



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print)

Ronald Berta

City

Olympic Fields

State

Ill.

Zip

60466

Signature

Ronald Berta

II. REPRESENTATION (This section is to be filled if the witness is appearing 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) SHARON G. BEAN

City Olympia Hds 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)

Original Village of Oly Hds -  
President

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) KRISHWAN SRINIVASAN

City Olympic field 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Barbara Goesel

City Chicago Heights State IL Zip 60411

Signature Barbara Goesel

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Mark Goese

City Flossmoor State Illinois Zip 60422

Signature mgose

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

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

~~ABC~~  
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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) Pamela A. Meyer

City Flossmoor State IL Zip 60422

Signature Pamela A. Meyer

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

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

Franciscan St. James

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) Justin Goebel

City Plasmor State IL Zip 60422

Signature Justin Goebel

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) Silvia Underwood

City Homewood State IL Zip 60430

Signature Silvia Underwood RW

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) JOAN MOHAMMAD

City Glenwood State Ill Zip 60425

Signature Joan Mohammad

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print)

Joanna Raspberry

City Glenwood State Ill Zip 60425

Signature Joanna Raspberry

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Sandra Pena

City Chgo Hts State ILL Zip 60411

Signature Sandra Pena

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Patricia G. Carron

City Frankfort State IL Zip 60423

Signature Patricia G. Carron

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Naissa Ellis

City Tinley Park State IL Zip 60477

Signature Naissa Ellis

II. REPRESENTATION (This section is to be filled if the witness is appearing 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. James Hospital~~ St. James Hospital

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) TERRY CARRON

City FRANKFORT State IL Zip 60423

Signature *Terry Carron*

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Madonna Snyder

City Lowell State IN Zip 46356

Signature Madonna Snyder

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

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

METT Therapy

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) Gayle Planera

City Homewood State IL Zip 60430

Signature Gayle Planera

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) GREGORY C GROSSI

City Chicago Hts State IL Zip 60411

Signature Gregory C. Grossi

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Ricardo Ynzqueta

City Steger State IL Zip 60475

Signature Ricardo Ynzqueta

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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 Martin

City

Olympic Fields State IL Zip 60481

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)

Joe Martin

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)

Arthur Byrd

City

Olympia Fields

State

IL

Zip

60461

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)

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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) RAUL GREEN

City CHICAGO HEIGHTS State IL Zip 60911

Signature Raul Green

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

James D. Dawson Jr

City

Olympic Fields

State

IL

Zip

60461

Signature

James Dawson 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)

Speak to Question

Will there be trauma Level Center

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) Lynette Ulaskas

City Monroe State IL Zip 60449

Signature Lynette Ulaskas

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kimberley J. Dillon

City Frankfort State IL Zip 60423

Signature Kimberley J. Dillon

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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 Van Gorder

City Union Pier State MI Zip 49129

Signature Mark Van Gorder

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Cynthia Broderick

City Chicago Heights State IL Zip 60411

Signature Cynthia J Broderick

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) SKINNIB RIDDY

City MONTEE 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)

ST JAMES HOSPITAL

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) Theresa Jordan

City S. Holland State IL Zip 60473

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Marion Santana

City Steger State IL Zip 60425

Signature Marion Santana

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DENNIS WRIGHT

City SOUTH CAGO MS State IL Zip \_\_\_\_\_

Signature *Dennis Wright*

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Janet Wright

City

S.C.H.

State

IL

Zip

60411

Signature

Janet Wright

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/9/16



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

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

I. IDENTIFICATION

Name (Please Print) Dawn Mitropoulos

City Beecher State IL Zip 60401

Signature Dawn Mitropoulos

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

PETER J. MITROPOLIS

City

SKETCHER

State

IL.

Zip

60401

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Deborah Shank

City

Park Forest

State

IL

Zip

60466

Signature

Deborah Shank

II.

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

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

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III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

Sheryl Howard

City

Beecher

State

IL

Zip

60407

Signature

Sheryl Howard

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

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 Baxter

City

Steger

State

IL

Zip

60475

Signature

Mark S Baxter

II.

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

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

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III.

**POSITION** (Circle appropriate position)

Support

Oppose

Neutral

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 Marshall

City Orland Park State IL Zip 60467

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)

METT Therapy Services

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) Tom Blackwood

City Chicago HTS State IL Zip 60411

Signature Tom 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Debra Hamlin

City Flossmoor State IL Zip 60422

Signature Debra L. Hamlin

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

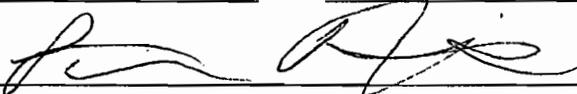
**Facility Name: Franciscan St. James Health – Chicago Heights**

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

I. IDENTIFICATION

Name (Please Print) Lauren Hamlin

City Flossmoor State IL Zip 60422

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARK HAMLIN

City FLOSSMOOR State IL Zip 60422

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Ed Nepomuceno RMD

City Hosier 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ARSENIA NEPOMUCENO, MD

City FLOSSMOOR State IL Zip 60422

Signature Arsenia Nepomuceno, MD

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Lisa Yondris

City

Monee

State

IL

Zip

60449

Signature

Lisa Yondris

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) MONICA DIBIOVANNI

City FRANKFORD State IL Zip 60423

Signature Monica DiBiovanni

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

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

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I.

IDENTIFICATION

Name (Please Print)

VICTOR H. AEWIRRE

City

SOUTH CHICAGO HTS

State

IL

Zip

60411

Signature

VICTOR H. AEWIRRE

II.

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

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) Angelica Aranda

City Chicago State IL Zip 60631

Signature Angelica 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: 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 \_\_\_\_\_

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) EMEN CASTRO

City Chicago IL State IL Zip 60644

Signature Ellen Castro

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

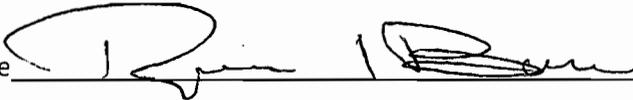
**Facility Name: Franciscan St. James Health – Chicago Heights**

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

I. IDENTIFICATION

Name (Please Print) ROBERT BACRUS

City Boling Brook State IL Zip 60440

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Patty Fredette

City Beecher State IL Zip 60401

Signature P. Fredette

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

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

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Philip Cameli

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Susan M Johnson

City Chicago Hts State IL Zip 60411

Signature Susan M Johnson

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Dory Kerstin

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

Signature Country Club Hills, IL  
Dory Kerstin

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

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

Franciscan Alliance

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 Mari Pimentel

City Chicago Hts State IL Zip 60411

Signature Maria M 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Paula Putzbach

City Chicago Heights State IL Zip \_\_\_\_\_

Signature Paula Putzbach

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jaqueline Scales

City Park Forest State IL Zip 60466

Signature Jaqueline Scales

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Larry O'Donnell

City Tinley Park State IL Zip 60487

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Christine O'Donnell

City Tinley Park State IL Zip 60487

Signature *Christine O'Donnell*

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CARLIANTO P. JENIS

City OLYMPIA Fields State IL Zip 60461

Signature Carlianto Jenis

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Odeffer Bady Sr.

City Park Forest State IL Zip 60466

Signature Odeffer Bady 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) TONY BANDA

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)

Franciscan St. James Health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

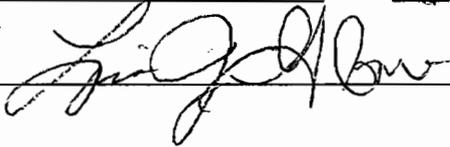
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Lisa J. Glomb

City Manteno State IL Zip 60950

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Shirley Wilborn

City Olympia Fields State IL Zip 60461

Signature Shirley R. Wilborn

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

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

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Loris Leonard

City Olympia Fields 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) FRANCIS T. GADLEWSKI

City OLYMPIA FIELDS 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)

CITIZEN - OLYMPIA FIELDS

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) Byron Wilkinson

City Frankfort State IL Zip 60423

Signature Byron Wilkinson

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) DAN MOORE

City Park Forest State IL Zip 60466

Signature Dan Moore

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) Tommy Beasley

City Chicago Hts State ILL Zip 60411

Signature Tommy Beasley

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Janet Kreucher

City Homewood State IL Zip 60430

Signature Janet Kreucher

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) PRIESTICE FRIESON

City Olympia Fields State IL Zip 60461

Signature Priestice Frieson

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Jose Silva

City Crown Point State IN Zip 46307

Signature Jose Silva

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION:

Name (Please Print) Reyna Carbajal

City East Hazel Crest State IL Zip \_\_\_\_\_

Signature Reyna Carbajal

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION  
Name (Please Print) Raj Chinnappan  
City Chicago State IL Zip 60611  
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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CARY D Nolte

City Timber Park State Ill Zip 60477

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Susan Rivera

City Park Forest State IL Zip 60466

Signature Susan Rivera

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Christina Bong

City Oak Forest State IL Zip 60452

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)

METT Therapy Services

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) Calie Asolani

City Palms Hills State IL Zip 60465

Signature Calie Asolani

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Bree Kentfro

City Orland Hills State IL Zip 60487

Signature Bree A Kentfro

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Craig Berman

City Evergreen Park State IL Zip 60805

Signature Craig Berman

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Martha Z. Binette.

