



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

BONNIE A. LEFERVRE

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) CHRISTINE HOWATT

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)

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**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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Katherine 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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Delores Hartlieb

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 for HealthCare

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

X

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Jane Goebel

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 for Healthcare

**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: E-036-17**

**I. IDENTIFICATION**

Name *(Please Print)*

PAUL L LAUDICH

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)

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**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: E-036-17

I. IDENTIFICATION

Name (Please Print) Matras, Tiffany

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Molly Oakford, PT, 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)

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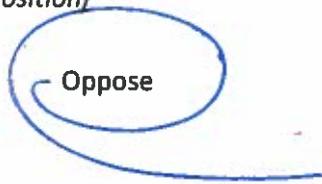
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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION

Name (Please Print) Terry Willcockson

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)

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III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Patricia Ritter

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

We need a facility in Woodstock — Centegra will see to it that no competition will happen.

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: E-036-17

I. IDENTIFICATION

Name (Please Print) RALPH F RIVER

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)

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III. POSITION (Circle appropriate position)

Support      Oppose      Neutral

We need a hospital in Woodstock.

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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Margaret HESS

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: E-036-17

I. IDENTIFICATION

Name (Please Print) GARRETT ANDERSON

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 CITY HALL

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Anthony CASALINO  
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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print)

TRENE RANCE

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Libbie Aabang

City Woodstock State IL Zip 60098  
Village of Greenwood

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Kelly Smith

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)

none

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

To closing 12 ICU beds, 60 med/surgical  
 Beds and 5 or suites @ Woodstock Centegra Hospital

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Kay Desiderio

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) Kent Cooney

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) Beverley GANSCHOW  
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)

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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Sharon Schenk-Hammaker

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Pat McAleeb

City

Woodstock

State

IL

Zip

60090

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Marian E Lang

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)

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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: E-036-17**

I. IDENTIFICATION

Name (Please Print) MADEY ERAN MAJSAK

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) ROBERT J. MADJAK

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Marriellyn Brice  
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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Sondra L. Matherness

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)

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**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: E-036-17

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Valerie Karth  
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)

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**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: E-036-17

I. IDENTIFICATION

Name (Please Print) Kathleen Hahn

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) WALTON ROSQUIST

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) WAYNE A. WAPP

City WDSTK State IL Zip 60078

**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)

N/A

**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: E-036-17**

I. IDENTIFICATION

Name (Please Print) CARYL Lemanski  
City Woodstock 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)

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\_\_\_\_\_  
\_\_\_\_\_

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) NICHOLAS WEIC

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 FIRE / RESCUE

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION  
Name (Please Print) Erik Bobula  
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 Fire/Rescue

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: E-036-17**

I. IDENTIFICATION  
Name (Please Print) DEANGELO M. COOKE  
City NARENGO State IL Zip 60152

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 FIRE RESCUE DISTRICT

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: E-036-17

I. IDENTIFICATION

Name (Please Print)

LESLIE SCHUBERT

City

WOODSTOCK

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Sheri Drazner

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: E-036-17**

I. IDENTIFICATION

Name (Please Print)

Paul Heideman

City Wonder lake

State

IL

Zip

60097

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 Fire / Rescue District

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: E-036-17

I. IDENTIFICATION  
Name (Please Print) EMILY TRIFFLER  
City Marengo State IL Zip 60152

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) BRUCE WEISS

City WOODSTOCK State IL Zip 60090

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) ELVA M. SHAFER

City WOODSTOCK 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)

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\_\_\_\_\_  
\_\_\_\_\_  
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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Judith R. Reilly

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)

none

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Terese M. Thompson  
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)

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: E-036-17

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: E-036-17

I. IDENTIFICATION

Name (Please Print) CYNTHIA ADAMS

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) GORDIE TEBO

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Tom Willcockson

City Woodstock State Illinois 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)

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**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: E-036-17

I. IDENTIFICATION

Name (Please Print) Patrick J Keefe  
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 Fire Rescue

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Jane Howie

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)

