(1)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

RECEIVED
FEB 10 2017
HEALTH FACILITIES
SERVICES REVIEW BOARD

I. IDENTIFICATION

Name (*Please Print*) Michael Kulisz

City DeKalb State IL Zip 60115

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

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

Northwestern Memorial Heathcare Kishwaukee Hospital

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/8/16

(2)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Francisca Carrillo-Thibado

City Sycamore State IL Zip 60178

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Breastfeeding Center

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/8/16

(3)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Barry Schrader

City DeKalb State IL Zip 60115

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Member of Kishwaukee Family YMCA

III. POSITION (*please circle appropriate position)*

Support Oppose ? or Neutral

IV. Testimony (*please circle)*

Oral Written

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) TOM MATYA

City DEKALB State IL Zip 60115

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
NORTHWESTERN MEMORIAL HEALTHCARE

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/8/16

5

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Matt Swanson

City Dekalb State IL Zip 60115

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

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

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/8/16

(6)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) [illegible]

City DeKalb State IL Zip 60115

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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 Senior Citizen

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

both

2/8/16

(7)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) DAWN ROZNOWSKI

City LOVES PARK State IL Zip 61111

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Northwestern Medicine - Memorial Healthcare - Kishwaukee hospital

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/8/16

(8)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Theresa Komitas

City Compton State IL Zip 61318

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

reading a statement on behalf of Community Citizen

III. POSITION (*please circle appropriate position)*

Support (circled) Oppose Neutral

IV. Testimony (*please circle)*

Oral Written (circled)

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Mark Guethle

City North Aurora State IL Zip 60542

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Painters District Council #30

Aurora Il. 630-450-8354

60506

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Fadia Akrabawi

City DeKalb State IL Zip 60115

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

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

private citizen

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Bridget Orth

City Winnetka State IL Zip 60093

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwestern Memorial Healthcare

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Kelly Flesch

City St. Charles State IL Zip 60174

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

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

Northwestern Memorial Healthcare

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Rob Christie

City WHEATON State IL Zip 60189

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWESTERN MEMORIAL HEALTHCARE

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Kevin Poorten

City Sycamore State IL Zip 60178

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

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

NM Kish

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Dave Cargill

City Rockford State IL Zip 61108

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

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

IBEW 364

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Michael Kokott

City DeKalb State IL Zip 60115

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

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

NM/Northwestern Kishwaukee Hospital

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Lance McBill

City DeKalb State IL Zip 60115

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

IUOE Local 150 (Operating Engineers)

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Marge Johnson

City Sycamore State IL Zip 60178

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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 (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Richard UBC

City Sycamore State IL Zip 60178

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Carol H Ubl

City Sycamore State IL Zip 60178

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Charlene Riefler

City DeKalb State IL Zip 60115

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) Matt Apgar

City DeKalb State IL Zip 60120

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (*Please Print*) DEWEY R. YAEGER

City DEKALB State IL Zip

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

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (*Please Print*) Judith Schneider

City _____ State _____ Zip _____

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

_____

_____

_____

_____

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/8/16