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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

FEB 10 2017

I. IDENTIFICATION

Name (Please Print)

MICHAEL KULISZ

HEALTH FACILITIES
SERVICES REVIEW BOARD

City DeKalb

State IL

Zip 60115

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

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

Northwestern Memorial Healthcare Kishwaukee Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (Please Print) Francisca Carrillo-Thubado
City Sycamore State IL Zip 60178

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

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

Breastfeeding Center

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Barry Schrader

City

DeKalb

State

IL

Zip

60115

II.

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

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

Member of Kishwaukee
Family YMCA

III.

POSITION (please circle appropriate position)

Support

Oppose ?

or

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION
Name (Please Print) TOM MATYA
City DEMARIS State IL Zip 60115

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

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

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Matt Swanson

City

DeKalb

State

IL

Zip

60115

II.

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

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

DeKalb County Boarding Tenors

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

2/8/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) DAWN ROZNOWSKI

City LOVES PARK State IL Zip 61111

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

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

Northwestern Medicine - Memorial Healthcare - Kishwaukee
Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Theresa Komitas

City Compton State IL Zip 61313

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

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

Reading a statement on behalf of Community Citizens

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Mark Guethke

City North Aurora State IL Zip 60542

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

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

Painters District Council #30

Aurora Il. 630-450-8354

60506

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Fadia AKrabawi

City DeKalb State IL Zip 60115

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

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

private citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Bridget Orth

City

Winnetka

State

IL

Zip

60093

II.

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

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

Northwestern Memorial Health Care

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Kelly Fleas

City

St. Charles

State

IL

Zip

60174

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

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

Northwestern Memorial Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Rob Christie

City

WHEATON

State

IL

Zip

60189

II.

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

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

NORTHWESTERN MEMORIAL HOSPITAL

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

KEVIN POOLTEN

City

SYCAMORE

State

IL

Zip

60178

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

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

NM Kish

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Pave Cargill

City Rockford

State IL

Zip 61108

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

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

IBEW 364

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Michael Kokoff

City

DeKalb

State

IL

Zip

60115

II.

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

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

NM/Northwestern Kishwaukee Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Lance Mcbill

City DeKalb State IL Zip 60115

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

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

IUOE Local 150 (Operating Engineers)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Marge Johnson

City

Sycamore

State

IL

Zip

60178

II.

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

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Richard UBC

City Sycamore State IL Zip 60178

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

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

Personal

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) Carol H Uhl

City Sycamore State IL Zip 60178

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

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

Charlene Riefler

City

DeKalb

State

IL

Zip

60155

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

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) DEWEY R. YAEGER

City DEKALB State IL Zip _____

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/8/16



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

I. IDENTIFICATION

Name (Please Print) _____

City _____

State _____

Zip _____

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

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

III. POSITION (*Circle appropriate position*)

Support

Oppose

Neutral

2/8/16