		\$0
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		\$0

*Applicant's members are prepared to infuse the necessary funds to begin operations. It is expected that Applicant will have an influx of clients immediately through transportation services to/from the adult day center described above.

RETURN SERVICE REQUESTED

GRACE AND LOVING HOME CARE LLC
5745B N BROAD ST
PHILADELPHIA PA 19141-2307

Connect with Us

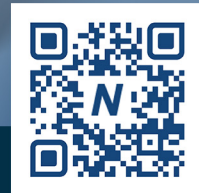
Online Access www.NewtekBank.com

Client Support 888-681-7238

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Summary of Accounts

Account Type	Account Number	Ending Balance
BUSINESS MMA	XXXXXXX2388	\$110,620.22

BUSINESS MMA - XXXXXX2388

Account Summary

Date	Description	Amount
01/31/2026	Beginning Balance	\$189,706.81
	1 Credit(s) This Period	\$413.41
	2 Debit(s) This Period	\$79,500.00
02/27/2026	Ending Balance	\$110,620.22

Interest Summary

Description	Amount
Interest Earned From 01/31/2026 Through 02/27/2026	
Annual Percentage Yield Earned	3.50%
Interest Days	28
Interest Earned	\$413.41
Interest Paid This Period	\$413.41
Interest Paid Year-to-Date	\$941.95
Average Ledger Balance	\$156,438.95
Average Available Balance	\$0.00

BUSINESS MMA - XXXXXX2388 (continued)**Account Activity**

Post Date	Description	Debits	Credits	Balance
01/31/2026	Beginning Balance			\$189,706.81
02/05/2026	IB Transfer to NewtekOne XX2220 on 2/05/26	\$10,500.00		\$179,206.81
02/18/2026	IB Transfer to NewtekOne XX2220 on 2/18/26	\$69,000.00		\$110,206.81
02/27/2026	INTEREST		\$413.41	\$110,620.22
02/27/2026	Ending Balance			\$110,620.22

Daily Balances

Date	Amount	Date	Amount	Date	Amount
02/05/2026	\$179,206.81	02/18/2026	\$110,206.81	02/27/2026	\$110,620.22

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at **888-681-7238** or write us at **1410 Commonwealth Drive, Suite 201A, Wilmington, NC 28403** as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appears.

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
- (3) Tell us the date and dollar amount of the suspected error(s).

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

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PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity# : 6543456
Date Filed : 08/02/2022
Pennsylvania Department of State

Return document by mail to:
Patricia J. Hills
Name
492 Norristown Rd., Ste. 160,
Address
Blue Bell PA 19422
City State Zip Code
 Return document by email to: _____

Change of Registered Office
DSCB: 15-1507/5507/8625/8825
(rev. 2/2017)



15076

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$5.00

The type of domestic association (check only one):

- Business Corporation Limited Liability Company Limited Liability Limited Partnership
 Nonprofit Corporation Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: Grace And Loving Home Care LLC

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) 2415 N 18th Street, Philadelphia PA 19132 Philadelphia
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

3. New address. Complete part (a) or (b) – not both:

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:

5745B N. Broad St., Philadelphia PA 19141 Philadelphia
Number and Street City State Zip County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o: _____
Name of Commercial Registered Office Provider County

4. For corporations only: Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

02 day of August, 2022.

Grace And Loving Home Care LLC
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company
Arthur Kharko
Signature
President
Title

Provider Number: 103364851-0001

Type: Enrollment Summary

Revalidation Date: 10/30/2027

Provider Info

Program Type

Pennsylvania Medical Assistance (PA MA)

Provider Type

59 - Otl Programs

Enrollment Type

Facility

Entity Name

Grace And Loving Home Care Llc

FEIN

*****16

103364851-0001

Provider Number

Service Location

Street

5745b N Broad St

Room/Suite

City

Philadelphia

State

PA - Pennsylvania

Zip+4

19141

County

Philadelphia

Email

ADMIN@GRACEANDLOVINGHOMECARE.COM

Phone Number

(267) 634-2901

Phone Extension

102

Fax Number

(215) 224-6000

General & Historical Questions

Is this address an active Rural Health Clinic or FQHC? No

Other Addresses

Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address? If you did not provide a different address for your mail-to address, the email address assigned to your service location address will be used. Yes

Mail-To Address :

Street 5745b N Broad St	
Room/Suite	
City Philadelphia	
State PA - Pennsylvania	
Zip+4 19141	
	County
Email ADMIN@GRACEANDLOVINGHOMECARE.COM	
Phone Number (267) 634-2901	
Phone Extension 102	
Fax Number (215) 224-6000	

Pay-To Address :

Street 5745b N Broad St	
Room/Suite	
City Philadelphia	
State PA - Pennsylvania	
Zip+4 19141	
	County
Email ADMIN@GRACEANDLOVINGHOMECARE.COM	

Phone Number

(267) 634-2901

Phone Extension

102

Fax Number

(215) 224-6000

Home-Office Address :

Street

5745b N Broad St

Room/Suite

City

Philadelphia

State

PA - Pennsylvania

Zip+4

19141

County

Email

ADMIN@GRACEANDLOVINGHOMECARE.COM

Phone Number

(267) 634-2901

Phone Extension

102

Fax Number

(215) 224-6000

Specialties

Primary Specialty

362 - Attendant Care/Personal Assistance Service

Sub-Specialty

Primary

Yes

ProviderType

59 - Oltl Programs

Specialty

362 - Attendant Care/Personal Assistance Service

Sub-Specialty

License, Certificate & Permit Information

Issuing Entity

DEPT OF HEALTH

Issuing State

PA

Number

3341361

Issuing Date

07/01/2022

Expiration Date

12/31/2299

PEP

Associated PEPs

Provider Eligibility Program (PEP)

OBRA Waiver

Effective Date

10/29/2022

End Date

12/31/2299

Act 150

Effective Date

10/29/2022

End Date

12/31/2299

Community HealthChoices Providers

Effective Date

10/29/2022

End Date

12/31/2299

Provider Ident.

Provider IRS/Legal Name and Address

Entity Name

Grace And Loving Home Care Llc

Street

5745b N Broad St

Room/Suite**City**

Philadelphia

State

PA - Pennsylvania

Zip+419141

Contact IRS/Legal Name and Address

Last Name**First Name****Title****Email**

Organizational Structure

Type Business Corporation, For Profit**UEI****Does the provider operate under a Fictitious business / doing business as (d/b/a) name?** No

Drug Enforcement Administration (DEA) Number

Is a Drug Enforcement Administration (DEA) Number associated with this provider? No

Additional Info

Enrollment Languages

In addition to English, do you or your staff communicate with patients in another language?

Yes

Spanish

Tax Exempt Status

Do you currently have tax exempt status? No

Electronic Visit Verification (EVV)

Will your provider agency be rendering Personal Care Services or Home Health Care Services that are subject to EVV? Yes

Active Service Locations

To download a Comma Separated Values (CSV) file containing the complete list of the active service locations for this provider, select the download icon (*download not available from PDF*):

 (/EnrollmentInfo/DownloadActiveServiceLocations)

⚠ Prepared on 3/23/2026 by the PA Department of Human Services Provider Enrollment On-line Application.