



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

7

I. IDENTIFICATION

Name (Please Print) ARNIE KIMMEL

City CHICAGO State IL Zip 60610

Signature Arnie Kimmel

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)

FRANCISCAN ST JAMES HEALTH

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

1

I. IDENTIFICATION

Name (Please Print) RICHARD GIBB

City OLYMPIA FIELD State IL Zip 60401

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 (please circle appropriate position)

Support Oppose Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

3

I. IDENTIFICATION

Name (Please Print) THOMAS VILLAWONA

City CHICAGO State IL Zip 60606

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)

PRESIDENT
CHICAGO & COOK COUNTY BUILDING TRADES

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

(4)

I. IDENTIFICATION

Name (Please Print)

KEVIN A. WELSH

City

GLENWOOD

State

IL

Zip

60425

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)

MARBAS DUNSON 24

Village of Glenwood

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

[Handwritten circle around 'Oppose']

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

5

I. IDENTIFICATION

Name (Please Print) Will Klein

City MICHIGAN CITY State IN Zip 46360

Signature Will Klein

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)

John and Blank Construction

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

6

I. IDENTIFICATION

Name (Please Print) Steve De Long

City Homerwood State IL Zip 60430

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)

Homerwood FIRE DEPT.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

8

I. IDENTIFICATION

Name (Please Print) Chief Chris Schwalbe

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)

Village of Matteson Fire Department

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

9

I. IDENTIFICATION MARY TEYKL
Name (Please Print) _____
City Flossmoor State IL Zip 60422
Signature Mary Teykl

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)
community member

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

40

I. IDENTIFICATION

Name (Please Print) WILLIAM PRESTON

City CRETE State IL Zip 60417

Signature William C Preston

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

11

I. IDENTIFICATION

Name (Please Print) Eric Bihl

City Tinley Park State IL Zip 60487

Signature Eric Bihl

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)

Self

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

16

I. IDENTIFICATION
 Name (Please Print) BOB KOLOSH
 City Thornton State IL Zip 60476
 Signature Bob Kolosh

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 Mayor
South Sub Mayors & Managers
Public Safety Chairman

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

opposed to Chicago Heights ER
 Closing.

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

12

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Doris Williams

City Chicago Heights State Illinois Zip 60411

Signature Doris Williams

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)

American Integrity Christian Chaplain's Authority

Chicago Heights Sister City

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

19

I. IDENTIFICATION

Name (Please Print) MARK A. FRITSCH, MD

City Chicago State IL Zip 60611

Signature *Mark A. Fritsch*

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

17

I. IDENTIFICATION
Name (Please Print) TRINETTE BRITT-JOHNSON
City OLYMPIA FIELDS State IL Zip 60461
Signature Trinette Britt Johnson

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)

Chair, Village of Olympia Fields
Economic Dev. Committee

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

14

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Dimitrios Cook

City Stenwood State IL. Zip 60425

Signature Dimitrios Cook

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)

S.S.E.R.T
South Suburban Emergency Response Team

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

21

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) PATRICK ORMSBY
City FLOSSMOOR State IL Zip 60422
Signature Patrick Ormsby

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)
BIMBA MANUFACTURING Co.

III. POSITION (please circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

23

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Julie Melhollan

City FRANKFORT State IL Zip 60423

Signature Julie Melhollan

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)
ST. JAMES

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

25

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Pamela Hausser

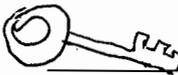
City Evans State IN Zip 46311

Signature Pamela A Hausser

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)

myself



III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

27

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Richard Greg

City Munster State IN Zip 46321

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)

MSRF-

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

29

I. IDENTIFICATION

Name (Please Print)

Richard Parker

City

Dyer

State

Indiana

Zip

46311

Signature

Richard Parker

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)

myself

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

31

I. IDENTIFICATION

Name (Please Print) Ed Campbell

City FLOSSMOOR State IL Zip 60422

Signature Ed Campbell

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)
Awakened Alternatives, Inc.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

35

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sister Petra Nielsen

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)

From

Sisters of St. Francis of Perpetual Adoration

Franciscan Alliance

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

37

I. IDENTIFICATION

Name (Please Print) SUSAN LINN

City Orland Park State IL Zip 60462

Signature Susan Linn

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

39

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sherree Boyd

City Crete State IL Zip 60417

Signature Sherree Boyd

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)

