



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Sharon Proffitt

City Harvey State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

8/25/16

Changed her name  
didn't speak  
5



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Anne Spencer

City

Harvey

State

IA

Zip

60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Will Davis

City

Homewood

State

IL

Zip

60430

**II. REPRESENTATION**

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

State Rep 30<sup>th</sup> Dist

**III. POSITION**

(please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony**

(please circle)

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) MARK Hozloff

City Chicago State IL Zip 60616

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Doctor works at Ingall ANP  
University of Chicago

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                                      Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Bridget T. Carter  
 City Richardson Park State IL Zip 60471

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizens for Health Care

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Pam Markle

City

Harvey

State

IL

Zip

1004260

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Children's Habilitation Center

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle )

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) FORLANDER LEWIS, PASTOR

City HARVEY State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NEW MT. OLIVE CHURCH, HARVEY, IL

**III. POSITION** (please circle appropriate position)

Support                       Oppose                       Neutral

**IV. Testimony** (please circle )

Oral                                       Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Rev. STEVEN D. LEWIS

City DIXMOOR State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

TRUE VINE BAPTIST CHURCH

SOUTH SUBURBAN CONCERNED CLERGY

III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle)

Oral                                       Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Alderman Joseph Whittington Jr

City

Harvey

State

Ill

Zip

60426

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

2nd Ward Harvey

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

16

Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Ofelia Toral

City Lansing State IL Zip 60438

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NAMI South Suburbs of Chicago

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Mayor Vernard Alsbury Jr

City HAZEL CREST State FL Zip 32424

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (please circle appropriate position)

Support                       Oppose                       Neutral

**IV. Testimony** (please circle )

Oral                       Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Susan Fine

City Park Forest State IL Zip 60466

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (please circle appropriate position)

Support                       Oppose                       Neutral

**IV. Testimony** (please circle )

Oral                       +                       Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Kim Garrison  
 City Park Forest State IL Zip 60466

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (please circle appropriate position)

Support                       Oppose                       Neutral

**IV. Testimony** (please circle )

Oral                      ✕                       Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Dr. Lisa Green, CEO  
City Harvey State Illinois Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Family Christian Health Center

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Dawn Hurdert

City

Orland Park

State

IL

Zip

60462

**II. REPRESENTATION**

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Chicago Southern Chamber  
of Commerce

**III. POSITION**

(please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony**

(please circle)

Oral

Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

*Dr. Kisha McCastill* <sup>Park</sup> Director

City

*Harvey*

State

*IL*

Zip

*60426*

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

*Partnership*

*Community Educators*

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle )

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Melville A. King Jr

City Harvey State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (please circle appropriate position)

Support                      Oppose                      Neutral

**IV. Testimony** (please circle )

Oral                                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Kurt Johnson

City Chicago Harvey State IL Zip \_\_\_\_\_

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ingalls

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Dean Kenneth Polonsky

City Chicago State IL Zip \_\_\_\_\_

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

UGC Medicine

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Sharon O'Keefe

City Chicago State IL Zip \_\_\_\_\_

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

UGC Medicine  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

6  
Oral

Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name *(Please Print)* Michael Gilmore

City Dalton State Illinois Zip 60419

**II. REPRESENTATION** *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Delays Emergency Medical Services

**III. POSITION** *(please circle appropriate position)*

Support

Oppose

Neutral

**IV. Testimony** *(please circle)*

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

3

Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Yolanda Villanueva

City East Hazel Crest State IL Zip 60429

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NAMI and personal interests

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

4

**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) WOODROW NUNN

City HARVEY State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HARVEY COMMUNITY COALITION

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**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle)

Oral

Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) CHRISTOPHER S. CLARK

City HARVEY State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

3RD WARD ALDERMAN CITY  
OF HARVEY

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

22

**Public Hearing Testimony Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Apostle Carl L. White Jr.

City Harvey State \_\_\_\_\_ Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Southland Min. Health Network

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle )

Oral

Written

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

~~Public Hearing Testimony Registration Form~~

Facility Name: Ingalls Memorial Hospital

Appearance only

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

SUSAN A. BRAVO

City

So. Holland

State

Ill

Zip

60473

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Numerous "victims" of Ingalls care who are unable to be here today

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written

Written

Based on several experiences over the past few years I oppose an organization - the quality of the Univ of Chicago Hospitals deriding their name by Uniting with Ingalls. Most recently on June 8, 2016 when someone in the ER at Ingalls injected

8/25/16

100 Mc at Danvers at 11:30 AM - 11:45 AM - 11:55 AM - 12:00 PM - 12:05 PM - 12:10 PM - 12:15 PM - 12:20 PM - 12:25 PM - 12:30 PM - 12:35 PM - 12:40 PM - 12:45 PM - 12:50 PM - 12:55 PM - 1:00 PM - 1:05 PM - 1:10 PM - 1:15 PM - 1:20 PM - 1:25 PM - 1:30 PM - 1:35 PM - 1:40 PM - 1:45 PM - 1:50 PM - 1:55 PM - 2:00 PM - 2:05 PM - 2:10 PM - 2:15 PM - 2:20 PM - 2:25 PM - 2:30 PM - 2:35 PM - 2:40 PM - 2:45 PM - 2:50 PM - 2:55 PM - 3:00 PM - 3:05 PM - 3:10 PM - 3:15 PM - 3:20 PM - 3:25 PM - 3:30 PM - 3:35 PM - 3:40 PM - 3:45 PM - 3:50 PM - 3:55 PM - 4:00 PM - 4:05 PM - 4:10 PM - 4:15 PM - 4:20 PM - 4:25 PM - 4:30 PM - 4:35 PM - 4:40 PM - 4:45 PM - 4:50 PM - 4:55 PM - 5:00 PM - 5:05 PM - 5:10 PM - 5:15 PM - 5:20 PM - 5:25 PM - 5:30 PM - 5:35 PM - 5:40 PM - 5:45 PM - 5:50 PM - 5:55 PM - 6:00 PM - 6:05 PM - 6:10 PM - 6:15 PM - 6:20 PM - 6:25 PM - 6:30 PM - 6:35 PM - 6:40 PM - 6:45 PM - 6:50 PM - 6:55 PM - 7:00 PM - 7:05 PM - 7:10 PM - 7:15 PM - 7:20 PM - 7:25 PM - 7:30 PM - 7:35 PM - 7:40 PM - 7:45 PM - 7:50 PM - 7:55 PM - 8:00 PM - 8:05 PM - 8:10 PM - 8:15 PM - 8:20 PM - 8:25 PM - 8:30 PM - 8:35 PM - 8:40 PM - 8:45 PM - 8:50 PM - 8:55 PM - 9:00 PM - 9:05 PM - 9:10 PM - 9:15 PM - 9:20 PM - 9:25 PM - 9:30 PM - 9:35 PM - 9:40 PM - 9:45 PM - 9:50 PM - 9:55 PM - 10:00 PM - 10:05 PM - 10:10 PM - 10:15 PM - 10:20 PM - 10:25 PM - 10:30 PM - 10:35 PM - 10:40 PM - 10:45 PM - 10:50 PM - 10:55 PM - 11:00 PM - 11:05 PM - 11:10 PM - 11:15 PM - 11:20 PM - 11:25 PM - 11:30 PM - 11:35 PM - 11:40 PM - 11:45 PM - 11:50 PM - 11:55 PM - 12:00 PM



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

11

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Mayme Buckley

City Matteson State IL Zip 60443

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Mary Wright

City

Harvey

State

IL

Zip

60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

PASTOR BOOKER J. PERSON

City

Olympia Fl

State

FL

Zip

60461

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SSAC South Side

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

KEVIN WELSH

GLENWOOD

IL

60425

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

GLENWOOD FIRE DEPT

Village of GLENWOOD

FIRE MARS DIVISION # 24

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Searcy Smith

City

Harvey

State

IL

Zip

60426

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Patricia Perkins

City

Harvey

State

IL

Zip

60426

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

Is this a Win, Win?  
I am not sure.

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Jennifer Casey

City

East Hazel Crest

State

IL

Zip

60429

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

The South Suburban Council on  
Alcoholism and Substance Abuse

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

MARY McNeese

City

HARVEY

State

IL

Zip

60426

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) FRANKLIN MORRIS

City FLOSSMOOR State ILL Zip 60422

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SSCC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) WYNELL VERRITT - BUTLER

City Dixmoor State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SSAC South DuPage Action Conf.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) EFFIE ALEXANDER

City HARVEY State Ill. Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SOUTH SUBURBS ACTION CONFERENCE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

2

Public Hearing Appearance Only Registration Form

8

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Brenda Sailey

City HARVEY State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Michael Gilmore

City Delta State IL Zip 60419

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Delta Ambulance Service

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\_\_\_\_\_  
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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Anthony DeLuca

City

Chicago Heights

State

IL

Zip

60411

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

State Rep 80<sup>th</sup> District

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) NELLIE MAHONE

City HARVEY State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Donna Dierakis

City

Narvey

State

Ill

Zip

60415

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) MAUZKIE ERVIN

City HARVEY State IL Zip 60142

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) FRONNIE M. ECHOLS

City HARVEY State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

A Concerned Citizens for Health Care

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD



Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Rosemary Dombrowski

City So. Holland State IL Zip 6047

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Volunteer Ingalls

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\_\_\_\_\_  
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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form



Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

DOUG BECKMAN

City

THORNTON

State

IL

Zip

60476

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

VILLAGE OF THORNTON

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) BOB KOLOSIT

City THORNTON State IL Zip 60476

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Village OF THORNTON - Mayor

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

PAMELA WHITE

City

CCM

State

IL

Zip

60478

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Eddie W. Hemp Jr.

City Hazel Crest

State

IL

Zip

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concern Citizen

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Annette Whittington

City Harvey State Illinois Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

School District 205 Board

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) MARY EMILY GRANT

City HAZEL CREST State IL Zip 60429

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) PAUL K. JONES

City BALUMET CITY State IL Zip 60409

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) SIDNEY RIDLEY

City HARVEY State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) JANICE WILCK

City BEECHER State IL Zip 60401

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

INGALLS AUXILIARY

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Sandra Wells

City

Dolton

State

IL

Zip

60419

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Paul Donohue

City

Burr Ridge

State

IL

Zip

60527

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ingalls

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Joyce P Brown

City Harvey

State IL

Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Renee Gill

City Chicago State IL Zip 60649

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Children's Rehabilitation Center

Harvey A.L.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) DR. SHARRONNE WARD

City TINLEY PARK State IL Zip 60477

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Grand Prairie Service Behavioral Health  
- ALSO A RESIDENT OF HAZELCREST IL.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Rose B Smith  
City HARVEY State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Dr. Phyllis P. Hayes

City Harvey State Illinois Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Family Christian Health Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Carl Hunter

City Harvey State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Quillie T. Dampier

City Harvey State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Deborah Alexander

City Harvey State Ill. Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

South Suburban Child Care Association  
Prince & Princess Child Care  
City of Harvey Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Timothy Williams  
City Riverdale State IL Zip 60827

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Village of Riverdale  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print)

RUBY J. DONAHUE

City HARVEY State ILL. Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HARV - COMMUNITY COALITION

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name *(Please Print)*

L VEX YOUNG

City HARVEY State ILL Zip 60426

II. REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION *(Circle appropriate position)*

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Timothy James

City Markham

State

IL

Zip

60428

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Children Rehabilitation Center

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

CRATTENDON, Terence  
Oak Forest Ill. 60457

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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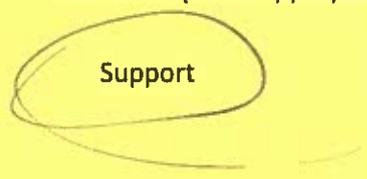
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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

CHARLESETA WASHINGTON  
HARVEY ILL 60626

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

Joe Ann Smith

City

Homewood

State

IL

Zip

60430

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Alderman Joseph Whittington, Jr

City Harvey State Ill Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) Rosie M. White

City Harvey State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) ROBERT GIBSON

City HARVEY State ILL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) ALLEN H. MAHONEY JR

City HARVEY State IL Zip 60426

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HAR-V-Community Coalition-President

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) LUCINDA T. RUTHERFORD

City HARVEY State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Joan Summit

City Southland State \_\_\_\_\_ Zip \_\_\_\_\_

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CITIZEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) David Habecker

City Thornton State IL Zip 60476

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Thornton Fire

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (Please Print) Charlye Tom

City Chgo Hl State IL Zip 60411

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print) JEAN HURN

City BEECHER State IL Zip 60401

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Ed Paesel

City E. Hazel Crest State IL Zip 60429

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

South Suburban Mayors & Managers Assn.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

**I. IDENTIFICATION**

Name (Please Print)

City

State

Zip

Rachel Jones

Calumet City

IL

60409

**II.**

**REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ingalls + Concerned Citizen

**III.**

**POSITION** (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Pastor Lucian Jackson, Jr.

City Phoenix, State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

First Baptist Assembly of Praise & Deliverance

117 E. 147<sup>th</sup> St.

Harvey, IL 60426

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print)

Sharon Holt

City

Harvey

State

IL

Zip

60146

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

W.W. Holt Funeral Home

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Lula Fulson

City Robbins State IL Zip 60472

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Charles Holley

City Harvey State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Family Christian Health Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Ingalls Memorial Hospital

Project Number: E-019-16

I. IDENTIFICATION

Name (Please Print) Dr Lisa J Green

City Chicago Harvey State IL Zip 60426

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Family Christian Health Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

8/25/16

~~Use~~ Andrea A. Paxton  
HACC Pres.  
Harvey, IL 60426

Use  
CRA

~~Use~~ Sharon McDavid  
Susie Dillard  
Harvey, IL 60426

Use  
CRA

~~Use~~ Chelly Carter  
Harvey, IL 60426  
Supporting

Gwendolyn Evans  
Chicago HTS, IL 60411

Supporting

<sup>noted</sup> Tyronne Ward - Village of Robbins - Mayor  
Patti Ogden Children's Rehabilitation Center - Support  
Dave Heckworth Homebased - Support  
Rev. Jeffrey Smith Alhambra - Support

✓

Name

City

Support

Oppose

Hazel Hayden

Harney Is.

Support

6042,

Shirley Everett

Harvey A

Support

Angela Brunson

Mattison

Support

60443

Juise Erwin

Park Forest  
(2014)

60466

(3)

⊘

✓  
1 Catherine Williamson  
South Holland, Ill  
Support!!!

1 Irene Stungley  
South Holland Ill  
Support

~~1 <sup>Edna</sup> Lettelle A King Jr  
Harvey Support~~

1 Penny Tillman (NextLevel Health  
Chicago IL  
Neutral

1 NATE LLEWELLYN NEUTRAL  
HAZEL CREST

Toya T. Harvey, Esq - Supporter  
Homewood

✓