City ST. JOHN State IN Zip 46373

Signature Martha Z Binette

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Verda Turcs

City Oak Lawn State IL Zip 60453

Signature Verda Turcs

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

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 VERBISCEN

City St. JOHN State IL Zip 46373

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)

N/A

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 Fields 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)

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Ray Harris

City Oly Fields 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION  
Name (Please Print) Michelle Wathier  
City Crown Point State IN Zip 46307  
Signature Michelle Wathier

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MADELYN HALFAKER

City PARK FOREST State IL Zip 60466

Signature Madelyn Halfaker

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

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

FRANCISCAN  
ST JAMES HEALTH / Olym. Fields

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) ELIZABETH A. GIANNETTI

City GLENWOOD State IL Zip 60425

Signature *Elizabeth A. Giannetti*

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

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

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MAUREEN DUNNE-McGRAW

City New Kenox State IL Zip 60451

Signature Maureen Dunne-McGraw

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Nancy Meyer  
City Chicago HB State IL Zip 60411  
Signature Nancy Meyer

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

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

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Mariele Zagone

City Steger State ILLINOIS Zip 60475

Signature Mariele Zagone

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) VERNELL JOHNSON

City Olympia Fields 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) David Trotter

City Chicago State IL Zip 60615

Signature David Trotter

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

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

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Winston Davis

City Country Club Hill State IL Zip 60478

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)

CCHC

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 B. EHRET

City OLYMPIA FIELDS State IL Zip 60461

Signature John B. Ehret

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

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

N/A

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Rizwan Mainuddin

City Chicago Hts State IL Zip 606

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)

Hospital Physician

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) DAN Segebrath

City Homewood State IL Zip 60430

Signature Dan C. Segebrath

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Melissa Russo

City Monroe State IL Zip 60449

Signature Melissa Russo

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

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

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**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 Zezzi

City MANTENO State IL Zip 60950

Signature Michelle Zezzi

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Anne Pogliana

City Chicago State Illinois Zip 60654

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)

Franciscan St James Health

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) Rebecca Gordon

City Crete State IL Zip \_\_\_\_\_

Signature Rebecca Gordon

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Dorothy Harris  
City Calumet State IL Zip 60475  
Signature Dorothy 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Julie Shander

City Chicago Heights State IL Zip 60411

Signature Julie 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ROBERT SHANDER

City CHICAGO HTS State IL Zip 60411

Signature *Robert J. 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Christie Sandler

City NEW LENOX State IL Zip 60457

Signature Chris Sandler

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Jose Bucaro

City Chicago HTS State IL Zip 60411

Signature Jose Bucaro

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sarita Woerheide

City Dak Forest State IL Zip 60452

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) on Rosa Ramirez

City Chicago Hts State Ill Zip 60411

Signature on Rosa 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARY Lou SegeBARTH

City ~~10170~~ Homewood State IL Zip 60453

Signature Mary Lou Segebarts

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Resondia Moore

City Chicago State IL Zip 60641

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) BEV BRISON

City CEDAR LAKE State IN Zip 46303

Signature Bev Brison

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARILYN SOHAN

City MATTESON State IL Zip 60443

Signature Marilyn Sohan

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) JIM SOHAW

City MATTESON State IL Zip 60443

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)

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Barbara A Sawyer

City Chicago Hgts State IL Zip 60811

Signature Barbara A Sawyer

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Paula Schleimer

City Chicago Hts State IL Zip 60411

Signature Paula Schleimer

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) KATHRYN DUCKETT

City Chicago Hts State IL Zip 60411

Signature Kathryn E Duckett

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Barb Sinchak

City Dyer State IN Zip 46311

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Loretta Grossi

City Chicago Hts State IL Zip 60411

Signature Loretta M. Grossi

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Barb Burke

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

Signature Barb Burke

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JOSHUA STUEBE

City Richton Park State IL Zip 60471

Signature Joshua Stuebe

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print) Mari J Capriotti

City Chicago Hts State Ill Zip 60411

Signature Marijane Capriotti

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

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

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

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Cam Iron

City PF 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)

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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) Dawn O'Connell

City Hickory Hills State IL Zip 60457

Signature Dawn O'Connell

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Lynn FURST

City NEW LENOX State IL Zip 60451

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Eric Jackson

City South Chicago Heights State IL Zip 60411

Signature Eric Jackson

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Debra Carrasco

City Sauk Village State IL Zip 60411

Signature Debra Carrasco

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

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

FRANCISCAN ST JAMES HEALTH

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) LISA DOVE

City SCHERERVILLE State IN Zip 46375

Signature Lisa Dove

II. REPRESENTATION (This section is to be filled if the witness is appearing 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. James Health 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) FRANK HARVEY

City Sauk Village State Illinois Zip 60411

Signature Frank R. 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) James D. Harvey

City Sauk Village State IL Zip 60411-5829

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)

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III. POSITION (Circle appropriate position)

Support

Oppos

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) Sarah Ceragioli

City Flossmoor State IL Zip 60422

Signature Sarah M. Ceragioli

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CHARLES MARSHALL

City Park Forest State IL Zip 60466

Signature Charles Marshall

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Helen Stoklosa

City Alsip State IL. Zip 60803

Signature Helen Stoklosa

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Jacqueline Caudle

City Grant Park State IL Zip 60940

Signature Jacqueline Caudle

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) SUSAN MARINO

City HOMEWOOD State IL Zip 60430

Signature Susan Marino

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Janet Lawrence

City Homewood State IL Zip 60430

Signature Janet Lawrence

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

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

N/A

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION  
Name (Please Print) Ed Thompson  
City Crown Point State IN Zip 46307  
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)  
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III. POSITION (Circle appropriate position)  
 Support       Oppose       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) RICHARD NAGAN

City OLYMPIA FIELDS State IL Zip 60461

Signature RP Nagan

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

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

FRANCISCAN HEALTH CARE

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Isabel martinez

City midlothian State IL Zip 60445

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)

N/A

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 Lewis

City OLYMPIA FIELDS State IL Zip 60461

Signature Robert 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) RUTH A. PARROT

City MONROE State IL Zip 60449

Signature Ruth A Parrot

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) PAMELA LACH

City OLYMPIA FIELDS State IL Zip 60461

Signature Pamela Lach

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DEBRA MADDEN

City HOMERWOOD State IL Zip 60420

Signature Debra 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)

ST. JAMES HOSPITAL

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 A. Narcisi

City Crete State IL Zip 60417

Signature *Dorothy A. Narcisi*

II. REPRESENTATION (This section is to be filled if the witness is appearing 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. James Hospital Field's employee. RN

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Mary Demma

City Lockport State IL Zip 60441

Signature Mary Demma

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

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 PAVAN  
 City TOLEDO State IL Zip \_\_\_\_\_  
 Signature Mary Pavan

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

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) John Oben Erey

City Chicago Heights State IL Zip 60411

Signature John Oben Erey

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JEWEL THOMPSON

City PALE FOREST State IL Zip 60464

Signature Jewel Thompson

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DOBARO DOGILSSO

City PAK 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Margaret Harris

City Park Forest State IL Zip 60466

Signature Margaret 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Nora Sawaf

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)

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ANNA, GAROFALO

City CHGO HTS State IL Zip 60411

Signature Anna Garofalo

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION  
Name (Please Print) JAN PREDL - CCI Cancer Ctr  
City St. James CCI State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature Janice B Predl

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



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION  
 Name (Please Print) Mr Francis Green-Anderson  
 City Country Club Hts State IL Zip 60478  
 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)  
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III. POSITION (Circle appropriate position)  
 Support       Oppose       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Monica Owerczuk

City  Chicago State IL Zip 60655

Signature Monica Owerczuk

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Lester Kobylarczyk

City Roumboonai's State IL Zip 60914

Signature Lester Kobylarczyk

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

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

Franciscan alliance st. James Health

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 T. TEGTMAN

City DYER State IA Zip 46311

Signature Mark Tegtm

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

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

FRANCISCAN ST. JAMES  
HEALTH

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 A. McULLOUGH JR

City OLYMPIA FIELDS State IL Zip 60461

Signature Robert A. Mcullough 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Lori Waliczek

City Monee State IL Zip 60449

Signature Lori Waliczek

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Paulette Goulet

City De Motte State IN Zip 46310

Signature Paulette Goulet

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

EDWARD COLEMAN

City

CHICAGO STATE ILL ZIP 60644

Signature

Edward Coleman

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) Phil Faso

City Homewood State IL Zip 60430

Signature Phil Faso

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Natalie Morales

City Lynwood State IL Zip 60411

Signature Natalie Morales

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Mary Morales

City Lynwood State IL Zip 60411

Signature Mary Morales

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

Shonita Lorry

City

Olympia Fields

State

IL

Zip

60461

Signature

Shonita Lorry

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARGARET L VALERIUS

City Olympia Fields State IL Zip 60461

Signature M Valerius

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) BARBARA NEEDHAM

City WALLERVILLE State IL Zip 60555

Signature barbara needham

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Jeanette Bueke

City Matteson State IL Zip 60443

Signature Jeanette Bueke

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Beth A. Egelcke

City Warsaw State IN Zip 46538

Signature Beth A Egelcke

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

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

Sf. James Hospital

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) Richard Cameron

City Glenwood State IL Zip 60425

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)

