STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Chris Vicik

City Mundelein State IL Zip 60060

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

Advocate Good Shepherd

III. POSITION (*Circle appropriate position)*

Support (Oppose) Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ilene Steiner

City Hoffman Estates State IL Zip 60010

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

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

Advocate

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) WILLIAM SHEAN

City WAUCONDA State IL Zip 60084

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Janet Terrana

City CL State IL Zip 60014

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Lisa Derer

City Cary State IL Zip 60013

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Hadley Streng

City Crystal Lake State IL Zip 60012

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

Centegra Health System

III. POSITION (*Circle appropriate position)*

Support (Oppose) Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kelli Coulter

City Crystal Lake State Illinois Zip 60014

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) SHARMIE Ali

City PALATINE State IL Zip 60074

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Michelle Green

City Crystal Lake State IL Zip 60012

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

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

Centegra Health System

III. POSITION (*Circle appropriate position)*

Support (Oppose) Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) AARON T. SHEPLEY

City CRYSTAL LAKE State ILLINOIS Zip 60014

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

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

RESIDENT OF CRYSTAL LAKE.

III. POSITION (*Circle appropriate position)*

Support (Oppose) Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) DAN LAWLER

City Ch. Expo State IL Zip 60606

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

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

Counsel to Centegra Health System

III. POSITION (*Circle appropriate position*)

Support (Oppose) Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Robert Walters

City Rockford State IL Zip 61103

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Betty Martensen

City Crystal Lake State IL Zip 60014

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) John Cook

City Evansville State WI Zip 53536

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Christine Moss

City Rockford State IL Zip 61103

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Michele Lippert

City Rockford State IL Zip 61103

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

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

Mercy

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Chris Hankins

City Roscoe State IL Zip 61073

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Brian Palka

City Huntley State IL Zip 60142

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Julie Yock

City Caledonia State IL Zip 61011

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) BRIAN URSO

City MARENGO State IL Zip 60152

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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 1035

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) DAVE Syverson Senator

City RKFD 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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kristina DeCoster

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Mark Enger

City Lemont State IL Zip 60439

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

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

Local #593 IUOE

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ruth Yarbrough

City Janesville State WI Zip 53545

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

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

Mercyhealth

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kim Koch

City Lovers 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)

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Stacy Fairbert

City Roscoe State IL Zip 61073

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Cheryl Reiter

City Rockford State IL Zip 61103

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of ony group, orgonization 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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Cindy Juminskas

City Rockc State IL Zip 61073

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jayden Crague

City Janesville State WI Zip 53548

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Barb Bortnell

City So. WI & Northern IL Service Area State Janesville WI 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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jennifer Hall

City Rockford State IL Zip 61107

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

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Karina Surdicle

City Fort Atkinson State WI Zip 53538

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

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

mercyhealth

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Carol Lucas

City Harvard State IL Zip 60033

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Laura Aggeser

City Harvard State IL Zip 60033

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) KANDICE KRAJECKI

City Huntley State IL Zip 60142

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jan Botts

City Janesville State WI Zip 53548

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Melissa Ryan

City Woodstock State IL Zip 60098

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Pat Noonan

City Palatine State IL Zip 60067

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

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

Carpenters Union

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Morgan Landi

City Delavan State WI Zip 53115

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

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

MercyHealth Corporation

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jarrett Tegstra

City Rockford State IL Zip 61114

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

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

I support mercyhealth for Crystal Lake

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kelly Howard

City Crystal Lake State IL Zip 60014

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Theresa Hollinger

City Byron State IL Zip 61010

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

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

MercyHealth employee

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Natalie Wagner

City Machesney Park State IL Zip 61115

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Christine Lippert

City Crystal Lake State IL Zip 60014

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Maria Cuchna

City Woodstock State IL Zip 60098

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kimberlee Przybysz

City Crystal Lake State IL Zip 60098

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

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

Mercyhealth

III. POSITION.(*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kathy Kues

City Janesville State WI Zip 53548

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Meagan Romer

City Woodstock State IL Zip 60098

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) James MacNeal

City Rockford 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) MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ashley Murcia

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)

Mercyhealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Andrew Church

City Darien State WI Zip 53114

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

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

Mercyhealth partner

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Jim McManus Buisness Agent/President

City New Lenox State IL Zip 60451

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Local 17 Heat + Frost Insulators.
I represent many members in this area who would support this project.

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Melissa Nielsen

City Crystal Lake, State IL Zip 60014

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) YASMIN HUSSAIN

City 660 PROVIDENCE LANE CRYSTAL LAKE State IL Zip 60012

II. REPRESENTATION (*This section is to be filled if the witness is appeoring on behalf 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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Doug Hawthorne

City Harvard State IL Zip 60033

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

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

Mercy

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Susan Gayle

City Crystal Lake State IL Zip 60014

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

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

patient Mercy Health Systems

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) JHALESH · VIRANI

City WOODSTOCK State IL Zip 60098

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

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

MERCY HARVARD HOSPITAL

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) BRIAN MYERS

City ELGIN State IL Zip 60123

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) PATRICIA CUDDKO

City ROCKFORD State IL Zip 61103

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

MercyHealth Hospital - Rockton Avenue

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Dan Stralow

City Rockford State IL Zip 61103

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Mercyhealth Hospital - Rockford Ave.

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Randy Lebakken

City Janesville State WI Zip 53545

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Randy Benish

City Janesville State WI Zip 53548

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ladd Udy

City Janesville State WI Zip 53548

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Sam Nepple

City McFarland State WI Zip 53558

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Eric Adams

City Janesville State WI Zip 53548

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) TYLER KILLPACK

City JANESVILLE State WI Zip 53545

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

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

MERCYHEALTH

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Brooke Spencer

City Rockford State IL Zip 61109

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

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

Mercyhealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) PATRICK CRANLEY

City MADISON State WI Zip 53711

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) J Davis

City C.L State IL Zip 60914

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

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

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Bill Supernaw

City Delavan State WI Zip 53115

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kendra Rishling

City Wonder Lake State IL Zip 60097

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

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Margaret Oefelein

City Woodstock State IL Zip 60098

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

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

Concerned citizen

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kathryn Adams

City Machesney Park State IL Zip 61115

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

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

Mercy Health Corporation

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Rick Wilson

City Rockford State IL Zip 61102

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Shelton Bay

City Rockford State IL Zip 61101

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

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

Crusader Community Health

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jennifer Hallatt

City Lake Geneva State WI Zip 53147

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

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

mercyhealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Carolyn Bengtson

City Rockford State IL Zip 61103

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

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

Mercy Health

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) John Darcey

City Rockford State IL Zip 61114

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Lottie Muskovin

City Rockford State IL Zip 61103

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Michelle Hintz

City Rosiclare State IL Zip 62973

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

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Sue Ripsch

City Janesville State WI Zip 53545

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

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

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Sue Schnieber

City Rockford State IL Zip 61114

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

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

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Phyllis Guy

City Woodstock State IL Zip 60098

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jeanine Potts

City Clinton State WI Zip 53525

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Deb Pistempa

City Rockford 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)

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Carole Ostrom

City Crystal Lake State IL Zip 60014

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

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

Mercyhealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kara Sankey

City Orfordville State WI Zip 53576

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Elizabeth Pearson

City South Bend State IL Zip 61080

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

(Support) Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) VALERIE JOHNS

City Woodstock State IL Zip 60098

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

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

MercyHealth

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

Appearance 85

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

~~Public Hearing~~ Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Tim Keocek

City Crystal Lake State ~~IL~~ Zip 60014

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

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

~~Oral~~ (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Jim Adamson

X City Woodstock State IL Zip 60098

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

X Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kevin F. Fitch, Jr

City WHEATON State IL Zip 60187

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

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

Advocate Sherman Hospital

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) KRISTIN KURCZEWSKI

City LAKEWOOD State IL Zip 60014

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

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Susan Grossinger

City Crystal Lake State IL Zip 60014

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

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

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Rowena Weames

X City Crystal Lake State IL Zip 60012

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

X Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (~~*please circle*~~)

Oral ~~Written~~

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Dr Mark Giacomin

City Barrington State IL Zip 60010

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

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

Advocate Good Shepherd Hospital + Crystal Lake Immediate care center

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

14

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) ERIC ZORNOW

City ALGONQUIN State IL Zip 60102

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

CENTEGRA HEALTH SYSTEM

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) J DEAN FELDMAN

City BARRINGTON State IL Zip 60010

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

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

(X) ADVOCATE GOOD SHEPHERD HOSPITAL

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) [redacted] Robert Vavrik

City Crystal Lake State IL Zip 60012

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

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

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jeanne Ang

City Spring Grove State IL Zip 60081

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

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

Advocate Good Shepherd Hospital

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Todd Schroll

X City Crystal Lake State IL Zip 60014

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

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

X Centegra Health Systems

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Keeley Gallagher

City Lake in the Hills 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)

Advocate Good Sheph.

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) BRYAN FOSTER

City WOODSTOCK State IL Zip 60098

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

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

CENTEGRA HEALTH SYSTEM

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Rafael Malpica

City Cary State IL Zip 60013

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

Advocate Good Shephard Hospital

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kevin Christensen

X City McHenry State IL Zip 60051

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

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

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Yvonne Miller

City Cary State IL Zip 60013

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

Advocate Healthcare

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) SANDRA MONTALVO

City Huntley State IL Zip 60142

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

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

Social Services and Care Coordination Manager, Centegra Health System.

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Charlotte Diogvardi

City Cary State IL Zip 60013

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

resident

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

[redacted] 38 [redacted]

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Tiffanie Young

City Crystal lake State IL Zip 60014

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

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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32

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Roseanne Niesz

City McHenry State IL Zip 60051

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

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

Advocate Good Shepherd Hospital

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Carlie Lesher

City McHenry State IL Zip 60050

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

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ashley Weinrich

City Crystal Lake State IL Zip 60012

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

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

Centegra Health System

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jeni Hallatt

City Lake Geneva State WI Zip 53147

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

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

mercyhealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Dale Nelson

City Harvard State IL. Zip 60033

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

City of Harvard

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Tracey Klein

City Brookfield State WI Zip 53005

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

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

Mercy Health

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Melissa Nielsen

City Crystal Lake State IL Zip 60014

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

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

Patient Concerned about Healthcare Access in Crystal Lake. In favor of Mercyhealth's Projects in Crystal Lake

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) PATRICK CRANLEY

City MADISON State WI Zip 53711

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Sue Ripsch
City Janesville State WI Zip 53545

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

* Jack Franks
Chairman
McHenry County Board

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Shelton Kay

City Rockford State IL Zip 61101

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

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) YASMIN HUSSAIN

660 PROVIDENCE LANE

City CRYSTAL LAKE State IL Zip 60012

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

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

MERCY HEALTH

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Benjamin S Lack

City Crystal Lake 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)

Epilepsy Foundation

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) THOMAS W. WILBECK

City BARRINGTON HILLS State IL Zip 60010

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

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) DOUG HAWTHORNE

City HARVARD State IL Zip 60033

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

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

MERCY

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jason H. Bredenkamp, MD

City Rockford State IL Zip 61103

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

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

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) James MacNeal ~~YASMIN HUSSAIN~~

City ~~CRYSTAL L~~ Rockford 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)

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Laura Aagesen

City Harvard State IL Zip 60033

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

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

Mercy Harvard patient

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Susan Gayle

City Cryptal Lake State IL Zip 60014

II. REPRESENTATION (*This section is to be filled if the witness is appearing 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 as a patient/citizen

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Kelly Howard

City Crystal Lake State IL Zip 60014

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

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

33

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Douglas Henning, MD

City C.C. State IL Zip 6018

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

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

mercy health

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) JOSEPH E Fojtik MD FACP CCE

City Mokena State IL Zip 60448

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jeremy Stein

City McHenry State IL Zip 60050

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

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Sue Schrieber

City Rockford State IL Zip 61114

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Cindy Amore

City Twin Lakes State WI Zip 53181

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

Centegra Health System - Manager of EMS

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) ~~TOM JENSEN~~ SHAILESH V IRAM

City ~~ROCKFORD~~ WOODSTOCK State IL Zip 60098

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

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

~~MERCY HEALTH~~

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Ronald Eck

City Woodstock State IL Zip 60098

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Bus. Rep. Carpenters Local 2087 Serving McHenry Co. Area. (Approx. 360 Members) Would love to have the work. 30 yr. resident of McHenry Co.

III. POSITION (*please circle appropriate position*)

(Support) Oppose Neutral

IV. Testimony (*please circle*)

(Oral) Written

2/21/17

44

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Linda Serafin

City Crystal Lake State IL Zip 60014

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) None

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

46

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Catie Schmit

City Crystal Lake State IL Zip 60014

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

Centegra Health System
Director of Emergency Services

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

47

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ruth Yarbrough

City Janesville State WI Zip 53545

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

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

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

49

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ladd Udy

City Janesville State WI Zip 53548

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

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

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

52

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) John Bartman

City Marengo State IL Zip 60152

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

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

Bartman Farm

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

54

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Carole Ostrom

City Crystal Lake State IL Zip 60014

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

53

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Dirk Enger

City Winfield State IL Zip 60190

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

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

President Ironworkers Local #393

McHenry Bld. Trades member

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

55

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Robert Paddock

City Algonquin State IL Zip 60102

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

57

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Theresa Hollinger

City Byron State IL Zip 61010

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

Support of Mercyhealth Projects

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

59

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Carol Lucas

City Harvard State IL Zip 60033

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

63

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Melissa Ryan

City Woodstock State IL Zip 60098

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

65

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) -Bill Supernaw

City Delavan State WI Zip 53115

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

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

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

67

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Jarrett Terpstra

City Rockford State IL Zip 61114

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

I support the expansion and build of mercyhealth hospital and clinics in Crystal Lake

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

69

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kendra Rishling

City Wonderlake State IL Zip 60097

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

74

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Tracy Perkins

City Harvard State IL. Zip 60033

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral (Written)

2/21/17

73

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) MARY ANN VIEWEG

City CARY State IL Zip 60013

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

Hospitals in the area are not a few minutes away - 10 mins = 30 mins. in many many cases - Rt 14 - 31 - Randall & Algonquin Rd are clogged & traffic most of the time.

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

75

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) SHAILESH · VIRANI

City WOODSTOCK State IL Zip 60098

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

79

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Jennifer Whitwell

City McHenry State IL Zip 60050

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

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

CEA

2/21/17

83

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) PETE OLSON

City VOLO State IL Zip 60073

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) PLUMBERS' LOCAL 130

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

89

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name *(Please Print)* Wesley M. Jost

City Fox River Grove State IL Zip 60011

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

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

III. POSITION *(please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

91

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Hayden Crague

City Janesville State WI Zip 53548

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

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

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17

93

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Jennifer Hall

City Rockford State IL Zip 61107

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

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

MercyHealth

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

95

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Janel VanDenHeuvel

City Janesville State WI Zip 53545

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

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

Mercy Health Corp

III. POSITION (*please circle appropriate position)*

(Support) Oppose Neutral

IV. Testimony (*please circle)*

(Oral) Written

2/21/17