



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

May 21, 2026

Docket No. A-2026-3062605

**ALL NEEDS HOME CARE AGENCY LLC  
1617 JOHN F KENNEDY BOULEVARD FLOOR 20  
PHILADELPHIA PA 19103**

**RE: Application of ALL NEEDS HOME CARE AGENCY LLC, 111 Patriots Ridge Dr.,  
Woodbury, Gloucester County, NJ 08096. 856-689-3334**

To Whom It May Concern:

On May 20, 2026, the application of ALL NEEDS HOME CARE AGENCY LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile:**  
<https://www.puc.state.pa.us/efiling/default>

**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.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads 'Matthew L. Homsher'. The signature is written in a cursive, flowing style.

Matthew L. Homsher

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2026-3062605  
ALL NEEDS HOME CARE AGENCY LLC  
Data Request

1. Your response to question #10 of the application is unacceptable. For scheduled route service you are expected to provide a complete written description of **EACH** route (see the sample provided below for appropriate language and composition), provide an accompanying schedule table which indicates the expected times for each stop, provide an indication of route start and stop times, and provide a legible official map demonstrating the route (highlighters on maps works well). The map should be an official map and not hand-drawn (etc.) and it must be of sufficient detail to verify the accuracy of the route description that you provide.

**Each of the eight routes you have indicated requires its own description, schedule information, and supporting map.** Please do not place all routes on one map because it will not be acceptable if it is difficult to read.

**SAMPLE OF REQUIRED ROUTE LANGUAGE:**

to transport, as a common carrier, by motor vehicle, persons, on schedule, upon the following route: start Hazleton Intermodal Station (intersection of Broad St. and Church St.), head west on W. Broad St. toward PA-924, turn southwest on PA-924 toward Maplewood Dr., turn south on Maplewood Dr. toward Oakridge Rd., turn right onto Oakridge Rd. towards Green Mountain Rd., turn left onto Green Mountain Rd; and return to start.

Alternatively, you may wish to re-examine the classification of your proposed service authority type. Most typically, absent a defined route and schedule, the services you appear to offer are more typically associated with Paratransit Authority. If you remain uncertain on the proper authority type to suit your business plan, it is recommended that you consult with an attorney who is familiar with such operations and authorities.

If you do decide to change your request to paratransit authority you must submit a completed paratransit application and provide a cover letter stating your desire to change your requested authority type. You should also incorporate the deficiencies which are to be noted below into your revised application. Revised answers to the questions below are REQUIRED whichever authority type you seek to pursue.

If you pursue a paratransit application, your request should be limited to a scope which can be supported by your present resources and financial position. As your

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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.

business grows, additional territories and rights may be applied for. Applicants who request service areas beyond the scope of their resources risk the outright denial of their application, or possible Commission dictated revisions to their original request.

Descriptions of territory which include language such as, “and surrounding counties” are insufficiently specific. Your proposed service area must 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.

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

Example:

- a. Between points in Pennsylvania
  - b. between points in the counties of X, Y, and Z.
  - c. from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
  - d. from points in the counties of X, Y, and Z, to points in the counties of A, B, and C, and return
2. Is your transportation service to be limited strictly to the existing (and future) home health care clients of **ALL NEEDS HOME CARE AGENCY LLC**, or will it be available to **THE PUBLIC AT LARGE**? Regulatory oversight is significantly higher if the services are to be made available to the public at large so please be sure of your answer prior to responding.
3. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** and to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.
- a. In reference to Question #5
    - i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of**

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**compliant plan for drivers which completely addresses the following:**

- § 29.503. Driver Age
  - § 29.504. Driver history (schedule and record retention)
  - § 29.505. Criminal history (schedule and record retention)
4. In response to Question #6 you provide no information about vehicles and state that you intend to utilize two vehicles for the proposed service: can you provide any details about the vehicles you intend to obtain (budget, type, mileage, year, etc.) and how do you intend to obtain them (transfer, lease, rent, purchase – in full or in installments)?
  5. Your vehicle safety program is inadequate. When asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question and to ensure that the plan satisfies the requirements. Can you provide a written copy of your cohesive safety plan? Can you provide a copy of your inspection check list that will be provided to drivers? These should be complete and reviewable by the Commission.
  6. Please provide information on your insurance policy or policy quotes. Include the provider's name, policy limits, and annual costs. Do/will you pay your premiums in monthly installments, or do/will you pay the entire premium in advance?

Also, understand that if you do change your requested authority type to paratransit instead of scheduled route that there could be a substantial difference in coverage costs. If you do change authority types please contact the providers for revised quotes and ensure that the Commission receives the most accurate information possible.

7. Please review the below criteria and submit a revised compliant Statement of Financial Position (**utilizing the previously provided form**) **and provide evidence to support the statement (required):**
  - a. The statement presented must be **DATED and comprised of information which is less than 6 months old.**
  - b. The submission **MUST be comprised of information which is accurate as of the date provided.**
  - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.** Property and

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vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).

- d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**).
- e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (ALL NEEDS HOME CARE AGENCY LLC). Any property and accounts listed MUST be registered or titled to the applicant. Bank accounts must be in the name of ALL NEEDS HOME CARE AGENCY LLC. Vehicles must be registered to ALL NEEDS HOME CARE AGENCY LLC. Property must be titled to ALL NEEDS HOME CARE AGENCY LLC. Relevant Vehicle and facility leases should also be properly shown and allocated. If these items are not in the name of ALL NEEDS HOME CARE AGENCY LLC, they should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your updates). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness**, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and/or notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Also include any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, leases, etc.

**You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application, as is failure to provide the requested supporting documentation.**

8.

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