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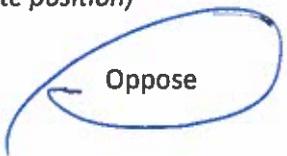
**III.**

**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: E-036-17

I. IDENTIFICATION

Name (Please Print) D Lamis

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 Fire

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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Gary Haws

City Woodstock

State Illinois

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 Fire Rescue District

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Jacob Ellegood

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 Fire Rescue District

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) PAUL ORTIZ

City Lake in the Hills State IL Zip 60156

**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 Fire Rescue Dist

**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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Jeff Randerker  
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 Fire

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Betsy Cosgray

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)

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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: E-036-17

I. IDENTIFICATION  
Name (Please Print) Dan McElmeel  
City Wonder Lake State IL Zip 60097

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Paul Christensen

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) JEAN PIERONI

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION  
Name (Please Print) Deborah K. Schober  
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)  
City of Woodstock

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

IV. Testimony (please circle )  
Oral                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION

Name (Please Print) Linda Rosquist  
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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Stacy Barden  
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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Wendy Persall  
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)

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**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: E-036-17**

I. IDENTIFICATION

Name (Please Print)

Sue Garcia

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)

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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: E-036-17**

I. IDENTIFICATION

Name (Please Print) PEGGY THOMAS

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) KENNETH E. THOMAS

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)

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**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: E-036-17**

I. IDENTIFICATION

Name (Please Print) DOROTHY M. THOMAS

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION

Name (Please Print) Diane Lukas

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)

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III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION

Name (Please Print) Borghild Stenoien (Borgie)

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Florence M. Hill

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

*We'll lose Dr. offices in town also if our hospital closes.*

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Judy Woodson

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Lisa Derer

City Cary State IL Zip 60013

**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

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Ray Oughton

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

I. IDENTIFICATION

Name (Please Print)

Martha Casalino

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Joan Bilderback  
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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Barbara Oughton

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)

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**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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Devona M. Edinger

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)

ABC Concerned Citizen 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: E-036-17**

I. IDENTIFICATION

Name (Please Print) BARBARA FISH

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Karen E. Reinhard

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)

None

**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Colleen B. Thornton

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)

Just a concerned resident -  
Not part of an organization

**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Kathleen Linta

City Branford

State

CT

Zip

06405

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

My mother is  
in her 80s and  
the current location  
serves the  
Woodstock elderly  
community with its  
proximity + current  
scope of services

10/2/17



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Christine Gehrke

City Woodstock State Illinois 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)

a concerned citizen

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle )

Oral

Written

Statement attached,



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Robert and Jane Kochler

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)

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**III.**

**POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV.**

**Testimony** (please circle )

Oral

Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

I. IDENTIFICATION

Name (Please Print) MARY LOUISE RICHARDS

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Roberta RATLIFF

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)

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\_\_\_\_\_  
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**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: E-036-17

I. IDENTIFICATION

Name (Please Print) Caryl Montgomery  
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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Brendan Parker  
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 Fire/Rescue District  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Kristeen V. Redemskoe

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

BARBARA P. FASS FIELDS

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) JANET Booth

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)

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**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: E-036-17**

**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)

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**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: E-036-17**

**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)

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**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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Mary Hill

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Joyce Kirk

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) LARRY SCHUBERT

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)

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**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: E-036-17

I. IDENTIFICATION

Name (Please Print) KENNETH E FARVER

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Clarence Arnold

City Harvard State IL Zip 60033

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Kathleen M. Huege

City Woodstock State IL Zip 60078

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Caryl Dierksen  
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 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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Ruth A. Hunt  
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 citizens for health care!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Julia Farver

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)

Concerned citizens for Woodstock Healthcare

**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) DALE HADLEY

City WOODSTOCK 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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Cheryl Kyle  
City Huntley State IL Zip 60142

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Suanne Habbley  
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)

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**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: E-036-17**

I. IDENTIFICATION

Name (Please Print)

DEBRA BOTTS HOZELIET

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Richard Kyle

City Huntley State IL Zip 60142

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17**

I. IDENTIFICATION  
Name (Please Print) Julie Miller

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name *(Please Print)* Lisa Heydon

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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Pam Arnold

City Harvard 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)

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**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: E-036-17**

I. IDENTIFICATION

Name (Please Print)

Nancy HOADKZY

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

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: E-036-17**

I. IDENTIFICATION

Name (Please Print) LISA WOOD

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

JAPP, BARBARA

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

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: E-036-17**

I. IDENTIFICATION

Name (Please Print) TINA GRIFITHS

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

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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Kathy Stone

City Woodstock 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)

Appearance only

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



*Discontinuation*

STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

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)

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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Daniel C Petrak

City

Bull Valley

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)

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

Lora H Petrak

City

Bull Valley

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)

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: E-036-17

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)

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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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print)

SCOTT J. BAIER

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 YOUTH BASEBALL

**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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Sueann 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

*FIRE EASTLEY!!*

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) \_\_\_\_\_

*Alan Dunbar*

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)

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**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: E-036-17

I. IDENTIFICATION

Name (Please Print) Mary Carol Denker

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) Susan 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)

Oppose closing Inpatient  
Route Patients north & down  
grading Woodstock ER

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: E-036-17**

**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)

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**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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Melodie G. Feeley  
 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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

I'm simply expressing my deep regret at the basic closing of the Woodstock hospital. It has left me feeling "hoodwinked" - I've read the papers carefully as all of this has happened, from Centegra opposing Mercy's building in C.L. and all of the 'good will' assurances that Huntley would not disturb our Woodstock services. Now - jobs fading, services leaving and <sup>(Centegra)</sup> you've lost any reasons to be trusted. This will not fade from collective memory for many years, trust does have value and you've spent it. <sup>10/27/17</sup>



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Woodstock**

**Project Number: E-036-17**

I. IDENTIFICATION

Name (Please Print)

Henry Sugden  
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)

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III. POSITION (Circle appropriate position)

Support

Strongly  
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: E-036-17**

I. IDENTIFICATION  
Name (Please Print) MARY E. SUGDEN  
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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) BILL KULINSKI

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)

PRIVATE 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: E-036-17**

I. IDENTIFICATION

Name (Please Print)

RAYMOND L LENZI

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)

PRIVATE 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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Tyler Webster

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)

WFRD

Community Member

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Margaret Walsh

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Please keep a full hospital in  
Woodstock, IL

10/2/17

Retired RN



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION

Name (Please Print) JANE SARBAUGH  
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: E-036-17

I. IDENTIFICATION

Name (Please Print) VERNON SARBAUGH  
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)

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Ryan Lomen

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)

Woodstock Fire Rescue

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: E-036-17**

I. IDENTIFICATION

Name (Please Print)

Kurt Keneger

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) Fran Krueger

City Woodstock State IL Zip 60096

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Scott Ritzert

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 Fire Rescue District

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: E-036-17**

**I. IDENTIFICATION**

Name (Please Print) Scott Wessel

City Marengo State IL Zip 60152

**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 Fire/Rescue Dist.

**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: E-036-17

I. IDENTIFICATION

Name (Please Print) DENICE BECK

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)

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III. POSITION (Circle appropriate position)

Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: E-036-17

I. IDENTIFICATION

Name (Please Print)

PAUL HAYDEN

City WOODSTOCK

State

IL

Zip

60097

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: E-036-17

I. IDENTIFICATION

Name (Please Print) D. Lynn Fifer

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Shari L. Wendt

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)

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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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Sharon A. Hill

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) PATRICIA E. ATWATER

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)

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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: E-036-17**

I. IDENTIFICATION

Name (Please Print) Carlene Mick

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print)

Karen Sue Garrett

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)

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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: E-036-17

I. IDENTIFICATION

Name (Please Print) LOUISE H. RIECK  
City WOODSTOCK State IL Zip 60068

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 - My family has medical needs that would kill them.

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: E-036-17

I. IDENTIFICATION

Name (Please Print) Matthew Gulli

City Gilberts State IL Zip 60136

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)

WFRD

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17