Specialty physician of IL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

41

I. IDENTIFICATION

Name (Please Print)

Karen Yates

City

Chgo Hts

State

IL

Zip

60411

Signature

Karen Yates

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)

Franciscan St James Health

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

43

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

JAMES SIEBERT

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)

SPECIALTY PHYSICIANS OF ILLINOIS

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

45

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) Craig Miller

City Frankfort State IL Zip 60431

Signature *Craig Miller*

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 LLC

Self

III. POSITION (please circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

47

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Laniece Thomas-Flagg

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)

Building Our Own Community

New Zion Covenant Church

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

75

I. IDENTIFICATION

Name (Please Print) DAVID MAINE

City CHGO HGT State IL Zip 60411

Signature David Maine

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 LOCAL 5

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

51

I. IDENTIFICATION

Name (Please Print)

JANICE COFFEY

City

CHICAGO HEIGHTS

State

IL

Zip

60411

Signature

JANICE A. COFFEY

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)

Self

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

49

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

BRENDA BUSH-MOLINE

City

CHICAGO

State

IL

Zip

60604

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)

VOA ASSOCIATES INC, ON BEHALF
OF FSJH

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

53

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Dr. Suj Sundararaj

City Palos Park State IL Zip 60464

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 (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

55

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) BEVERLY JORD

City OLYMPIA FIELDS State IL Zip 60461

Signature Beverly K. Jordan

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

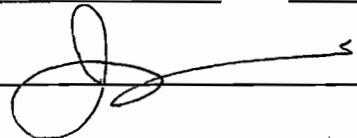
119

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JAIRO BISPO CRUZ

City OLYMPIA FIELDS State IL Zip 60461

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 (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

57

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Ernest Gibson

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)

Wystoria Home Owners Assn
OF IL 60461

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

59

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) CAROLYN GIBSON
City OLYMPIA FIELDS State IL Zip 60461
Signature Carolyn Gibson

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)
OLYMPIA FIELDS TRUSTEE

III. POSITION (please circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

61

I. IDENTIFICATION
Name (Please Print) Christine Murphy

City Chicago Heights State ILLINOIS Zip _____

Signature Christine Murphy

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)
St. James

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

67

I. IDENTIFICATION

Name (Please Print) WILLETT HUDSON

City OLYMPIA FIELDS State IL Zip 60461

Signature Willett Hudson

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 Emmanuel Community

Village of Olympia Fields

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

69

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Adam Mickerson

City Olympic Fields State IL Zip 60461

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)
Olympic Fields County Club

III. POSITION (please circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

89

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Michael Settecase

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)

Franciscan Physicians Network

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

77

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

REV. RON KONDZIOŁKA

City

State

Zip

Signature

Rev. Ron Kondziolka

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)

DIRECTOR OF SPIRITUAL CARE SERVICES

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

71

I. IDENTIFICATION

Name (Please Print) R. E. WAITE

City OF 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)

Olympia Fields

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

105

Project Number: E-008-16

Village Administrator, Olympia Fields

I. IDENTIFICATION

Name (Please Print)

DAVID A. MEKARSKI

City

OLYMPIA FIELDS

State

IL

Zip

60460

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)

Village of OLYMPIA FIELDS

ON BEHALF OF PRESIDENT

DEBBIE MEYERS-MARTIN AND

THE VILLAGE BOARD OF TRUSTEES

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

[Handwritten circle around 'Support']

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

73

I. IDENTIFICATION

Name (Please Print)

DANIEL NETZUCH

City

CHICAGO HEIGHTS

State

IL

Zip

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)

FRANCISCAN ST. JAMES HEALTH

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

79

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ASHLEY TOMEL

City BEECHER State IL Zip 60401

Signature Ashley Tomel

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)

ON MY OWN

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

81

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) MAUREEN KELLY
City NEW LENOX State ILLINOIS Zip 60451
Signature Maureen Kelly

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

83

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Debra Bergonia

City Lowell State IN Zip 46356

Signature John Bayan

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

85

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) LEE E. LANGON

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)

Presidents Association of Olympia

Fields

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

91

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Tonja Austin

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)

Franciscan St. James Hospital
Medical Staff

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

95

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Charles Geringer

City

Olympic Fields

State

IL

Zip

60461

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 (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

97

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Charles Stevenson

City Chicago Heights State IL Zip 60411

Signature Charles Stevenson

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)

Franciscan St. James Health

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

99

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Monica Lewis

City Chicago State Illinois Zip 60638

Signature Monica Lewis

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 hospital should ~~reconsider~~ have Restructuring plan. The concerns are Time Management.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

18

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jerome J. Callaway

City Chicago State IL Zip 60417

Signature Jerome J. Callaway

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 citizen

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

74

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

DAVID GONZALEZ

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)

City of Chicago Hts

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

76

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

~~Ken~~ Mayor Ken Peterson

City

Steger

State

IL

Zip

60475

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)

Village of Steger

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16 Charles Rayburn

I. IDENTIFICATION
 Name (Please Print) 2ND Congressional District Candidate
 City Dolton State IL Zip 60419
 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) The concern citizens of the 2ND Congressional District.

III. POSITION (please circle appropriate position)

Support Oppose Neutral

Means I come with an open mind.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

24

I. IDENTIFICATION

Name (Please Print) Maria Borrayo

City Chicago Heights State IL Zip 60411

Signature Maria Borrayo

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 citizen

III. POSITION (please circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

22

I. IDENTIFICATION

Name (Please Print) Rosario Avalos

City _____ State _____ Zip _____

Signature Rosario Avalos

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)

myself

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

26

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MAYOR MICHAEL EINHORN

City CRETE State IL Zip 60417

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)

VILLAGE OF CRETE & CRETE AREA

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

28

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Jacqueline Bush

City

Glenwood

State

IL

Zip

60425

Signature

Jacqueline Bush

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)

Speaking As An Individual

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

30

I. IDENTIFICATION

Name (Please Print) TOM AMADIO

City CHGO HTS State _____ Zip _____

Signature TAM

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)

CHGO HTS School District 170

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

32

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Joseph STANFA

City CHgo Hts State IL Zip 60411

Signature J Stanfa

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)
Bloom Twp

III. POSITION (please circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

38

I. IDENTIFICATION
 Name (Please Print) WYATT RUSH
 City CHICAGO HTS State IL Zip 60411
 Signature Wyatt Rush

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)
PASTOR GROUP

III. POSITION (please circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

34

I. IDENTIFICATION

Name (Please Print) Oscar Herrera

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)

Concerned Citizen with St. Paul Catholic Church

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

40

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Leticia R Gonzalez

City Chicago HTS State IL Zip 60411

Signature Leticia R Gonzalez

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

135

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Anthony DeLuca

City

Chicago Heights

State

IL

Zip

60411

Signature

Anthony DeLuca

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^{TR} Dist.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

42

I. IDENTIFICATION

Name (Please Print) ALLEN J SHANDER

City CHICAGO HTS State IL Zip 60411

Signature Allen Shander

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)
resident

III. POSITION (please circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

111

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) James "IT" Taylor

City Olympia fields State IL Zip _____

Signature James Taylor

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)

Publisher South Suburban News

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

44

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) T. J. SOMER

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)

Bloom Township

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

115

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rich CERAGIOLI

City FLOSSMOOR State IL Zip 60422

Signature R. Ceragoli mp

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

121

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) LEIJUANA DOSS

City Country Club Hills State IL Zip 60478

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)

9/10th Realty LLC

III. POSITION (please circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

125

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

George Chandler

City

DuPage 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 (please circle appropriate position)

Support

Oppose

Neutral

[Handwritten circle around 'Support']

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

123

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Winston Davis

City

Country Club Hill

State

IL

Zip

60478

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)

CEHC

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

127

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MICHAEL SHEPARD

City ORLAND PARK State IL Zip 60467

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)

FRANCISCAN ALLIANCE

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

129

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Chief Pastor DR. Wm. McCoy

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)

Pastorship

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

131

Project Number: E-008-16

Dr. Reddy

I. IDENTIFICATION

Name (Please Print)

~~MICHAEL BREWSTER~~

City

Oak Fields

State

IL

Zip

60461

Signature

Michael O. B.

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

137

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) HARRY STEWART

City CHG Hgt 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 (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

133

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Cindy Brassea

City Frankfort State IL Zip 60423

Signature Cindy Brassea

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)

Franciscan St. James

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

139

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Michael Ross

City Mokena State IL Zip 60448

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 (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

46

I. IDENTIFICATION

Name (Please Print) Tom Rogers

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)
Chicago Heights Police Department
Chief of Police.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

48

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Luciano Panici, Jr.

City Chicago Heights State IL Zip 60411

Signature Luciano Panici, Jr.

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

143

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Lance T. Wallace

City Frankfort State IL Zip 60423

Signature Lance Wallace

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)

Myself

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

78

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

CHARLES DIERINGER
E.D.

City CHGO. HTS. State IL Zip 60411

Signature Charles Dieringer

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)

THORN CREEK WATERSHED
+ VIETNAM VETERAN
- NEED A LONG TERM SOLUTION
BASED ON FUTURE GROWTH

III. POSITION (please circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

141

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

JEFFREY So

City

WESTMOUNT

State

IL

Zip

60559

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)

FRANCISCAN ST. JAMES HOSPITAL

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

80

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) RAUL GREEN

City CHICAGO HEIGHTS State IL Zip 60411

Signature Raul Green

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

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

84

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) PATRICIO MUNOZ

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 (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

82

Project Number: E-008-16

I. IDENTIFICATION
 Name (Please Print) Spencer Solatka
 City Chicago Heights State Illinois Zip 60411
 Signature Spencer Solatka

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)
Peoples lives being lost Pros +
cons are weighed but who is to
say how much someone's life is worth,

III. POSITION (please circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

149

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Richard MOUTVA

City Crete State IL Zip 60417

Signature Richard Moutva

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

151

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) PAMELA A. MEYER

City Flossmoor State IL Zip 60422

Signature Pamela A. Meyer

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)

St. James

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

153

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) SHARON G. BEAN

City Olympia Fields State IL Zip 60461

Signature Sharon G. Bean

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)

Original Village of Homeowners
ASSOC - President

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

86

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Jeei Mlakar RN

City

Crete

State

IL

Zip

Signature

Jeei Mlakar

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

2/9/16

~~CONFIDENTIAL~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

101

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Linda Samson

City Chicago Heights State IL Zip 60411

Signature Linda Samson

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)

Franciscan St. James Health

Stephan Smith Alvarado

III. POSITION (please circle appropriate position)

Support Oppose Neutral

2/9/16

~~DI...~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

113

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 (please circle appropriate position)

Support Oppose Neutral

Didn't come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

15

Project Number: E-008-16

I. IDENTIFICATION
Name (Please Print) Bishop Dr. Billy Drain
City Chicago Hts State IL Zip '
Signature Billy Drain

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 Dwelling Place
Community Outreach

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

Didn't come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

33

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Renee Diskin

City Lake Village State IN Zip 46349

Signature Renee Diskin

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

FA

2/9/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Didn't come up
submitted testimony

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

65

I. IDENTIFICATION

Name (Please Print) JAMES VALLEYFIELD

City CHICAGO State IL Zip 60607

Signature J-Valleyfield

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Didn't come up
submitted testimony

Public Hearing Testimony Registration Form

107

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I.

IDENTIFICATION

Name (Please Print)

DOWNA WORK

City

Homewood

State

IL

Zip

60430

Signature

Downa Work

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)

St James Hospital

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16

Didn't Come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

93

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Shirley NALE

City Olympia Fields State IL Zip 60461

Signature Shirley J. Nale

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

2/9/16

Didn't come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

87

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

DEBRA LARKIN

City

CHICAGO HTS

State

IL

Zip

Signature

Debra Larkin

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)

ST. JAMES HEALTH CARE.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16

Didn't come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

147

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Joseph Martin

City

Olympia Fields

State

IL

Zip

60461

Signature

Joseph Martin

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)

Self

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

Didn't come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

103

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ^{Dr.} LISA Wallace

City Olympia Fields State IL Zip _____

Signature Lisa Wallace

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)

Dr. Lisa Wallace, LCPC

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

Didn't come up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

109

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Derron Travis

City Homerood State IL Zip 60430

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)

Taylor media

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

Didn't Come Up



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

117

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) KAREN NICHOLS

City Downers Grove State IL Zip 60515

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)

MWA/CCM

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral