

17-035

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

April 5, 2017

RECEIVED

DEC 11 2017

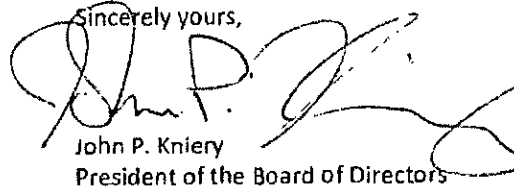
**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1125.520.(3).

Sincerely yours,



John P. Kniery
President of the Board of Directors

ATTACHMENT-12D

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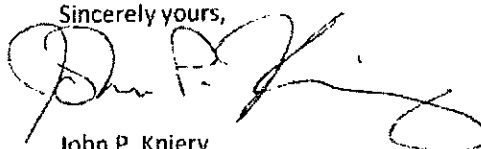
**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

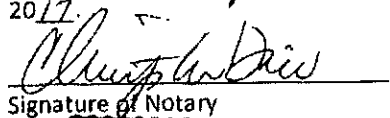
Sincerely yours,



John P. Kniery
President of the Board of Directors

State of Illinois
County of Sangamon

Subscribed and sworn to before me
This 5 day of April
2017.


Signature of Notary

SEAL



ATTACHMENT-12C