Glenwood Amvets

Knights of Columbus

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 P. CZAJKA, ORS  
City S. CHGO HTS State IL Zip 60411-5313  
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)  
SELF - 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) Edward SULLIVAN

City ALSIP State IL Zip 60803

Signature Edward J. Sullivan

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

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

SPRINKLER Fitter's Local 281

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Charles E. Thomas

City Olympia Fields State Ill. Zip 60461

Signature Charles E. Thomas

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name *(Please Print)*

Debbie Victor

City

Mountain View State IN Zip 46357

Signature

Debbie Victor

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

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

Franciscan Hospital System

**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) Jessie Mae Bowie

City Olympia Fields State IL Zip 6046

Signature Jessie Mae Bowie

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Chiquita Dixon

City Chicago Heights State IL Zip 60411

Signature Chiquita Dixon

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Suzette Blankenstein

City Frankfort State IL Zip 60423

Signature Blankenstein

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Dolores Smith

City Evergreen Park State IL Zip 60805

Signature Dolores Smith

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Susan Siefert

City Chicago Heights State IL Zip 60411

Signature Susan Siefert

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

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

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Leonard Hawkins

City Park Forest State Ill Zip 60466

Signature Leonard Hawkins

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) MARIA THERESA S ARBAN

City CHICAGO HEIGHTS State IL Zip 60411

Signature Maria Theresa S. Arban

II. REPRESENTATION (This section is to be filled if the witness is appearing 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. JAMES HEALTH - CH CAMPUS

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) Crissel Marie S. Arban

City Chicago Heights State IL Zip 60411

Signature Crissel Marie S. Arban

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

City HOMEROOD State IL Zip 60430

Signature Virginia Shipman

II. REPRESENTATION (This section is to be filled if the witness is appearing 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. James 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) Gladys E. Brasser

City Manteno State IL Zip 60950

Signature Gladys E. Brasser

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

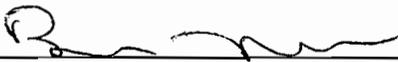
**Facility Name: Franciscan St. James Health – Chicago Heights**

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

I. IDENTIFICATION

Name (Please Print) Bruce Miller

City Lombard State IL Zip 60148

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Lynne M. Mooney

City Chicago State IL Zip 60633

Signature Lynne M. Mooney

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

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

FRANCISCAN Alliance

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) Connie Anderson

City Peotone State IL Zip 60468

Signature Connie Anderson

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

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

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) George BRASSEA Sr  
City MANTENO State IL Zip 60950  
Signature George Brasse 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)

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Scott BRASSEA

City Hazel Crest State IL Zip 60429

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Rosellen Heniff

City OLYMPIA FIELDS State IL Zip \_\_\_\_\_

Signature Rosellen Heniff

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) FELICIA DAVIS

City ST JOHNS State IL Zip 46373

Signature Felicia Davis

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) JOHN LINN

City Orland Park State IL Zip 60462

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Angela Wilson  
City Frankfort State ILLINOIS Zip 60473  
Signature Angela Wilson

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

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

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Brenda Clark

City Chgo Hgts State IL Zip 60411

Signature Brenda Clark

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Theresa M Dybala

City Chicago State IL Zip 60643

Signature Theresa M Dybala

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

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

self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) PAULINE JACOBS

City MATTESON State IL Zip 60443

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)

Self

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 BERKE

City 1125 Loma State IL Zip 60411

Signature Teresa Berke

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

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

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kathy Postkunas

City New Dixon State IL Zip 60451

Signature Kathy Post

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

City Joliet State IL Zip 60436

Signature Kristy Centeno

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

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

Franciscan St. James

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Robyn Ali

City

Chgo Heights

State

IL

Zip

60411

Signature

Robyn Ali

II. REPRESENTATION (This section is to be filled if the witness is appearing 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) John T. Laliotes

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Manuel Velazquez

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)

Laborens Local 5

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) FRANK TARTORA

City CHICAGO HTS State IL Zip 60411

Signature F T

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

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

LABORERS LOCAL 5

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 MAINE  
City CHICAGO HEIGHTS State IL Zip 60411  
Signature David Maine

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

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

LABORERS LOCAL 5

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) KATHLEEN BENLEY-THOMAS, DO

City OAK Forest State IL Zip 60452

Signature Kathleen Thomas, DO

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

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

Franciscan St. James Family Medicine Residency

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 Lebroda

City Calumet City State IL Zip 60409

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)

On behalf of health care recipients  
wanting cost of healthcare to  
decrease

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) Gloria Rossom

City Olympia Fields 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Patty Peelle  
City Timber Park State IL Zip 60477  
Signature Patty Peelle

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

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

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DAWN CICCOTELLI

City HOMERWOOD State IL Zip 60430

Signature Dawn Ciccotelli

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

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

COMMUNITY MEMBER

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) DEBRA BECKETT

City FLOSSMOOR State IL Zip 60422

Signature Debra Beckett

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) George Perry

City FRANKFORD State IL Zip 60423

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)

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III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Kathleen Cole

City Steger State IL Zip 60475

Signature Kathleen A. Cole

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) LAURA NATALE

City CRETE State IL Zip 60417

Signature Laura Natale

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

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

Franciscan St James Hospital

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 WAITCHES  
City ORLAND PARK State IL Zip 60462  
Signature Sue Waitches

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

City Valparaiso State IN Zip 46383

Signature Chris Urello

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Deb Parker

City Peotone State IL Zip 60468

Signature Debra S Parker

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ROXANNE Bartusiewicz

City Chicago HHS ~~Crown Point~~ State IL Zip 60411

Signature Roxanne Bartusiewicz

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

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

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Norm Burnison

City NEW LEANOX State IL Zip 60457

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION  
Name (Please Print) Maria Elena Ramos  
City Chicago Hts. State IL Zip 60411  
Signature M. Ramos

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

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

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Dan Palmerin

City Munster State IN Zip 46321

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)

Franciscan St. James Health

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) LISA WALLACE

City OLYMPIA FIELDS State IL Zip 60461

Signature Lisa Wallace

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

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

Dr. Lisa Wallace; LCPC in Olympia Fields IL

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) Janette Jimenez

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print) Barbara A. Owens

City Olympia Fields State IL Zip 60461

Signature Barbara A.

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

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

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

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) BERTHO TIGUS

City Olympia Fields State IL Zip 60461

Signature Bertho Tigus

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) ROSIE SYKES

City Olympia Fields State IL Zip 60461

Signature Rosie Sykes

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

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

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JANE SLAVEN ALLEN

City DYER State IL Zip 46311

Signature Jane Slaven Allen

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CINDY L. HIGGINS

City FRANK FORT State IL Zip 60448

Signature Cindy L. Higgins

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Luigina Santiago

City Chgo Hts State Ill Zip 60411

Signature Luigina Santiago

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sandy Turk

City Peotone State IL Zip 60468

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print) Derron Travis

City Homewood State IL Zip 60430

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)

Taylor medig

**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) Arlene Stevens

City Olympia Fields State IL Zip 60461

Signature Arlene Stevens

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Audrey B. Rodzak

City Wokena State IL Zip 60448

Signature Audrey B. Rodzak

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Ana Ayala

City Beecher State IL Zip 60401

Signature A 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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Wendy Julia

City Beecher State IL Zip 60901

Signature Wendy Julia

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) STEVEN DEMCHUCK

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)

ST. JAMES C.H.

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Holly Oldenburg

City Steger State IL Zip 60475

Signature Holly Oldenburg

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) VERONICA BOTTOMS

City FRANKFURT State IL Zip 60423

Signature Veronica Bottoms

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

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

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Barbara Tokarzuk

City Chgo Hts State IL Zip 60411

Signature Barbara Tokarzuk

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Sandy Brady

City St John State IL Zip 44373

Signature S. Brady

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) JOHN GALIK

City FRANKFORT State ILL Zip 60423

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) NANCY HARRY

City PARKESTER State IL Zip 60466

Signature Nancy Harry

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Mari Lynn Ross

City Mokena State IL Zip 60449

Signature Mari Lynn Ross

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Catherine Cox

City Frankfort State IL Zip 60423

Signature Catherine Cox

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Tracy Slough

City Lansing State IL Zip 60438

Signature Tracy Slough

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Betty Glyan

City Oak Forest State IL Zip 60452

Signature *Betty G*

II. REPRESENTATION (This section is to be filled if the witness is appearing 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. James Hospital OF # CH

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) PAVI SHETTY

City HINSDALE State IL Zip 60521

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)

Concerned Citizens

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) BEVERLY DENMAN

City MATTESON State IL Zip 60443

Signature Beverly Denman

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Kathryn Hanrahan

City Lansing State IL Zip 60438

Signature Kathryn M. Hanrahan

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) B. Thomas Gerber

City Frankfort State IL Zip 60423

Signature B. Gerber

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Raymond Lotke

City Chicago Heights State IL. Zip 60411

Signature Raymond Lotke

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) MICHELLE R. LINTHICUM

City CHICAGO HEIGHTS State IL Zip 60411

Signature Michelle R. Linticum

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Patricia Mannel

City Crete State Ill. Zip 60417

Signature Patricia Mannel

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Dymphna Palma

City Highland State IN Zip 46322

Signature Dymphna Palma

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Karen Brunello

City Grant Park State IL Zip 60740

Signature Karen Brunello

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kelly Calvillo

City Laurel State Ill Zip 46354

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Mary Widmer

18040 Stewart

City

Homewood

State

IL

Zip

60430

Signature

Mary Widmer

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print) GREGORY HENKLE

City Chicago State IL Zip 60605

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)

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

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) GEORGE BRASSER JA

City Frankfort State Ill Zip 60423

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION  
Name (Please Print) Consuelo Shanklin  
City Chicago Hts. State IL Zip 60411  
Signature Consuelo Shanklin

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

III. POSITION (Circle appropriate position)  
 Support       Oppose       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

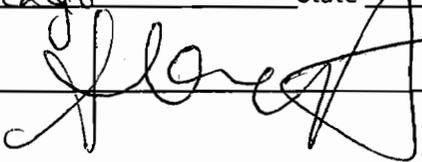
Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Alexander J. Craft

City Chicago State IL Zip 60608

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) Melinda Newhart

City Chicago Heights State IL Zip 60411

Signature Melinda Newhart

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

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

Mett therapy Rehab.

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) Victoria Cox

City Lawell State IN Zip 460356

Signature Victoria M. Cox

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Kim KINMAN

City JOLIET State IL Zip 60435

Signature Kim Kinman

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

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) Tera Kusan

City Justice State IL Zip 60435

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)

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III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CLAYCE CORCORAN

City EVERGREEN PARK State ILL Zip 60825

Signature *Clayce Corcoran*

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Nancy Loyd

City Highland State IN Zip 46322

Signature Nancy Loyd

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

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) Lori Krabbe

City Beecher State IL Zip 60401

Signature Lori Krabbe

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

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

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

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Teri D. Flowers

City Lynwood State IL Zip 60411

Signature Teri D. Flowers

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Willis E. PENNINGTON, Sr

City Olympia Hds State IL Zip 60461

Signature Willis E Pennington 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)

Trustee, Village of Olympia Hds

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) WILLIAM CESARO

City OLYMPIA FIELDS State IL Zip 60461

Signature William J. Cesaro

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print) Kim Crawford

City Chicago State IL Zip 60641

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)

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

Support                      Oppose                      Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print)

Michael Burzic

City

Newport

State

IL

Zip

60451

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)

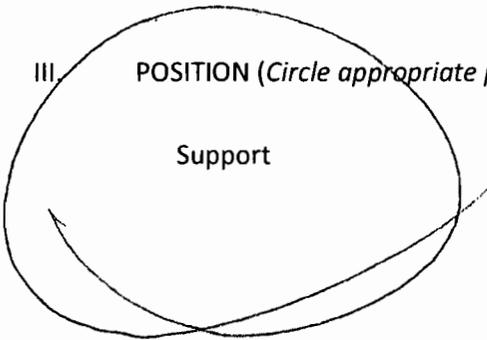
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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral





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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Carne Carlson

City Richton Park State IL Zip 60471

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

**I. IDENTIFICATION**

Name (Please Print) Audrey Konkol

City Chicago State IL Zip 60655

Signature Audrey Konkol

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

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

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

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Julie Mulhollan

City Frankfort State IL Zip 60423

Signature Julie Mulhollan

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Dawn Block

City Joliet State IL Zip 60431

Signature Dawn Block

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

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

Myself

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) SALLY BALSEWICH

City PALOS HILLS State IL Zip 60465

Signature Sally Balsewich

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Wm Linda Casaro

City Oly Fields State IL Zip 60461

Signature Linda Casaro

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Valerie Zona Baxter

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)

myself

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) Linda Sunkin  
 City FRANKFORT State IL Zip 60423  
 Signature Linda Sunkin

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

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) Letecia Bynum

City Crete State IL Zip 60417

Signature Letecia Bynum

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print)

Candice C. Brody

City

Frankfort

State

Ill.

Zip

60466

Signature

Candice C. Brody

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Sandra Marris

City Peotone State IL Zip 60468

Signature Sandra Marris

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

*(Handwritten scribble)*

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) MARGARET MONTAG

City CHICAGO HEIGHTS State IL Zip 60411

Signature Margaret Montag

X

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

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

FRANCISCAN ALLIANCE ST. JAMES HOSPITAL

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) MARK LACEY

City TINLEY PARK State IL Zip 60487

Signature Mark Lacey

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Ashley Turkowski

City Hickory Hills State IL Zip 60457

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)

Franciscan Health

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) SISTER JANICE KOLESIAK

City CHICAGO HEIGHTS State IL Zip 60411

Signature Sister Janice Kolesiak

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

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

FRANCISCAN ST. JAMES HEALTH

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) Megan Brennan

City Munster State IN Zip 46321

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)

Franciscan 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) Eileen Boydston

City Homewood State IL Zip 60430

Signature Eileen M. Boydston

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

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

self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Sister Rachel Pinot

City Chicago Heights State IL Zip 60411

Signature Sister Rachel Pinot

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

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

Franciscan St. James Health

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) Sister Karol Ann Hoefler

City Chicago Heights State IL Zip 60411

Signature Sister Karol Ann Hoefler

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Eveline Deabel

City Chicago Hts. State IL. Zip 60411

Signature Eveline Deabel

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) Julie Barton

City Beecher State IL Zip 60401

Signature Julie Barton

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

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

self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

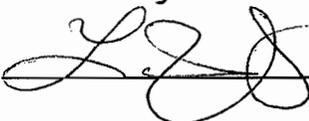
**Facility Name: Franciscan St. James Health – Chicago Heights**

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

I. IDENTIFICATION

Name (Please Print) Laurie Crosby

City Lansing State IL Zip 60438

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)

Citizens, FSH

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Neil Blankenship

City Schererville State IN Zip 46375

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)

Franciscan 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) Lance Jones

City Lynwood State IL Zip 60411

Signature Lance T. Jones

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

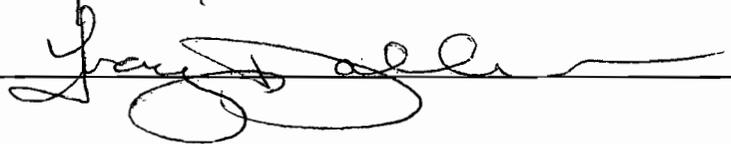
**Facility Name: Franciscan St. James Health – Chicago Heights**

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

I. IDENTIFICATION

Name (Please Print) TRACY DALLIO

City New Lenox State IL Zip 60451

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)

Franciscan Alliance

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) Jeanna Romero

City Griffith. State IN Zip 46319.

Signature Jeanna Romero.

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

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

Franciscan Alliance.

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) Lucretia Hampton

City So Holland State IL Zip 60473

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) FRANK DENMAN

City MATTAPON State IL Zip 60443

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) SUSAN ROSSI

City FRANKFORT State IL Zip 60423

Signature Susan Rossi

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name *(Please Print)* Donna Phalen

City Mokena State IL Zip 60448

Signature *D Phalen*

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

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

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III. POSITION *(Circle appropriate position)*

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) DANA NYLEN

City Chicago HTS State IL Zip 60411

Signature Dana Nylan

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

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

Concerned Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**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 H Wiley

City Matteson State IL Zip 60443

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) Vanessa Mendez  
City Chicago Hts State IL Zip 60447  
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)

Franciscan St James Health

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 Tora

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)

Catholic Charities Archdiocese of Chicago

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) KENT DAVIDSON

City WILMETTE State IL Zip 60091

Signature Kent E. Davidson

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) CAROL FRAZER

City AUSTIN State IL Zip 60803

Signature Carol Frazer

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Franciscan St. James Health – Chicago Heights

Project Number: E-008-16

I. IDENTIFICATION

Name (Please Print) JANINE ROSSI

City HOMERWOOD State IL Zip 60430

Signature *Janine Rossi*

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

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

SELF

FRANCISCAN ST. JAMES HEALTH

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) Debbie Berry

City Loliet State FL Zip 60431

Signature Debbie Berry

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

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

NETT Therapy for Franciscan Alliance

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) Tim COLEMAN

City Homewood State IL Zip 60430

Signature Tim Coleman

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

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

METT THERAPY SERVICES  
@ FRANCISCAN ALLIANCE

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 Baumgartner

City New Lenox State IL Zip 60451

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

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

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

I. IDENTIFICATION

Name (Please Print) John Brown

City Chicago State IL Zip 60411

Signature John Brown

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

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

Laborers Local 25

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral