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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Sharon Proffitt

City Harvey State Il. Zip 60426

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

8/25/16

Changed her name, mi
Didn't speak

5

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Anne Spencer

City Harvey State IL Zip 60426

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

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Will Davis
City Homewood State IL Zip 60430

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) State Rep 30th Dist

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle )*

Oral Written

8/25/16

7

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) MARK Kozloff

City Chicago State IL. Zip 60616

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

Doctor works at Ingall ANP
University of Chicago

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

8

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Bridget T. Carter
City Richton Park State IL Zip 60471

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

Concerned Citizens for Health Care

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Pam Markle

City Harvey State IL Zip 60426

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

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

Children's Habilitation Center

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) FORLANDER LEWIS, PASTOR

City HARVEY State IL Zip 60426

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

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Rev. Steven D. Lewis

City Dixmoor State IL Zip 60426

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

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Alderman Joseph Whittington Jr

City Harvey State Ill Zip 60426

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
2nd Ward Harvey

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

16

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Ofelia Tovar

City Lansing State IL Zip 60438

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

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

NAMI South Suburbs of Chicago

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle )*

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Major Vernard Alsberry Jr.

City Hazel Crest State IL Zip 60429

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Susan Fine

City Park Forest State IL Zip 60466

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

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Kim Garrison

City Park Forest State IL Zip 60466

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

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Dr. Lisa Green, CEO

City Harvey State Illinois Zip 60426

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

Family Christian Health Center

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) David Hunderfund

City Orland Park State IL Zip 60462

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

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

Oral (Written)

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Dr. Kisha McCastle - Park Director

City Harvey State IL Zip 60426

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle )*

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Melville A. King Jr.

City Harvey State IL Zip 60426

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

8/25/16

25

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Kurt Johnson

City ~~Chicago~~ Harvey 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)
Ingalls

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle )*

(Oral) Written

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Dean Kenneth Polonsky

City Chicago 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)

UofC Medicine

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle )*

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Sharon O'Leary

City Chicago 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)

UIC Medicine

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle )*

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Michael Gilmore

City Dalton State Illinois Zip 60419

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

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

Daley's Emergency Medical Services

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle )*

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Yolanda Villanueva

City East Hazel Crest State IL Zip 60429

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

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle )*

Oral Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) WOODROW NUNN

City HARVEY State IL Zip 60426

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

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

HARVEY COMMUNITY COALITION

III. POSITION (*please circle appropriate position)*

Support Oppose (Neutral)

IV. Testimony (*please circle )*

(Oral) (Written)

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) CHRISTOPHER J. CLARK

City HARVEY State IL Zip 60426

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) 3RD WARD ALDERMAN CITY OF HARVEY

III. POSITION (*please circle appropriate position*)

Support Oppose (Neutral)

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Apostle Carl L. White Sr.

City Harvey State _____ Zip 60426

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

III. POSITION (*please circle appropriate position*)

Support Oppose (Neutral)

IV. Testimony (*please circle*)

(Oral) Written

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## ~~Public Hearing Testimony Registration Form~~

**Facility Name:** Ingalls Memorial Hospital — Appearance only

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) SUSAN A. BRAVO

City So. Holland State IL Zip 60473

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

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

Numerous "victims" of Ingalls care who are unable to be here Today

III. POSITION (*please circle appropriate position*)

Support (Oppose) Neutral

IV. Testimony (*please circle*)

~~Oral~~ (Written)

Written -

Based on several experiences over the past ~~for~~ 20 years I oppose an organization - the quality of the Univ of Chicago Hospitals during their name by Uniting with Ingalls Most recently on June 8, 2016 when someone in the ER at Ingalls injected 100 mg of Demerol instead of Thorazine which it should

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

(11)

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Mayme Buckley

City Matteson State IL Zip 60443

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Mary Wright

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Pastor Booker T Person

City Olympia Fld State FL Zip 60461

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral X

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) KEVIN WELSH

City GLENWOOD State IL Zip 60425

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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 FIRE DEPT
VILLAGE OF GLENWOOD
FIRE MARAS DIVISION #24

III. POSITION (*Circle appropriate position*)

Support Oppose (Neutral)

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Searcy Smith

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Patricia Perkins

City Harvey State IL Zip 60426

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

Is this a Win, Win?
I am not sure.

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Jennifer Casey

City East Hazel Crest State IL Zip 60429

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

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

The South Suburban Council on Alcoholism and Substance Abuse

III. POSITION (*Circle appropriate position*)

Support Oppose (Neutral)

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Mary McNeese

City Harvey State Il. Zip 60426

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

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

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_____

_____

III. POSITION (*Circle appropriate position*)

Support Oppose (Neutral)

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) FRANKLIN MORRIS

City FLOSSMOOR State ILL Zip 60422

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose (Neutral)

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Wynell Verrett-Butler

City Dixmoor State IL Zip 60426

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

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

SSACS South Suburban Action Conf.

