



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Andrew Robustelli

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) ELIAS CARMONA

City Chicago Hts State 112 Zip 60411

Signature Elias Carmona

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) EDWIE LOPEZ

City Steger State IL Zip 60475

Signature [Handwritten Signature]

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

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

Village of Steger

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) STERYL FORD

City Chicago State IL Zip 60644

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) TERRY L. MATTHEWS

City SO CHICAGO HTS State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Guadalupe Coruena

City Chicago Hts State IL Zip 60411

Signature Guadalupe Coruena

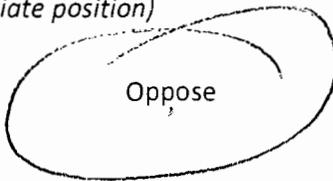
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

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

III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Guadalupe L. Cuñel

City Chicago Hts State IL Zip 60412

Signature [Handwritten Signature]

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Carla Matthews

City SCH State IL Zip 60411

Signature Carla Matthews

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

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

Bloom TWP

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Commissioner Curtis Straczek

City Chi Hts State IL Zip 60411

Signature [Handwritten Signature]

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

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

Chicago Hts Park 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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Hector Manuel Paez

City Chicago Hts State IL Zip 60641

Signature Hector Manuel Paez

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Luisa Horta

City Steger State IL Zip 60475

Signature Luisa Horta

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) GERARDO OLIVERA

City CHICAGO HEIGHTS State IL Zip 60411

Signature

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Marco Pellillo

City Chi Hts State IL Zip 60411

Signature

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  
School District 170 Staff

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Michael DeButek

City Chgo Hts State IL Zip 60411

Signature Michael DeButek

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Char Amadio

City CH State IL Zip 60041

Signature Char Amadio

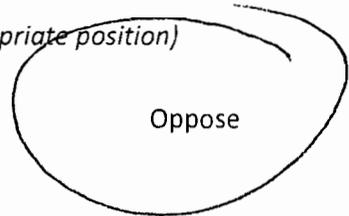
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

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

III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jill RAYMOND

City Steger State IL Zip 60475

Signature Jill Raymond

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



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

**Public Hearing Appearance Only Registration Form**

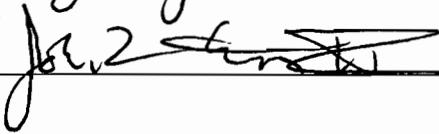
**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) J.R. Entsminger II

City Chicago Heights State IL. Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Gretchen Sutherland

City St John State IN Zip 46373

Signature G. Sutherland

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

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

Washington-Mekinley School Dist. 170

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Erin Salamon

City Monee State IL Zip 60449

Signature [Handwritten Signature]

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

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

Roosevelt + School Dist. 170

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ANTONIO GARCIA

City S. CHICAGO State IL Zip 60411

Signature Antonio Garcia

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARIA M GARCIA

City 3109 Miller Ave State So. Calif Zip 60411

Signature Maria Garcia

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Maricela Ruiz

City CHGO HTS. State IL Zip 60441

Signature Maricela R.

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

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

CHICAGO HEIGHTS SCHOOL DIST 170

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jackie Tarionte

City Chicago, IL State IL Zip 60414

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Carmen Teniente

City Chgo Hts. State IL Zip 60411

Signature Carmen Teniente

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Anthony Cella

City Chgo Hts State IL Zip 60411

Signature Anthony Cella

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

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

Chgo Hts Fire Dept.

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jenna Stevanovic

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

Physician - St. James

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Courtney Anderson

City Lake Village State IN Zip 46349

Signature [Handwritten Signature]

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

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

City of Chicago Heights  
City Engineer and  
Planning and Zoning Director

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DAVID H. HANKS

City Sauk Village State IL Zip 60411

Signature [Handwritten Signature]

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

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

Mayor, Village of Sauk Village

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Brandi N. Harvey

City Ford Heights State IL Zip 60411

Signature Brandi N. Harvey

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

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

Chicago Heights SD 170 + Cole Temple Church

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Deane Hoers

City Chicago Heights State Ill Zip 60411

Signature Deane Hoers

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

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

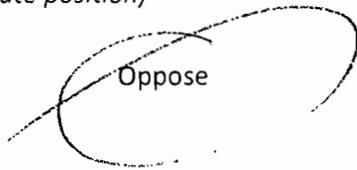
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ANDREW J SUPPEC

City CHgo HTS State ILL Zip 60411

Signature \_\_\_\_\_

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Deborah Carrell

City Chgo Hts, State ILL Zip 60411

Signature Deborah Carrell

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kay Ashby

City Chgo Hts State IL Zip 60411

Signature Kay Ashby

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Marion Cobb

City Chicago Heights State IL Zip 60411

Signature Marion Cobb

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sylvia Baltazar

City So Chicago Hts State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Angela Revis

City Chicago Heights State IL Zip 60411

Signature Angela Revis

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) FR. JOHN SIEMIANOWSKI

City CHICAGO HTS State IL Zip 60411

Signature Rev. John Siemianowski

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

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

ST AGNES 650 FAMILIES

ST KIERAN 600 FAMILIES

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JOHN MADDEN

City HOMERWOOD State IL Zip 60430

Signature John Madden

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Sharon Flessner

City Olympia Fields State IL Zip 60461

Signature Sharon K. Flessner

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Judith A. Harris

City Olympia State IL Zip 60461

Signature Judith A. Harris

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Fay Harris

City Olympia Field State IL Zip 60461

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) TINO VILCAFLOR

City LOCIET State IL Zip 60435

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

~~Neutral~~



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Susan Woodyatt

City Homewood State IL Zip 60430

Signature Susan Woodyatt

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Elizabeth Santiago

City Hosmer State IL Zip 60422

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Gregory Horak

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Millie CAMERON

City Glenwood State IL Zip 60425

Signature Millie L. Cameron

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

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

Glenwood Seniors

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Demitrius Cook

City Glenwood State IL. Zip 60425

Signature Demitrius Cook

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) JEFF PAMBA

City CRETE State IL Zip 60417

Signature *Jeff Pamba*

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

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

CRETE TOWNSHIP FIRE PROT. DIST.

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) JOHN J. PARZYGNOT

City Chicago Heights State IL Zip 60411

Signature John J. Parzygnot

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

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

LOCAL BUSINESS OWNER

LIFELONG RESIDENT

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DAVID BROTHERS

City Chicago Heights State IL Zip 60411

Signature *David Brothers*

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Lyle Bachert

City Crete State IL Zip 60417

Signature Lyle Bachert

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

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

Village of Crete Fire Department

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CAROLYN BROTHERS

City Chicago Heights State IL Zip 60411

Signature Carolyn Brothens

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Margaret Lewis

City Park Forest State IL Zip 60466

Signature Margaret Lewis

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

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

Park Forest Health Dept

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) John Hynes

City Chgo Hts State IL Zip 60411

Signature John Hynes

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

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

Concern Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Joyce Legon

City Chicago Heights State IL Zip 60411

Signature Joyce Legon

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rose Fitzgerald

City Mokena State Ill. Zip 60448

Signature Rose Fitzgerald

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Marlene Kvasnicka

City Chgo Hts State Ill Zip \_\_\_\_\_

Signature Marlene Kvasnicka

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) Donna Briggs

City Chgo. Hts. State IL Zip 60411

Signature Donna D. Briggs

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) MEG SHEETZ

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature Meg Sheetz

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) Robert C DeBor

City Chicago Heights State IL Zip 60411

Signature Robert DeBor

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) RALPH GARRECK JR

City CHICAGO HEIGHTS State IL Zip 60411

Signature Ralph E. Garreck Jr

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Robert Scharhorst

City Riverside State IL Zip 60427

Signature [Handwritten Signature]

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

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

Riverside Fire Dept

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Sonia Perer

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

Elizabeth Perez

City

Chicago Heights

State

IL

Zip

60411

Signature

*[Handwritten Signature]*

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JASON + THOMAS

City MATTESON State IL Zip 60463

Signature [Handwritten Signature]

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

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

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

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rich Atwood

City Steger State IL Zip 60475

Signature Rich Atwood

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

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

Steger Fire Dept

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Alejandro Lagunes

City chicago HTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rocio Oliva

City Chicago Hts State IL Zip 60411

Signature Rocio Oliva

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

August Anzelmo

City

Chgo. Hts

State

IL

Zip

60490

Signature

*August Anzelmo*

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

Robert Dal Deban

City

CHGO HTS

State

IL

Zip

60411

Signature

Robert Dal Deban

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Veronica Aguirre

City So. Chicago Hts. State Illinois Zip 60411

Signature VERONICA AGUIRRE

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

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

St. Paul

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) David Del Toro

City Steger State IL Zip 60475

Signature David Del Toro

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Margarita Guzman

City

Chicago Hts.

