STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Molly Ockford, P.T. DHS
City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) ELVA M. SHAFER

City WDSTCK 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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Mary Ellen Marunde

City Woodstock State Il Zip 60098

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

Want to keep our hospital that we've had for over 100 years

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) JOHN LABAJ

City CRYSTAL LAKE State IL. Zip 60014

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) James Mawera MD

City McHenry State IL Zip 60050

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

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

Centegra
Family Health Partnership Clinic

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) CHRISTINE HORLACHER

City WOODSTOCK State IL Zip 60098

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

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Abraham Doolhoff

City Janesville State WI Zip 53548

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Brittany Keepesmas

City McHenry State IL Zip 60050

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) McKay Winzenried

City Cherry Valley State IL Zip 61108

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) RUTH ROONEY Ruth Rooney

City WOODSTOCK State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Michael Murray

City Woodstock State IL Zip 60098

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

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

Woodstock needs a Full Time Hospital

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Tiffany M.

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

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

City Woodstock State Il. Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Cary Lemanski

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) John Kunzie

City Woodstock, State IL. Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Judie Kunzie

City Woodstock, State IL, Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) H. Rick Bauman

City Crystal Lake State IL Zip 60014

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Roscoe Stafford

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Ms. Elaine J. Goldstead
1276 Lee Ann Ln
Woodstock, IL 60098

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)

Local Citizen

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

22 beds +

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) KATHYANN MEYER

City WOODSTOCK State IL Zip 60098

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

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Judie Kunzie

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) John Kunzie

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) PAUL LANDICK

City WOODSTOCK State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Katherine C Schultz
City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Susan Bakman
City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Alan Beckman

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Melissa J. Rhino

City Woodstock, State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Henry Sugdan

City Woodstock State ILL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) MARY E. SLEDEN

City WOODSTOCK State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION

Name (*Please Print*) Fran Krueger

City Woodstock State IL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Mindy Konkel

City Woodstock State IL Zip 60098

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Kurt Keuegor
City Woodstock State ILL Zip 60098

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17-036

I. IDENTIFICATION
Name (*Please Print*) Bette Chwalisz

City Woodstock State IL Zip 60098

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

Support Oppose Neutral

10/2/17