



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) Kelvin Oliver
City Orly Hills State IL Zip 60466
Signature [Handwritten Signature]

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

OTIS GORMAN

City

Olympia Fields State IL Zip 60461

Signature

[Handwritten Signature]

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Maria Dominguez

City Steger State IL Zip 60475

Signature Maria Dominguez

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Maria P Chavez

City Chicago State IL Zip 60411

Signature Maria P Chavez

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Collis Brown

City Chicago - HTS State IL Zip 60644

Signature [Handwritten Signature]

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Tasha Watson

City

Ford Heights

State

IL

Zip

60411

Signature

Tasha Watson

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Elva Valdez

City 626 DEANGET'S State ILL Zip 60411

Signature Elva Valdez

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) BERNARDO P. RUBIO

City CHICAGO HTS State ILL Zip 60411

Signature Bernardo P. Rubio

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)

STAPABLO

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Wayne Aguirre

City Chicago Hs State IL Zip 60411

Signature Wayne Aguirre

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) NATE LEWELLYN

City HAZEL CREST State IL Zip _____

Signature [Handwritten Signature]

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)

ADVOCATE SOUTH SUBURBAN HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jose Jimenez

City DYER State IN Zip 46311

Signature Jose Jimenez

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kristen Turner

City Chicago Heights State IL Zip 60411

Signature *Kristen Turner*

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 Heights School Dist. #170

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Mary Kay Entsminger

City Orland Park State IL Zip 60467

Signature Mary Kay Entsminger

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Maureen Lopez

City Steger State IL Zip 60475

Signature Maureen A. Lopez

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JOE CATTANDO

City HOMERWOOD State IL Zip 60430

Signature Joe Cattando

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Marsha Conroy

City Olympia Fields State IL Zip _____

Signature *Marsha Conroy*

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)

Aunt Martha's

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) VIRGINIA TOPALLE

City Chicago Heights State IL Zip 60411

Signature *Virginia Topalle*

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Susan Riggle
 City S. Chicago Hts State IL Zip 60411
 Signature Susan Riggle

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Doreen Gordon

City Chicago Hts State IL Zip 60411

Signature [Handwritten Signature]

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

Neutral
Need here in for
no just

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Deborah Bennie

City Olympia Fields State IL Zip 60461

Signature Deborah Bennie

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Betty Calacce

City Chicago HTS State ILL Zip 60411

Signature Betty Calacce

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JOHN CIREN

City CRETE State IL Zip 60417

Signature John Ciren

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) HILARY TRIP

City MONTE State IL Zip 60449

Signature Hilary Trip

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

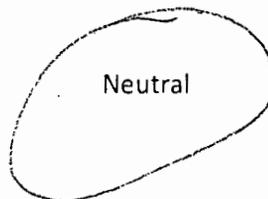
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) PAUL W. STYLES
City Glenwood State IL Zip 60425
Signature 

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) T. Allen

City Flossmoor State IL Zip 60422

Signature [Handwritten Signature]

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jane Nix

City Olympia Fields State IL Zip 60461

Signature Jane Nix

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Doug Beckman

City THORNTON State IL Zip 60476

Signature Doug Beckman

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) RICHARD G MOUTVIC MD

City CRETE State IL Zip 60417

Signature Richard G Moutvic

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JAMES J LEECH

City S CHICAGO HEIGHTS State IL Zip 60411

Signature James J Leech

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Raquel McGinnis

City Cook Village State IL Zip 60411

Signature [Handwritten Signature]

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)

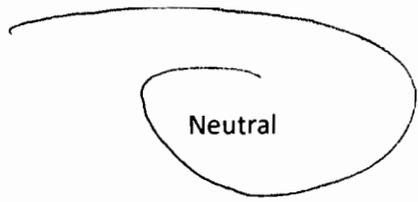
SPI/FPN

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DAVID CARLSON

City CHICAGO HTS State IL Zip 60411

Signature [Handwritten Signature]

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Toni T. Ashmore

City Matteson State IL Zip 60443

Signature [Handwritten Signature]

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Anthony Foush,
City STEGER State IL Zip 60475
Signature [Handwritten Signature]

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 Voice
Newspaper

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) George W. Watson

City Chicago Hts State IL Zip 60411

Signature George W. Watson

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Edna Turner

City Calumet Park State IL Zip 60827

Signature Edna Turner

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

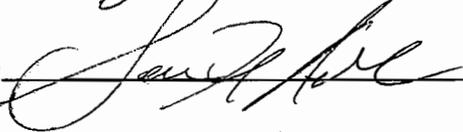
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sean Anderson

City Chicago State IL Zip 60610

Signature 

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Stephen Paredes

City

Flossmoor

State

IL

Zip

60422

Signature

[Handwritten Signature]

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) George Brasson III

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Julia DeYoung

City Beecher State IL Zip 60401

Signature Julia DeYoung

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) FRANK D. GIOVANNI

City CHICAGO HEIGHTS State ILLINOIS Zip 60411

Signature Frank D. Giovanni

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)

LABORERS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Julio A Meza

City Chicago Hts State IL Zip 60411

Signature Julio A Meza

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