III. POSITION (*Circle appropriate position*)

Support Oppose (Neutral)

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Effie Alexander

City Harvey State Ill. Zip 60426

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

III. POSITION (*Circle appropriate position*)

Support Oppose (Neutral)

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

8

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Brenda Salley

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Michael Gilmore

City Dalton State IL Zip 60419

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

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

Dalton Ambulance Service

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Anthony DeLuca

City Chicago Heights State IL Zip 60411

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

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

State Rep 80th District

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) NELLIE MAHONE

City HARVEY State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Donna Dimanis

City Harvey State Ill Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) MAUZKIE ERVIN

City HARVEY State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) FRONNIE M. ECHOLS

City HARVEY State IL Zip 60426

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

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

A Concerned Citizens for Health Care

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Rosemary Dombrowski

City So. Holland State IL Zip 6047

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

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

Volunteer Ing IIs

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

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**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) DOUG BECKMAN

City THORNTON State IL Zip 60476

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

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

VILLAGE OF THORNTON

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) BOB KOLOSH

City THORNTON State IL Zip 60476

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

Village OF THORNTON - MAYOR

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) PAMELA WHITE

City Chi State IL Zip 60478

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Eddie L. Hemp Jr.

City Hazel Crest 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)

Concern Citizen

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Annette Whittington

City Harvey State Illinois Zip 60426

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) School District 205 Board

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) MARY EMILY GRANT

City HAZEL CREST State IL Zip 60429

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) PAUL K. JONES

City CALUMET CITY State IL. Zip 60409

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) SIDNEY RIDLEY

City HARVEY State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) JANICE WILCK

City BEECHER State IL Zip 60401

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

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

INGALLS AUXILIARY

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Sandra Wells

City Dolton State IL Zip 60419

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Paul Donahue

City Burr Ridge State IL Zip 60527

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

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

Ingalls

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Joyce Brown

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Renee Gill

City Chicago State IL Zip 60649

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

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

Children's Rehabilitation Center Harvey IL.

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Dr. Sharronne Ward

City Tinley Park State IL Zip 60477

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

Grand Prairie Services Behavioral Health
- Also A Resident of Hazelcrest IL.

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Rose B Smith

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Dr. Phyllis P. Hayes

City Harvey State Illinois Zip 60426

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

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

Family Christian Health Center

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Carl Hunter

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Quillie T. Dampier

City Harvey State IL. Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Deborah Alexander

City Harvey State IL Zip 60426

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

South Suburban Child Care Association
Prince & Princess Child Care
City of Harvey Resident

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Timothy Williams

City Riverdale State IL Zip 60827

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

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

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) RUBY J. DONAHUE

City HARVEY State ILL. Zip 60426

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

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

HARV - COMMUNITY COALITION

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Lucy Young

City Harvey State Ill Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Timothy James

City Markham State IL Zip 60428

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

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

Children Habilitation Center

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) CRITTENDON, TERRY

City Oak Forest State IL Zip 60452

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

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) LaTaresetta Washington

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Joe Ann Smith

City Homewood State IL Zip 60430

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) Alderman Joseph Whittington, Jr
City Harvey State Ill Zip 60426

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

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Rosie M. White

City Harvey State IL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) ROBERT GIBSON

City HARVEY State ILL Zip 60426

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) ALLEN H. MAHONE JR

City HARVEY State IL. Zip 60426

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) HAR-V-COMMUNITY COALITION-PRESIDENT

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION
Name (*Please Print*) LUCINDA T. RUTHERFORD

City HARVEY State ILL Zip 60426

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

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Joan Summit

City Southland 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)

_____

Citizen

_____

_____

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) David Habecker

City Thornton State IL Zip 60476

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

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

Thornton Fire

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Christopher Toms

City Chicago Hts State IL Zip 60411

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) JEAN HURN

City BEECHER State IL Zip 60401

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Ed Paesel

City E. Hazel Crest State Il Zip 60429

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

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

South Suburban Mayors & Managers Assn.

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Rachel Jones

City Calumet City State IL Zip 60409

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

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

Ingalls & Concerned Citizen

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Pastor Lucian Jackson, Jr.

City Phoenix, State IL Zip 60426

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

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

First Baptist Assembly of Praise & Deliverance
117 E. 147th St.
Harvey, IL 60426

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Sharon Holt

City Harvey State IL Zip 60426

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

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

W.W. Holt Funeral Home

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Lula Ellison

City Robbins State IL Zip 60472

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

8/25/16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Charles Holley

City Harvey State IL Zip 60426

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

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

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

Support Oppose Neutral

8/25/16

STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

**Facility Name:** Ingalls Memorial Hospital

**Project Number:** E-019-16

I. IDENTIFICATION

Name (*Please Print*) Dr Lisa J Green

City ~~Chicago~~ Harvey State IL Zip ~~60614~~ 60426

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

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

Family Christian Health Cente

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

8/25/16

Andrea A. Paxton
HACC Pres.
Harvey, IL 60426

Sharon McDavid
Susie Dillard
Harvey, IL 60426

Chelly Canter
Harvey, IL 60426
Supporting

Gwendolyn Evans
Chicago Hts, IL 60411

Supporting

neutral) Tyrone Ward - Village of Robbins — Mayor
Patti Ogden Children Habilitation Center - SUPPORT
Diane Hackworth Homewood — Support
Rev Jeffery Smith Alsip — Support

| Name | City | Support | Oppose | |
|---|---|---|---|---|
| Hazel Haden | Harvey IL | Support | | 6042 |
| Shirley Everett | Harvey IL | Support | | |
| Angela Robinson | Matteson | Support | | 60443 |
| Louise Ervin | Park Forest | | | 60466 |

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Catherine Williamson
South Holland, Ill
Support!!!

Irene Stingley
South Holland Ill
Support

~~Martin Luther King Jr~~
~~Harvey Support~~

Penny Tillman (NextLevel Health
Chicago IL
Neutral

NATE LLEWELLYN NEUTRAL
HAZEL CREST

Toya T. Harvey, Esq - Supporter
Homewood