



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17

3:00



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

I. IDENTIFICATION

Name (Please Print) John Kunzie

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

I. IDENTIFICATION

Name (Please Print) Judie Kunzle

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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Centegra Hospital – McHenry

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I. IDENTIFICATION

Name (Please Print) PAUL LAUDICK

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

I. IDENTIFICATION

Name *(Please Print)*

Molly Oakford, P.T., DHS
City Woodstock State IL Zip 60098

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

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

III. POSITION *(Circle appropriate position)*

Support

Oppose

Neutral

10/2/17



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Facility Name: Centegra Hospital – McHenry

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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



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Facility Name: Centegra Hospital – McHenry

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I. IDENTIFICATION

Name (Please Print) KAREN BUSH

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



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Facility Name: Centegra Hospital – McHenry

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I. IDENTIFICATION

Name (Please Print)

ALAN BECKMAN
City WOODSTOCK State IL Zip 60098

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



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Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

I. IDENTIFICATION

Name (Please Print)

Susan Beckman

City

Woodstock

State

IL

Zip

60998

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



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Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

I. IDENTIFICATION

Name (Please Print) Henry Sugar

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



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Facility Name: Centegra Hospital – McHenry

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I. IDENTIFICATION

Name (Please Print) Melissa J. Rhino

City Woodstock, State IL Zip 60098

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Centegra Hospital – McHenry

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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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



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Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

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



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I. IDENTIFICATION

Name (Please Print) MINDY KONKEL

City WOODSTOCK State IL Zip 60098

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

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

Concerned Citizen + Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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I. IDENTIFICATION

Name (Please Print)

City Woodstock State ILL Zip 60098

Kurt Krueger

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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Centegra Hospital – McHenry

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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



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I. IDENTIFICATION

Name (Please Print) Fran Krueger

City Woodstock State IL Zip 60098

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17