17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Troy Edwards
City Rockford State IL Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(18)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Joshua Gillespie

City Rockford State IL Zip 61103

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) I'm neutral.

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Megan Cheston

City Rockford State ILL Zip 61105

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

29

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

Ruth A. Culley

I. IDENTIFICATION

Name (*Please Print*) Ruth A. Culley

City RKFD State IL Zip 61102

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

22

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Shaunkeir Simmons
City Rockford State IL Zip 61101

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)

SUSI wont to help

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

36

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Lea Sturdivant

City Rockford State Ill Zip 61103

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)
412 N Church St

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

37

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) MARK BEAMON

412 N Church

City RCK State ILL Zip 61103

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 (*Circle appropriate position)*

Support Oppose Neutral

9/16/16

7

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) BOBBIE BURL

City Rockford State IL Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Trenika Allen

City Rockford State IL Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(14)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Sue Ripsch

City Rockford State Ill. 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)

Mercyhealth

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Beverly Dorr
City Rockford State IL Zip 61108

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

20

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Otis Thompkins

City Rockford State Illinois Zip 61102

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

24

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Michael Gordon

City Rockford State IL Zip 61102

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

-30

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Anne Herkert

City Rockford State IL Zip 61107

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) Mercyhealth

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

32

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Shunyatta Stewart
City Rockford State IL Zip 61104

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)
Appearance

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

33

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Darron Simmons

City Rockford State IL Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

38

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Elizabeth Powers
City Rockford State IL Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

39

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) MICHAEL HEARON

City MILWAUKEE State WI Zip 53218

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

1

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Stacy Howard

City Rockford State Ill Zip 61101

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

(2)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) ~~[illegible]~~ Keyonna McCune

City Rockford State Ill Zip 61101

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

9/16/16

3

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) LANDER D. JOHNSON

City Rockford State Ill Zip 61102

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 (*Circle appropriate position*)

~~Support~~ Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(4)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) GRETCHEN SEIVERT
City Rockford State Ill Zip 61101

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

(5)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) William Frazier

City Rockford State IL Zip 61101

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(6)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Constance Hill
City Rockford State IL Zip 61101

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) Winnebago county resident

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

9

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) JEROME Collier

City ROCKFORD State Ill Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(10)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) William Turner
City Rockford State IL. Zip 61105

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(11)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Ryfell Crowder
City Rockford State ILL Zip 61102

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 (*Circle appropriate position*)

~~Support~~ Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(12)

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Charmaine Adams

City Rockford State IL Zip 61107

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 (*Circle appropriate position*)

Support (Oppose) Neutral

9/16/16

(13)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Delisha Williams

City Rockford State ILL Zip 61102

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 (*Circle appropriate position*)

[redacted] Oppose Neutral

9/16/16

16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Kimberly Simon

City Rockford State IL Zip 61103

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)

We want to keep RMH up because than well have a hospital close to us

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

21

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Christopher Keith Harris

City Winnebago State IL Zip 61102

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 (*Circle appropriate position*)

~~Support~~ Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

23

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Tommie Tucker

City Rockford State IL Zip 61102

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

25

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Thomas Woods

City Rockford State ILL 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)

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

26

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Beverly Owen

City Rockford State Ill Zip 61108

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

27

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Danielle Claybrom

City Rockford State IL Zip 61101

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

28

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Shirley McCune

City Rockford State IL Zip 61103

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

31

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Flossie Hoade

City Rockford State IL Zip 61101

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 (*Circle appropriate position*)

Support Oppose Neutral

9/16/16

(1)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Pam Allen

City Rockford State IL Zip 61109

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)

AT Rockford memorial Hospital

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

(15)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Jack Axel

City Palatine State IL Zip 60067

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)

Axer & Assoc

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

8

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Angela Laura

City Rockford State ILL Zip 61101

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

9/16/16

(9)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Willie Kimble

City Rockford State ILL Zip 61101

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

9/16/16

(10)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Sherry Jefferson
City Rockford State IL Zip 61101

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

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(2)

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Laura Wheeler

City Dixon State IL Zip 61021

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)

Rockford Memorial Hospital

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

(11)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Willie Jefferson

City Rockford State Ill. Zip 61101

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

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

3

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION

Name (*Please Print*) Melissa Ramsey

City Winnebago State IL Zip 61088

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)

Rockford Memorial Hospital

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

5

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) GILLIAN HEADLEY

City ROCKFORD State IL Zip 61103

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)

ROCKFORD MEMORIAL HOSPITAL

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

Didn't come up

(17)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Shirley McCune
City Rockford State IL Zip 61103

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

9/16/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

(6)

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) TONY KETTLESON

City ROCKFORD State IL Zip 61060

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

9/16/16

(48)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Shelton Kay

City Rockford State IL Zip 61101

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)

Crusader Community Health

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

LAST

(4)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Paul Van Den Heuvel

City Janesville State WI Zip 53545
Rockford IL

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)

Mercy Health Corporation

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

7

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) BISHOP JAMES T. DUKES

City CHGO State IL Zip 60619

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 UPA Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

(14)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Brittney Person

City Rockford State IL Zip 6110

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

9/16/16

(16)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) Linda McNeely
City Rockford State IL Zip 61102

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) 13th Ward Alderman

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16

(12)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Rockford Memorial Hospital

Project Number: E-021-16

I. IDENTIFICATION
Name (*Please Print*) William K. Cunningham, MD
City Rockford State IL Zip 61103

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)
Swedish American

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

9/16/16