State

IL

Zip

60411

Signature

Margarita Guzman

II.

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

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

City of Chicago Hts.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Ismael Hurtz

City Chicago HTS State IL Zip 60411

Signature Ismael Hurtz

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Leticia Loy-Ramirez

City Steger State IL. Zip 60475

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Leticia MUÑOZ

City crete State IL. Zip 60417

Signature Leticia Muñoz

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Adriana Santayo

City Chicago Hts State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) Greg + Anshu Brewer

City Chgo Hts State Ill Zip 60111

Signature Greg Brewer

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) YOLANDA GONZALEZ

City CHICAGO HTS. State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Myrna Cavaros

City Chicago Heights State IL Zip 60411

Signature *Myrna Cavaros*

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

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

Flossmoor School District - Social Worker

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) EVELIA ARANDA

City CHICAGO HTS State IL Zip 60411

Signature Evelia Aranda

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION  
Name (Please Print) MARIA M ARANDA  
City CHICAGO HTS State IL Zip 60411  
Signature Maria Aranda

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Brian Peterson

City Chicago Heights State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION  
Name (Please Print) Laretta Perez  
City Chicago Heights State IL Zip 60411  
Signature Laretta Perez

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

Signature

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

MATT FARES

City

CHGO HTS

State

IL

Zip

60411

Signature

Matthew A. Fares

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

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

Chicago HTS Resident.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

Karen Kouz

City

Chicago Hts

State

IL

Zip

60411

Signature

[Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JOSE TOMY GARRETT

City CHICAGO HEIGHTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Tracy Garcia

City Chgo Hts State IL Zip 60411

Signature Tracy

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

Philip Cameli

City

Chicago Hts.

State

IL

Zip

60941

Signature

[Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

MARIA LOPEZ

City

Chicago Hts

State

IL

Zip

00411

Signature

Maria D Lopez

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) CHARLES PARIS

City STEELE State IL Zip 60478

Signature Charles Paris

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) AUDREY PARIS

City STEGER State IL Zip 60475

Signature Audrey Paris

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Jasen Zurisk

City Chicago Heights State IL Zip 60411

Signature Jasen Zurisk

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Raymond A. Hartman

City Chgo. Hts State IL Zip 60411

Signature Raymond A. Hartman

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Elisa Serrato

City Chgo Hts State IL Zip 60411

Signature Elisa Serrato

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

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

Chicago Hts Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) NORA MARTINEZ

City CHICAGO HEIGHTS State IL Zip 60411

Signature Nora Martinez

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Ignacia Franco

City Chicago HTS State IL Zip 60411

Signature Ignacia Franco

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Oralia Ruiz

City CHGO HTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) WORTER, LINDA + JAMES

City CHICAGO HTS. State IL Zip 60411

Signature L.S. Worter

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Tori Mascolino

City Chgo Hts State IL Zip 60411

Signature Tori Mascolino

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kelli M. Merrick

City Chicago State IL Zip 60411

Signature [Handwritten Signature]

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

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

City of Chicago Heights  
Elementary School District 170

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

[Handwritten mark: a large scribble over 'Oppose' and a checkmark over 'Support']



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) LINDA A. Shander

City Chgo Hts State IL Zip 60411

Signature Linda Shander

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

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

X Tax Payer X

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Agripina Rendon

City 2355 W 17 Chicago HTS State IL Zip 60411

Signature Agripina

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

Andres Zuniga

City

Chicago Hts

State

IL

Zip

60411

Signature

[Handwritten Signature]

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

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

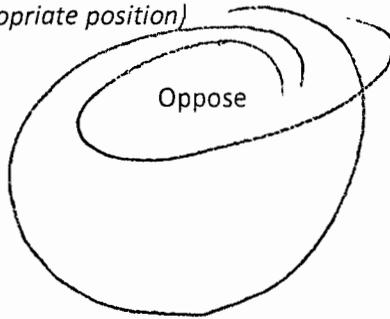
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Remedios Escamilla

City South Village State IL Zip 60411

Signature Remedios Escamilla

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Rocio Escamilla

City South Village State IL Zip 60411

Signature Rocio Escamilla

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

PETE PETROUSKI

City

CHGO HTS

State

IL

Zip

60411

Signature

P. Petruski

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Jose Ibarra

City CHgo - HTS State IL Zip 60411

Signature Jose Ibarra

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) Eva Ivanova

City Chicago HTS State IL Zip 60644

Signature Eva M. Ivanova

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Eva Ibarra

City S. Chicago Hts. State IL Zip 60411

Signature S. Ibarra

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Jose A Saucedo

City S. Chicago Hts State IL Zip 60411

Signature Jose A Saucedo

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION  
 Name (Please Print) Maria G Pimentel  
 City Chicago Hts State IL Zip 60411  
 Signature Maria\* G Pimentel\*

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

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

I need the Hospital  
I have all my family here  
and I oppose.

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Ana Rosa Robles

City Chicago Hts State IL Zip 60411

Signature Ana Rosa Robles

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Refugio Robles

City Chicago Hts State IL Zip 60411

Signature Refugio Robles

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



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

**Public Hearing Appearance Only Registration Form**

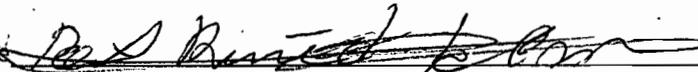
**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Rex David Ledezma

City Chicago Hts State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Robert Ayala

City Chicago Hts State IL Zip 60411

Signature Robert Ayala

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Maria Ledezma

City Chicago Hts State IL Zip 60411

Signature Maria Ledezma

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Juan R. Becerra

City Lynwood State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

~~Support~~

Oppose

~~Neutral~~



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Barac Atila

City Chicago Hts State IL Zip 60411

Signature [Handwritten Signature]

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Maria D. San Miguel

City Greenwood State IL Zip 60425

Signature Maria Dolores San Miguel

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Gabriela Rodriguez

City Glenwood State IL Zip 60425

Signature \_\_\_\_\_

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

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

St Paul Church,

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Lourdes Lopez

City Chgo Hts State IL Zip 60411

Signature Lourdes Lopez

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

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

St. Paul Church.  
as well for the benefit  
for the City of Chgo Hts  
and the Community

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Totally

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DONOVAN WILSON

City STEGER State IL Zip 60475

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Don ASHBY

City CHICAGO HTS State IL Zip \_\_\_\_\_

Signature Don Ashby

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Margarita Perez

City Chicago Hts. State IL Zip 60411

Signature Margarita Perez

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) David Estrada

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature David Estrada

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Karina Quintana

City Steggar State IL Zip 60475

Signature Karina Quintana

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Emiliano Gonzalez

City Chicago Hts State IL Zip \_\_\_\_\_

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

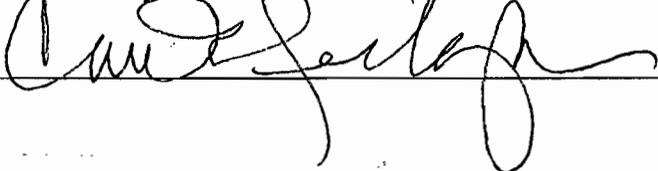
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CARMEN SENDEJAS

City CHICAGO HTS State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Andrea Angulo  
City Homewood State IL Zip 60430  
Signature Andrea Angulo

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Imelda Rodriguez

City Chicago, Hts State Il Zip 60411

Signature Imelda R.

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

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

San Pablo Church

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) NICK ZURISK

City CHICAGO HGTS State ILL Zip 60411

Signature Nick Zurisk

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) GIUSEPPE BURGIO

City CHICAGO HTS State IL Zip 60441

Signature \_\_\_\_\_

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JAMES EICKHOFF

City CHICAGO HTS State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) David J. Cifelli

City Chgo. Hgts. State Ill. Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

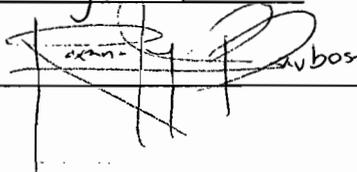
**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Roxana Barbosa

City Chicago Hts. State IL Zip 60411

Signature 

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

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

Concerned Citizens  
St Paul Church

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rachel Trevino

City Chicago Hts State Ill Zip 60411

Signature Rachel Trevino

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Virginia Loya

City Steger State IL Zip 60475

Signature Virginia Loya

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Joyce Mireles

City Chicago Heights State IL Zip 60411

Signature Joyce Mireles

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Michelle Alden

City Chgo Hts State IL Zip 60411

Signature Michelle Alden

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) RON R MASCITTI

City CHICAGO HT'S State ILL Zip 60411

Signature Ron Mascitti

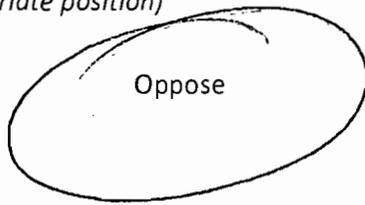
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

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

III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Christopher Payne Sr

City Chicago Heights State IL Zip 60411

Signature Christopher Payne Sr.

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



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

**Public Hearing Appearance Only Registration Form**

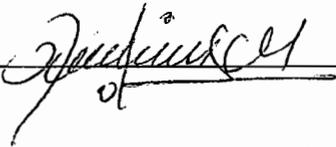
**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Ma Gloria Medina

City Chicago Hts State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) George Desiderio

City Frank Village State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rosa M. Martinez

City Chicago Heights State ILL Zip 60911

Signature Rosa M Martinez

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Jim Dee

City Chicago Hts State IL Zip 60411

Signature Jim Dee

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

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

TRIALCO INC

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Ma Del Carmen

City Chicago HTS State IL Zip 60411

Signature Maria Salazar

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) YOLANDA S. Hill - HERNANDEZ

City CHICAGO Hts State IL Zip 60411

Signature Yolanda S Hill - Hernandez

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) George Siodre

City CHICAGO State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) KEVIN J. WATSON

City SAUK VILLAGE State IL Zip 60411

Signature KJ Watson

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sam J Costello

City Chicago Heights State IL Zip 60456

Signature [Handwritten Signature]

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

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

School Dist 170 Chicago Heights

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Eric Stanton

City So HTS State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Manuel J. Alvarez

City WANTON State IL Zip 60406

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Isidro Espinoza

City Chicago Height State IL Zip 60411

Signature Isidro ESPINOZA

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Diana Munoz

City Chgo Hts. State IL Zip 60411

Signature Diana Munoz

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Patricio Munoz

City chicago HTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Juan Manuel Horta

City Steger State IL Zip 60475

Signature Juan Manuel Horta

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Salvador Avalos

City Chicago HTS State State Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Phylis Marconi  
 City Chgo Hts State IL Zip 60411  
 Signature Phylis Marconi

II. REPRESENTATION (This section is to be filled if the witness is appearing 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  
School District 170 Employee

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Angelica Brangel

City Chicago Heights State IL Zip 60411

Signature Angelica Brangel

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

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

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Carmen Rangel

City Chicago Hts. State IL Zip 60411

Signature Carmen Rangel

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

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

St. Pablo Church

III. POSITION (Circle appropriate position)

Support

~~Oppose~~

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) James Cordes

City Chgo Hts State Ill Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Tracy Sylvester

City Chicago Hts State IL Zip 60411

Signature Tracy Sylvester

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Anna Scrivner

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Sonya Sanchez

City

Chicago Heights

State

IL

Zip

60411

Signature

Sonya Sanchez

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Ricky Gonzalez

City Chicago Heights State IL Zip 60411

Signature Ricky Gonzalez

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Tobias Ramirez

City STeger State IL Zip 60475

Signature Tobias Ramirez

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

DANIEL PETRARCA

City

MOKONA

State

IL

Zip

60448

Signature

Daniel Petarca

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Michael Lebi

City Chicago hts State IL Zip 60411

Signature Michael Lebi

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Jesus Capetillo

City

Richton Park

State

IL

Zip

60471

Signature

Jesus Capetillo

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

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

---

---

---

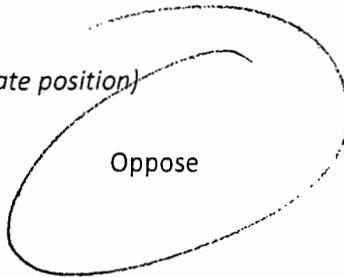
---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

DAVID HUERTA

City

Hyawood

State

IL

Zip

60411

Signature

*David Huerta*

II.

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

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kristina Foglietta

City Chicago Heights State IL Zip 60411

Signature Kristina Foglietta

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Wesley Bell

City Chicago Heights State IL Zip 60411

Signature Wesley Bell

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

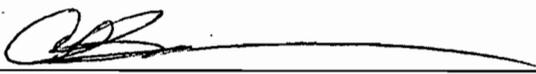
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CAROL BORNER

City CHICAGO HEIGHTS State IL Zip 60411

Signature 

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

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

Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Dale Furillo

City Chicago Hts. State IL Zip 60411

Signature Dale Furillo

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

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

Member Chicago Heights Fire Dept

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Reginald Wilson Jr

City FORD Heights State IL Zip 60411

Signature Reginald Wilson Jr

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) Antonio Cook

City Ford heights State IL Zip 60411

Signature Antonio Cook

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

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

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

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

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Carmen Melchor

City Chicago hts State IL Zip 60411

Signature Carmen Melchor

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

LAURETTA BLAKE

City

Homewood

State

IL

Zip

60419

Signature

[Handwritten Signature]

II.

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

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print)

Luis Santas

City

Steyer

State

IL

Zip

60475

Signature

Luis Santas

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

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

---



---



---



---

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

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Maria Santos

City Steger State IL Zip 60475

Signature Maria Santos

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Josh Deabel

City Chicago Heights State IL Zip 60411

Signature Josh Deabel

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

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

4th ward Alderman Deabel

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) SALVADOR ALVARADO

City CHICAGO IL State 60411 Zip

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Maria Zacarias

City

Chicago Hts. State IL Zip 60411

Signature

Maria Zacarias

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Francisca Alvarado

City Chicago Hts State IL Zip 60411

Signature Francisca Alvarado

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) Vanessa Dominguez

City Chicago HTS State IL Zip 60641

Signature Vanessa Dominguez

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Maria Linares

City Chicago Hts State IL Zip 60411

Signature Maria Linares

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) Sonia Medrano

City Chicago Hts State IL Zip 60411

Signature Sonia Medrano

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jessica BAZAN

City Chicago Hts State IL Zip 60411

Signature Jessica B

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) KEN AEWQUIST

City CHGO HTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

CHICAGO HTS ID

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

JOSEPH M. PETRARCA

City

CHICAGO HTS State IL Zip 60411

Signature

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

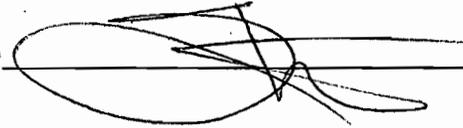
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) STEBEL, ANDREW

City CHGO HTS. State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Marie L. Pinelli

City Creve State IL Zip 60417

Signature Marie L. Pinelli

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Jean Daggert

City

Chicago Hts.

State

Ill

Zip

60411

Signature

Jean Daggert

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

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

Mayor Gonzalez

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) DOROTHY DILL

City CHICAGO HEIGHTS State IL Zip 60411

Signature Dorothy Dill

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) LEDRIA R Bady

City Park Forest State Ill Zip 60466

Signature L Bady

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CHUCK & SHARON DIERINGER

City CHICAGO HEIGHTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

RACHEL VEGA / JOE VEGA

City

CHGO HTS

State

IL

Zip

60411

Signature

Rachel Vega / Joe Vega

II.

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

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

Residents

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

**OPPOSE  
 CLOSING  
 OF ST. James!**

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Karen M Terante & David M.

City

Chicago Heights

State

IL

Zip

60411

Signature

Karen M Terante

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

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

Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Louise Bosta

City Chgo/Hgt State IL Zip 60444

Signature Louise Bosta

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

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

Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

TERRY SHELLEY

City CHICAGO HTS

State

IL

Zip 60411

Signature

Terrance M. Shelley

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) DAVID BRUNLEY

City Chicago, Hts. State IL Zip 60411

Signature David Brunley

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Francine Trice

City Chicago Heights State ILL Zip 60411

Signature Francine Trice

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) DAVID F. RADER

City CHI. HTS State IL Zip 60411

Signature David F. Rader

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) SUZANNE MILLER

City CHICAGO HTS State IL Zip 60411

Signature Suzanne Miller

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

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

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

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARY ELLEN BIJAK

City Chgo. Hts State IL Zip 60411

Signature Mary Ellen Bjak

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Carolina Guerrero

City S.Chg Hts State IL Zip 60411

Signature Carolina Guerrero

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Lizbeth Ochoa

City Chicago Hts State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

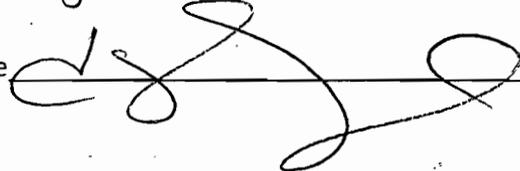
**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) EDGAR RESENDOZ

City Chicago Hts State IL Zip 60411

Signature 

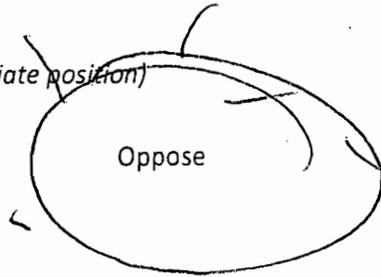
**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

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

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

Support



Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) Mayela Aranda

City Chicago Hts State IL Zip \_\_\_\_\_

Signature M. Aranda

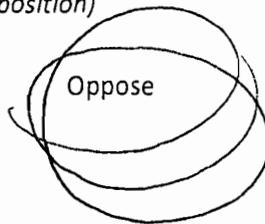
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

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

III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Nick Amadio

City Chgo Hts. State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MIGUEL MUNOZ

City CRIST State IL Zip 60417

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Susan Yant

City

Chicago Hts

State

IL

Zip

60411

Signature

Susan Yant

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

DEBORAH RAZON

City

PARK FOREST

State

IL

Zip

60466

Signature

Deborah Razon

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

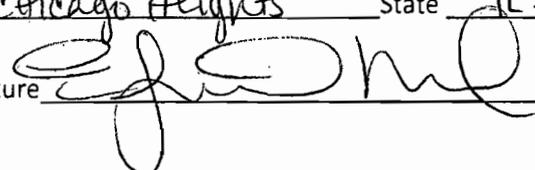
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Elizabeth Morales

City Chicago Heights State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

ALICE PETERSON

City

Steger

State

IL

Zip

60475

Signature

Alice Peterson

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) MARK PRATICO

City CHGO HTS State IL Zip 60411

Signature Mark D Pratico

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

James Kelly

City

Chicago Heights

State

IL

Zip

60411

Signature

James Kelly

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

MARIA Kelly

City

Chicago Heights

State

IL

Zip

60411

Signature

Maria Kelly

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

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

City of Chicago Heights

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Stephanie Chaney

City Chgo Hts. State IL Zip 60411

Signature Stephanie Chaney

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) JOE SMITH

City CHICAGO HEIGHTS State IL Zip \_\_\_\_\_

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Nicholas Irwin

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

Ryan Anderson

City

Chicago Heights State IL Zip 60411

Signature

[Handwritten Signature]

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

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

CHFD / citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Mercedes Ramirez

City Chicago Heights State IL Zip 60411

Signature Mercedes Ramirez

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

ANDRES RIOS

City

Park Forest

State

IL

Zip

60466

Signature

[Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Paul Renda

City Chicago Hts State IL Zip 60411

Signature Paul Renda

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

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

CHAD

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Thomas Kennedy

City

Chicago

State

IL

Zip

60638

Signature

*[Handwritten Signature]*

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Marcela Ramirez

City

Chicago Heights

State

IL

Zip

Signature

Marcela Ramirez

II.

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

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

---

---

---

---

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) John Kuntz

City Prosser State IL Zip 60422

Signature [Handwritten Signature]

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

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

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

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) David A. Roach

City Chicago Heights State IL Zip 60411

Signature David A. Roach

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Vic Sweetwood

City S. Chicago Hts State IL Zip 60471

Signature [Handwritten Signature]

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

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

South Chicago Hts Zoning Commission

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

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Jeanne Sweetwood

City

So Chicago Heights

State

IL

Zip

60411

Signature

Jeanne Sweetwood

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jason Cielli

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

Chicago Heights ED

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) John EWERS

City CHICAGO HTS State IL. Zip 60411

Signature JPE

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

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

CHICAGO HTS FIRE DEPT.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Andrew Rothermel

City Chicago Heights State IL Zip 60411

Signature [Handwritten Signature]

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

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

Chicago Heights Fire Dept.

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

KEVIN WAGNER

City

CHICAGO HEIGHTS

State

IL

Zip

60411

Signature

II.

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

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

---

---

---

---

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Mark Panici

City Chicago HTS State IL Zip 60411

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

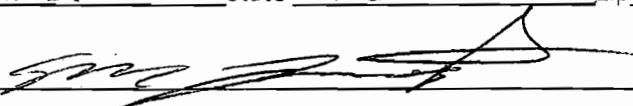
**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) Michael J. Janusek

City Chicago HTS. State IL Zip 60411

Signature 

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

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

Chicago Heights Fire Dept.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

STEVE KENIG

City

NEW LENOX

State

IL

Zip

60451

Signature

SJK

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

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

FIRE DEPARTMENT

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

GREGORY TAYLOR

City

~~CHICAGO~~  
CHI HEIGHTS

State

IL

Zip

60411

Signature

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

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

CHI: Heights Fire Dept

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

**I. IDENTIFICATION**

Name (Please Print) John Hogeveen Jr

City Chgo Hts State IL Zip 60411

Signature [Handwritten Signature]

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

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

Chicago Heights Fireman's Union

**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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) DAVID TIBERI

City CHGO HTS State IL Zip 60411

Signature David M. Tiberi

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

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

CHICAGO HEIGHTS FIRE DEPT UNION

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: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print)

ANTHONY MASCOCINO

City

CHGO HTS

State

IL

Zip

60411

Signature

[Handwritten Signature]

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

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

CHICAGO HEIGHTS FIREMENS UNION

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Brian Kassel

City

Chgo Hts

State

IL

Zip

60411

Signature

B Kassel

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

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

Fire Dept

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Bridget Blackwood

City Chicago Heights State IL Zip 60411

Signature Bridget Blackwood

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) GARY MILLER

City CHgo Hts State IL Zip 60411

Signature Gary Miller

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

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

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

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION  
Name (Please Print) Benito Carpio  
City Chicago State HTS. Zip 60411  
Signature Benito

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

III. POSITION (Circle appropriate position)

Support

~~Oppose~~

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

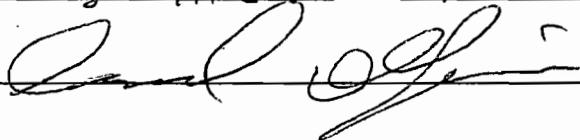
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ISRAEL GUZMAN

City CHICAGO HEIGHTS State IL Zip 60411

Signature 

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) TERESA FLORES

City CHICAGO HEIGHTS State IL Zip 60411

Signature TERESA FLORES

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Marina Zaragoza

City

Chicago Hts

State

IL

Zip

60411

Signature

Marina Zaragoza

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jorge Robles

City Chicago State ILL HTS Zip 60411

Signature Jorge Robles

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Genoveva Faustino

City H-T-S State IL Zip 60411

Signature 

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) GILBERTO AYALA JR

City CHGO HTS State IL Zip 60411

Signature *[Handwritten Signature]*

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

MIKA ELAMZO

City

Chicago Hts

State

IL

Zip

60411

Signature

*[Handwritten Signature]*

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Dorothy Glogowski

City Homewood State IL Zip 60430

Signature Dorothy Glogowski

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



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Franciscan St. James Health – Chicago Heights**

**Project Number: E-008-16**

I. IDENTIFICATION

Name (Please Print) IRENE GUZZO

City CHGO. HTS State IL Zip 60411

Signature Irene Guzzo

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

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

---

---

---

---

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Mario Cole

City

Chicago Heights

State

IL

Zip

60411

Signature

*[Handwritten Signature]*

II.

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

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

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

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: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Eugene Bente

City CH State IL Zip \_\_\_\_\_

Signature Eugene Bente

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Aguilar Family

City

Chicago Hts

State

IL

Zip

60411

Signature

Jayce

II.

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

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

Hispanic, St Paul Church

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

JOE A. PACHECO SR.

City

chicago Hts

State

IL.

Zip

60411

Signature

Joe A. Pacheco Sr.

II.

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

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

---

---

---

---

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Franciscan St. James Health – Chicago Heights

**Project Number:** E-008-16

I. IDENTIFICATION

Name (Please Print) ASTON DeVILLIE

City CHgo State IL Zip 60411

Signature *Aston DeVillie*

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) EVOP P/CONTROVER

City Chicago H State I Zip 60811

Signature [Handwritten Signature]

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

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

DAVID GONZALEZ

City

Chicago Heights

State

IL

Zip

60411

Signature

II.

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

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Lt. Michael Long

City

Steger

State

IL

Zip

60475

Signature

II.

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

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

Steger Fire Department

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16