



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Abdulia Belomares

City

Melrose

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Marra L Melesio

City

Melrose Park

State

IL

Zip

60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jessie Rodriguez

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Krystyna Puellar

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Claudia Castro

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Regina Rivers

City Maywood

State

IL

Zip

60153

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

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

Strengthening Proviso Youth, NFP
Hillside, IL 60142

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Jeanne M. Lubbers
City Melrose Park 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)

Employee of Westlake and this will
affect me greatly.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Bonnie King

City Melrose Park State IL Zip 60516

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Maria Lopez

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Employee of Westlake Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) VIRGINIA GRECO

City North Aurora State IL Zip 60542

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

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

Employee of Westlake Hosp.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Elaine Eschridge
City Melrose Park State IL Zip 60160

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

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

Westlake employee that will
be impacted by a closure!!
~
~

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JUVY CHENG

City Melrose Park

State

IL

Zip

60160

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Miriam Estrada

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) VICTOR DORRIS

City Bellwood

State IL

Zip 60104

II.

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

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

EMPLOYEE

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Maria Berrospé

City

Chicago

State

IL

Zip

60707

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rodney Robinson

City

Lansing

State

IL

Zip

60438

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) JAYA PANICKER.

City ELmhurst 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)

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Matt Buia

City

Lombard

State

IL

Zip

60148

II.

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

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

Employee of Westlake Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MANUEL MARTINEZ JR.

City

MELROSE PARK

State

IL

Zip

60160

II.

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

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

CURRENT PATIENT, FORMER WORKER IN X-RAY

DEPARTMENT - 45 YEARS WORKED HERE AT

WESTLAKE. RETIRED IN 2012. STUDY FOR X-RAY

DID INTERSHIP AT THIS HOSPITAL THRU TRITON.

WHERE WILL OUR PEOPLE IN OUR COMMUNITY
GO?

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Katherine Miller

City Melrose Park State IL Zip 60160

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Patricia Wetherington

City

Melrose Park

State

IL

Zip

60160

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

THOMAS MOORE

City

NORTHLAKE

State

IL

Zip

60164

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Susan Lorence

City MELROSE 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)

Patient

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Renee Southern

City

Melrose

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)

ABC Concerned Citizens for Health Care

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ANNA-MARIA MARTINEZ

City

MELROSE PARK

State

IL

Zip

60160

II.

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

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

DAUGHTER OF PATIENT, I WAS BORN IN THIS HOSPITAL

AND PAST EMPLOYEE - I WORKED IN

THE G.I. LAB, CAME HERE DOCTOR VISITS HAD

GALLBLADDER REMOVED & RECOVERED HERE CAME THRU E.R.

I RESIDE HERE SINCE BIRTH & PRESENT

PLEASE DON'T CLOSE HOSPITAL.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Westlake Patient

City

Melrose Park

State

IL

Zip

60153

II.

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

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

Westlake Patient American's have
9 hard enough time to find jobs
Now you want to close a wonderful
Hospital and put more people out of jobs

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

Big Time

This IS America !!

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Charles Nelson

City State Maywood Zip 60153

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

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

Why close a hospital that
people need. Do not put more
people out of work.
Do not do this !!!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Don't
DO IT !!!

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

BERNARD BRACEY

City

MELROSE PK
MALE

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)

PATIENT

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) BAYLON, ANNA MARIE

City METROSE PARK State IL Zip 60160

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

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

EMPLOYEE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

MAYWOOD

State

IL.

Zip

60153

II.

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

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

ENVIRONMENTAL SERVICES Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) SIMRAN MALHI

City CHICAGO State IL Zip 60612

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

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

STUDENT

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Casianne Manning

City Chicago State IL Zip 60637

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

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

Student

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Krystal Elliott-Theberge
City Oak Park State IL Zip 60302

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

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

medical student

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ENA EHRlich

City MELROSE PARK State IL Zip 60160

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

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

EMPLOYEE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MAHMOOD OMER

City LOMBARD State IL Zip 60148

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CONGHINITA CUSTODIO

City MELROSE PARK State IL Zip 60160

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

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

EMPLOYEE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) GERARDINE MANZANO

City Melrose Park State IL Zip 60160

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) DEUA P. SIAVAN

City BROOKFIELD State IL. Zip 60513

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Julio C. Gonzalez

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Mari Collins

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Melrose Park Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

hospital
closure

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Michael E. Welch

City Melrose Park State Illinois Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Karen Welch

City Melrose Park State IL Zip 60160

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

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

MP Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Noah Collins

City

Melrose Park

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Dennise Barbara Marino

City Bellwood

State

12

Zip

600104

II.

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

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

Community opp

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City CICERO

State IL

Zip 60804

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JUAN - M Cordero

City Berkeley State IL Zip 60143

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

YANA CORDO

City BERKELEY

State IL

Zip 60143

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARIA D S MARTINEZ

City Stone Park State Illinois Zip 60165

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

DIANE TRUSCO

City

MELROSE PARK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) JEFFREY TRUSCO

City MELROSE PARK State IL Zip 60166

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Guadalupe Rodriguez Rios

City

Melrose Park

State

IL

Zip

60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Miguel Rojo

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Brenda Orozco

City

Hillside

State

IL

Zip

60162

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Laura Ayala

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Elizabeth Cordero

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Angela Gonzales

City

Melrose Park

State

ILL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Rogelio Silva-Padilla
City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Maria Cristina Barajas-Silva

City Melrose Park State IL Zip 60160

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

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

Concerned citizens who benefit

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jerome Thurmond

City

Broadview

State

Ill

Zip

60155

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ISAAC BAZRAZ

City

MELROSE PARK

State

IL

Zip

60160

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

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

MELROSE PARK CHAMBER OF COMMERCE
AND COMMUNITY DEVELOPMENT

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gloria Olivas

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARGARITA MORA

City FRANKLIN PARK State IL Zip 60131

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

DEWISE FUNDAR

City

ROSELLE

State

IL

Zip

60172

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Odila Diaz

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Vera Lee Granger

City

Melrose Park

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City MELROSE PARK State IL Zip 60160

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

STAYS OPEN

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Araceli Moreno

City

Stone Park

State

IL

Zip

60165

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Robert Benke

City Broxton State ILL Zip 60155

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Vito Orlandino
City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Elmer TA Carrara

City Melrose State Illinois Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City Melrose Park State IL Zip 60160

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

[Signature]

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Maria Fernandez

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Ernestina Lucero

City Northlake State IL Zip 60164

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Teresa Blas

City Stone Park State ILL Zip 16055

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) TRINIDAD BUSCOS

City Melrose park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Francisco Petutur

City Melrose State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

Ana Sanchez

City Maywood State IL Zip 60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Bonifacio Villalpando

City Melrose Pk. 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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name *(Please Print)*

Joel Orzco

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

KAREN SAFFO

City

BELLWOOD

State

IL

Zip

60604

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) R J Soffo

City Bellwood State IL Zip 60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Michelangelo Russo

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARC FRICK

City

MELROSE PARK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Martin Panchar

City

Melrose Park

State

IL

Zip

60160

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

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

~~ABC~~ Mental Health! I have been
promised false promises!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Great Mental Health

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Don't Close Hospital

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) NANCY FRICKE
City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

WILLIAM POTAMIANOS

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) NICOLE M TERRAZAS

City CHICAGO State IL Zip 60638

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jacqueline Muntiel

City

Cicero

State

IL

Zip

60804

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ANTHONY J. PRIGMADA

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Josephine Pignano

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Alexander Benjamin

City Maywood State IL Zip 60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Rosa Bonilla

City Maywood State IL Zip 60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Wm Bianchi

City

Melrose PK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jacqueline A. Lopez

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Luc G. Torres

City Cook Park State IL Zip 60302

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Roy L. LAMMA

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

RADOLPH L. LOMT

City

Melrose pk State IL Zip 60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Randi Leone

City Westchester

State IL

Zip 60154

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Mikaela Luoma

City

Westchester

State

IL

Zip

60154

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) BENJAMIN PETERS

City WESTCHESTER State ILLINOIS Zip 60154

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Paige Luoma

City Westchester State IL Zip 60154

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

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

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Debra Peters

City

Westchester

State

IL

Zip

60154

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name *(Please Print)*

DORA J. CLAY

City Broadview

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ROSIO ALBERTIS

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JANET JONES

City

Bellwood

State

IL

Zip

60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print)

Cristina Rodriguez

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Javier Jr. Hernandez

City

Melrose Park

State

IL

Zip

60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Victor Adrian Hernandez

City

Melrose Park

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rosa Velasquez

City

Melrose Park

State

IL

Zip

60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Guillermo Guadalupe
City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Norma Hernandez

City Melrose Park State IL Zip 60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Maria Refugio Hernandez
City Melrose Par State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Fermin Hernandez
City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Delia Villalpando

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Nameo Fulgenio

City

Melrose Park

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Luz E. Pantola

City Hillside

State IL

Zip 60162

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Hugo Pantaja

City

HILLSIDE

State

IL.

Zip

60162

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) J. Jesus Cordero

City Hillside State IL Zip 60162

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Oscar Napoles

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Lillian Lopez

City Melrose Park State IL Zip 60160

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



Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Laura Lopez

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

YASH GIRI
City Melrose PK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Celia Cordero

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Eric Orozco

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Miguel Cordero Sr.

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) JAVIER OROZCO

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gregory Wayne Wyatt

City

MAYWOOD

State

ILL.

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Analilia Gonzalez

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) HARVEST JEAN LEWIS

City Bellwood State IL Zip 60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Estela Orozco

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gabriela Bonilla

City

Maywood

State

IL

Zip

60153

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

City _____

State _____

Zip _____

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Paloma CALZADA

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Angelina Hernandez

City

Melrose Park

State

IL

Zip

60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Artero Bonilla

City

Maywood

State

IL

Zip

60153

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Bobby Jean MILLER

City

MAYWOOD

State

ILL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ARTURO J. MOTA

City Melrose Park IL State IL Zip 60160

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

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

Village of Melrose Park

Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JOSE SALAMANCA

City

CICERO

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jesmely Gonzalez

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Michael Proch

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Carlos Cordero

City Hillside State IL Zip 60162

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Luc Villalobos

City Hillside State IL Zip 60162

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) LANGOLSKA WIESLAWA

City ELMWOOD PARK State IL Zip 60707

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Denise Gonzalez

City Bensenville State IL Zip 60106

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

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

Health Care this is the closest hospital
I got They saved my baby's life
and mine too! Thank you!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) NEAL GROTH JR

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Lisa Groth

City Melrose Park State IL Zip 60016

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Maricela Ramirez

City

Melrose Park

State

Illinois

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sr. JAN Hrubec, ASE

City Melrose Park, State Ill. Zip 60160

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

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

Franciscan Resource Center, NFP

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name *(Please Print)*

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sister Nila Meyerhofer

City Melrose Park State IL Zip 60160-3946

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

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

Franciscan Resource Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Miguel Cordero Jr.

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Eduardo Orozco

City

Hillside

State

IL

Zip

60162

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Betty L. Tucker

City

Maywood

State

ILL.

Zip

60153

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Irene M. Griffin

City

Bellwood

State

IL

Zip

600104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Richie Zarnicki

City

Melrose Park

State

Illinois

Zip

60160

II.

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

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

Please keep Westlake open.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ROSE ANN ZARNICKI

City MELROSE PARK State IL Zip 60160

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

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

Please Keep Westlake Open!!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Amparo Gonzalez

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rafael Diaz

City Melrose Park State Illinois Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Willie L. Williams

City

Brookview

State

IL

Zip

60155

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JESSE MARTINEZ

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jorge Velazquez

City

Berkeley

State

IL

Zip

60603

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Clifford Taylor

City Forest Park State IL Zip 60130

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ANGELA BERARDI

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Luisa Berardi
City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Angela Boucher

City Melrose Park State IL Zip 60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Olga Christiano

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ANA MENDEZ

City

MELROSE PARK

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Bertha Frazier

City

Chicago

State

IL.

Zip

60639

II.

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

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

Concerned Citizens and Employee At
Westlake

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Tammy McElenden

City

Hillside

State

IL

Zip

60162

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Liliana Hernandez

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JUMSKI KRYSIYNA

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Kassandra Gonzalez

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Ines Hernandez

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) IRENE BAKOS, MD

City ELMHURST State ILL. Zip 60126

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

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

PHYSICIAN ON STAFF AT WESTLAKE HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gabino Casto Reyes

City

Forest Park

State

IL

Zip

60130

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

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

Westlake / Triton Health scholarship
program

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Catherine Bassmann

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Lourdes Hernandez

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Javier Hernandez

City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Lovie Jones

City Maywood State IL Zip 60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

Bellwood State IL Zip 600104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Laura Ispejel

City

Berwyn

State

IL

Zip

60402

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

CLAUDIA T. MY

City ELmwood Park State IL Zip 60707

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

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

COMMUNITY

III. POSITION (Circle appropriate position)

Support

NOT CIRCLED

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

RAY STRAUPE

City MELROSE PARK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JANICE HOWELL

City

MELROSE PARK

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) TERESA McDONALD-PEPPER
City BELLWOOD State IL Zip 60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Patricia A. Patrick

City Bellwood State IL Zip 60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Dorothy L. Jackson

City

Berkely

State

IL

Zip

60163

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Virdya Mabry

City

Maywood

State

IL

Zip

60153

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

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

There is no other Hospital
close by, for emergency care
my association with West Lake
go back fifty years, I have some
pleasant memories of West Lake

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Brenda Julian

City

Maywood

State

Ill

Zip

60153

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gary W. Mabry

City

Maywood

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MIKE LAGIOIA

City Melrose Park State ILL Zip 60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

James b Principe

City

Melrose Park

State

IL

Zip

60160

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

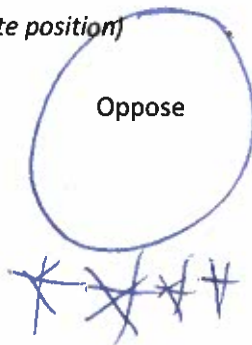
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) John V. Modugno

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) DAVE DUPELLE

City MELROSE PARK 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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Nina Luoma

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Ninabella Salon

Dr. Sam Yunez

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CAROL FASANO

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Jeannine Fontenot-Silvestri
City River Grove State IL Zip 60171

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Melissa Gennell ✓

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Sandra Lullo

City Melrose Park State IL. Zip 60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CHRISTINE M. Sgobba
City MELROSE PARK State ILL Zip 60166

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

PHILIP STORER

City

MELROSE PARK

State

ILL.

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Marta Alvarado

City Maywood State IL Zip 60153

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

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

Individual - Concerned Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Camille Ward

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) JOE MANTINI

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Zena Samara

City Oak Park State IL Zip 60304

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Diana GILMAN

City Villa Park

State IL

Zip 60181

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CAROL DIAZ

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Silvia Saenz

City Bensenville State IL Zip 60015

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Isabel Ramirez Toga

City Roxmont State IL Zip 60018

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Josefine Alcaraz

City North Aurora State IL Zip 60542

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

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

III. POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ARLENE SANTIACOMO

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARY ANN SANGIACOMO

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Richard Orrico
City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sandra Melendez

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Matthew Hernandez

City Melrose Park

State Illinois

Zip 60160

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Ervin J. Ruiz

City Plainfield

State IL

Zip 60544

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) VINAY B. GOSAI

City MELROSE PARK State IL. Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Melissa Garcia

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JOSEPH CALIENDO

City

MELROSE PARK

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JAVIER VIEYRA

City MELROSE PARK

State ILL

Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gahan Jacobs McDonald

City

River Forest

State

IL

Zip

60305

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

I oppose the closing of
Westlake Hospital.

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Carmen Jones

City Chicago

State IL

Zip 60411

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

MELROSE PK

State

IL

Zip

60160

II.

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Benera Lopez

City

Melrose

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Michael Sarni

City Melrose Park State IL Zip 60140

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

John OTTE

City

Northlake

State

Ill.

Zip

60164

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Giuseppe Perneri

City

Melrose Park.

State

Il.

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ida Ranieri

City

Melrose Park,

State

Il.

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ranieri, Francis

City

Melrose Park

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Tamara M. Fauerso

City

Melrose Park

State

IL

Zip

601600

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ANGELA GARCIA

City

Westchester

State

IL.

Zip

60154

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Andrea Principe

City

Melrose Park

State

Ill

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

GIOVANNA COSENTINO

City

MELROSE PK

State

60160

Zip

708

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

LEE R. BAILEY

City MELROSE PK State ILL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ANN BAILEY

City

Melrose Park

State

Ill.

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

LEONARD CASCIAPPA

City

Melrose Park

State

ILLINOIS

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City M. P. Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

NORMAN JONES

City

Westchester

State

Zip

60154

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JOHN F. STAROSTKA

City

WESTCHESTER

State

IL

Zip

60154

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARY ELLEN GUILF

City

MELROSE PARK

State

IL

Zip

60126

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Laura Orozco

City Melrose Park State IL Zip 60180

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rocio Velasquez

City

Chicago

State

IL

Zip

60623

II.

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

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

HealthCare worker

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Kathryn John

City

Elmwood Park

State

IL

Zip

60707

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

CAROL PAULSEN

City

CICERO

State

IL

Zip

60804

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARIE ESPOSITO

City

CHICAGO

State

ILL

Zip

60656

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City 17 King Arthur #2 North Lake State IL Zip 60164

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JUDITH DE LA MORA - MACIA

City

MELROSE PARK

State

IL

Zip

60160

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

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

WESTLAKE NEEDS TO STAY OPEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JESSE MACIAS

City

MELROSE PARK

State

IL

Zip

60160

II.

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

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

WE WANT WESTLAKE TO STAY OPEN!

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

BONNIE FAVIA

City WARRENVILLE

State IL

Zip 60555

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 AM AN EMPLOYEE, FORMER PATIENT x 3,
AND INTERESTED IN KEEPING HOSPITAL OPEN FOR
THE BENEFIT OF THE COMMUNITY!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

James V FAVIA

City

Wannerville

State

IL

Zip

60555

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

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

Spouse of Employee AT
West Lake Hosp

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Lucia Esposito

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JOANN SELAFIN

City

MELROSE PARK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CHARLES SCLAFANI

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Amanda Lieske

City

Joliet

State

IL

Zip

60432

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

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

RN at Westlake.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Carl Russo

City

Melrose Park

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

LUCIANO TESSICINI

City MELROSE PK State ILL 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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) FARAMARZ EGHRAFI, MD

City Melrose Park State IL Zip 60160

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

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

Westlake Hospital Medical Staff

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Elmira R. Johnson

City

Hillside

State

Ill

Zip

60162

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Georgio Brown

City

Bellwood

State

IL

Zip

60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Olivia Rivera L. Olivia Rivera L.

City

Melrose Park

State

IL

Zip

60160

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

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

PASO organization

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Anne Igoe

City

Chicago

State

IL

Zip

60608

II.

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

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

SEIU Healthcare

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Pamela Stokes

City

Melrose park

State

IL

Zip

601

II.

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

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

Westlake ~~etc~~

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Anna Marie Falcone
City Schiller Park State IL Zip 60176

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

EMPLOYEE + PATIENT

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Abramia Johnson

City

Melrose Park

State

IL

Zip

60160

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

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

Family Hospital
Employee & Patient

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jessica Oropeza

City

Hillside

State

IL

Zip

60162

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Christa Michael

City

Melrose park

State

IL

Zip

60160

II.

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

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

Westlake Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Gloria Burrell Hoskins
City Maywood State Illinois Zip 60153

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 belong to Rock of Ages
Baptist Church and also a Westlake
Hospital Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Natasha Gordon

City Melrose Park 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)

Concerned employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Karen Gant
City Broadview State Ill Zip 60155

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

employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) BARBARA JEZ

City Bloomington State IL Zip 61810

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

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

Westlake Employee, Westlake
Client

My Family come to WH
for all medical
treatment

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City DARTEN State IL Zip 60561

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ADA OSTROGA

City Melrose Park State IL Zip 60160

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

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

EMPLOYEE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Virginia Arroyo

City

Westmont

State

IL

Zip

60559

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CRYSTAL GUYTON
City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Tommy Johnson

City

Bellwood

State

IL

Zip

60104

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ka Falcame

City

Elmwood PK

State

IL

Zip

60707

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Robert Falcone
City Schiller Park State IL Zip 60176

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Maie Kmicanski
City Melrose Park State IL Zip 60160

II.

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

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

employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ANNA KORANTENG
City Melrose Park State IL Zip 60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Mary Ann Graziano

City

Melrose Park

State

IL

Zip

60160

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

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

Employee of Westlake Hospital -
We Need OB Dept.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

X

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Veronica Perez

City Melrose Park State IL Zip 60160

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

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

Employee of Westlake Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Antoinette Spencer

City

Hammond

State

IL

Zip

46324

II.

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

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

Employed @ Westlake
for 4 years.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Kimberly Mahn

City Hillside State IL Zip 60162

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

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

Employee 27yrs Westlake

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Janet Hernandez

City

Melrose Park

State

IL

Zip

60160

II.

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

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

employee for 11 years.

community member, concerned

parent of two minor Westlake

patients. granddaughter of pt

who has benefited from community
resources such as mammogram program.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Agatha Sawirer
City Medinah 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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Angela Madaleno

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Culberth Amadi

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ELisebeth Steward

City Melrose Park 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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Geraldine Dunne

City Chicago State IL Zip 60647

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

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

The community needs the services of this hospital
Especially the Maternal Child Health Unit.
The community needs the jobs as well.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Kee C. Kim

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

BEHROOZ ESTHAGHY M.D.

City

Oak Brook

State

Ill

Zip

60523

II.

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

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

West Lake Physicians
Since 1975

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARK TOMERA

City

RIVER FOREST

State

IL

Zip

60305

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Staci Benoit

City Melrose Park State IL Zip 60202

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Eugene Donchev

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

DONNA L. PELUSO

City

MELROSE PARK

State

IL

Zip

60160

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

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

VETERANS PARK DISTRICT

& RESIDENT.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

BRENDA FROELICH

City

MELROSE

State

IL

Zip

60164

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Wiley Morris

City Melwood State IL Zip 60104

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

George W Anderson

City

Mt Vernon

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sandy Aguirre

City Melrose PK State IL Zip 60160

II.

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



Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARY JO KEATY

City

SCHILLER PARK

State

IL

Zip

60176

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Robert A. Jones

City

Maywood

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

VITO KEATY

City

(HGO)

State

IL

Zip

60612

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Khalil Karim mo

City

Melrose Park

State

IL

Zip

60160

II.

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

Keep Westlake open

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rochelle GRIZAFFI

City

Melrose PK

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Amenda Fay

City

Chicago

State

IL

Zip

60605

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

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

N/A

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Cynthia Caliendo

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ANTHONY ABRUZZO

City MELROSE PARK State IL Zip 60160

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

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

TRUSTEE VILLAGE OF MELROSE PARK

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

FRANCES TRAPPO

City

Mel. PK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

NANCY ANN LORENZO

City

MELROSE PARK

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) BERNADETTE SCALA

City Melrose Park State IL. Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

PEARL M. JACKSON

City

BELLWOOD

State

IL

Zip

60104

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARYANNE VILLASENOR

City Maywood State IL Zip 60153

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

** Please do not close this needed hospital! **

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

Charmaine Lyza

City _____

Lyons

State _____

IL

Zip _____

60534

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

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

Golden Years

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Bill Kyriakos

City

Lyons

State

IL

Zip

60534

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

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

Golden Years

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

William Kuziorod

City

Lyons

State

IL

Zip

60534

II.

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

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

~~William Kuziorod~~
Concerned Citizen

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Conner J Kelly

City River Grove State IL Zip 60171

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

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

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Joell Podrop

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Martha L. Kushner, M.D.

City Melrose Park State IL Zip 60160

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

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

Kushner Medical

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Definitely!
Keep Westlake Open!

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) William M. Jtte

City Northlake State IL Zip 60164

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) William Otte

City Northlake State IL Zip 60164

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

City _____

State _____

Zip _____

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Josede Jesus Lopez

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) HIRSHAL PATODIA M.D

City Melrose Park State IL Zip 60160

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

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

PHYSICIAN. WESTLAKE HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Judith McIntire

City

Lyons

State

IL

Zip

60534

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

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

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Nikolas Kyriakopoulos

City

Lyons

State

IL

Zip

60534

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

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

Right med Home Health care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ellen Miller

City

Lyons

State

IL

Zip

60534

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Arnell Stimson

City LYONS State IL Zip 60534

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

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

Golden Years
Concerned citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Carolyn Boyd

City LYONS State IL Zip 60534

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Vasilios Kyriakopoulos

City

Lyons

State

IL

Zip

60534

II.

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

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

Golden Years

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

CAROL MAPLE

City

MAYWOOD

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

TERESA Livingston

City

Maywood

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Martha Magallanes

City Melrose Park State IL Zip 60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Vera Principe

City

Melrose Park

State

IL

Zip

60160

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 + patient of Westlake

III. POSITION (Circle appropriate position)

Support

~~Oppose~~

Neutral

Support

No doing!

OPPOSE

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

IRENE M. REBERSKY

City

STONE PARK

State

IL

Zip

60165-1210

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Letisa Jones

City

Broadview

State

IL

Zip

60155

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

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

Village of Broadview

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Tracy Kenny

City Broadview State Illinois Zip 60155

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

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

Broadview Fire Dept.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Safwan Saleh

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Dr / Saleh's office

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

the closure

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARIA E. DAVILA

City

LYCERO

State

IL

Zip

60804

II.

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

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

Dr. Nabil Sakh

1111 SUPERIOR BLVD 412

MELROSE PARK, IL 60160

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Joanne Pope

City

Melrose Park

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gia Pirozzoli

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rosemary Williams

City

Elk Grove Vlg

State

IL

Zip

60007

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 work at Westlake Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Stephanie Hernandez

City Cicero State IL Zip 60804

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

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

Dr. Nabil Saleh (Pediatric) Employee of Westlake

Hosp. Registered medical Assistant

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Araceli Gomez

City Chicago State IL Zip 60612

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

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

Westlake Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jennifer M. Gonzalez

City

Melrose Park

State

IL

Zip

60016-0

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Elizabeth Melara

City

Oak Park

State

IL

Zip

60304

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

Do not close our hospital, we need a
place to go when ill & to work.

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Celia Cortez

City

Melrose Park

State

ILL

Zip

60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jose Cortez

City

Melrose Park

State

IL

Zip

60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

DAVID PRINCIPLE

City

MELROSE PARK

State

IL

Zip

60166

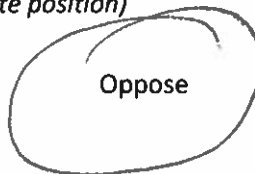
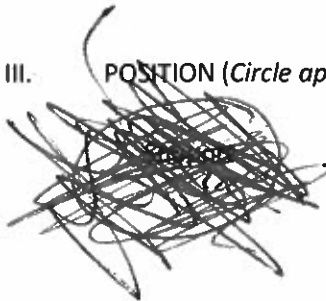
II.

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



Oppose



Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

IRENE FELTON

City

MELROSE PARK

State

IL

Zip

60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARCA GUZZO

City MELROSE PARK State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Claudia Lopez

City Maywood State IL Zip 60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) RISE GRANT

City MELROSE PARK State IL Zip 60160

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

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

WEST LAKE

III. POSITION (Circle appropriate position)

☒ Support

☐ Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gloria Orozco

City

Melrose Park

State

IL

Zip

60160

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

Support

Oppose

Neutral

Closing

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) RACHEL C. PAUL

City MELROSE PARK State IL Zip 60160

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

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

WEST LAKE HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

CRISPINA TYREE

City

MELROSE PK

State

IL

Zip

60160

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

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

WEST LAKE HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

SARA HIDALGO

City

Melrose Park

State

IL

Zip

60160

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

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

Westlake Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

RAYMOND J BEHRENDT

City RIVER FOREST State IL Zip 60305

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARYBETH WIEKIERAK

City MELROSE PARK State IL Zip 60160

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

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

PROGENIUS MEDICAL CARE MELROSE PARK

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jo A. Korte

City Melrose Park

State IL

Zip 60164

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

Worked at LUL when I was 16 yrs. +

Worked for AWC Dr. Group for 30 yrs

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) WILLIAM WHITE, M.D.

City MELROSE PK. 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)

WESTLAKE HOSP. MEDICAL STAFF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CERIMILIOVA UDONI

City Elmhurst State IL Zip 60126

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

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

FROSENIKA Kidney Care - Melrose Park

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Anthony Garrison

City MAYWOOD State IL Zip 60153

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

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

Westlake Hospital EVS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Helina Serrano

City Melrose Park State IL Zip 60160

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

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

Westlake Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

TAMARA VENTURELLA

City

MELROSE PARK

State

IL

Zip

60164

II.

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

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

Westlake Hospital ER NURSE

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

~~Public Hearing~~ Testimony Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Appearance
Only

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JUAN M. HERRERA

City

6974 W. DIVER ST

State

Illinois

Zip

60707

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

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

Juan M. Herrera

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Darrel Woods

City

Bellwood

State

IL

Zip

60104

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Dennis Turner

City

Chicago

State

IL

Zip

60614

II.

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

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Tina Travis

City

Westchester

State

IL

Zip

60154

II.

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

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gloria Travis

City Westchester

State

IL

Zip

60154

II.

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

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Denzel Turner

City Westchester State IL Zip 60154

II.

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

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

Employee of hospital

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Denise Malinowski

City Northlake State IL Zip 60064

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ARIANA morales

City

northlake

State

IL

Zip

60164

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

SABRINA morales

City

Northlake

State

IL

Zip

60064

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) IRASEMA PEREZ

City Melrose Park State IL Zip 60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

BLANCA Rincon

City

Melrose Park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Juiz Velez

City Chicago

State IL

Zip 60639

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Eric Wilson

City

Willowbrook

State

IL

Zip

60561

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Vicente Katalbas

City

Norridge

State

IL

Zip

60706

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Allan Dunlao

City Chicago

State IL

Zip 60632

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Marcelino Merino

City

Broadview

State

IL

Zip

60155

II.

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

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

Patient

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ramon Terrazas

City

Melrose Park

State

IL

Zip

60164

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City Melrose Park State IL Zip 60160

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Charetta Green

City

Maywood

State

IL

Zip

60153

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Raduch, Richard

City

Hillside

State

IL

Zip

60162

II.

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

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

Forum Pain Management Clinic

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

SHOBHANA PATGUDIA MD

City

Melrose Park
111/54th St Suite 206

State

IL

Zip

60160

II.

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

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

physician

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

NANCY TODAY

City

MELROSE PARK State IL Zip 60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) CONSTANCE NOWAK

City OAK BROOK State IL Zip 60523-2770

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III. POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Leida Gelabert

City Oak Park State Illinois Zip 60304

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Sheila McGee

City BROOKVIEW State ILL Zip 60155

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Bryan J. Epting Jr

City

Maywood

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JAGRUTI - P. Pankh.

City

ELK GROVE

State

ILL

Zip

60007

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Kanisha Epting McBeath

City

Marywood

State

IL

Zip

60153

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: **Westlake Hospital, Melrose Park, Illinois**

Project Number: **E-004-19**

I. IDENTIFICATION

Name (Please Print) Anna Ianelli

City Melrose Park

State IL

Zip 60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: **Westlake Hospital, Melrose Park, Illinois**

Project Number: **E-004-19**

I. IDENTIFICATION

Name (Please Print) Jen Entzmistle

City Maywood

State IL

Zip 60163

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Annaice Ramos

City Chicago

State IL

Zip 60641

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: **Westlake Hospital, Melrose Park, Illinois**

Project Number: **E-004-19**

I. IDENTIFICATION

Name (Please Print)

Martin Cabrera

City Melrose Park

State IL

Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Raul Monarrez

City Melrose Park State IL Zip 60140

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Rafael Monarez Sr.

City Melrose Park State IL Zip 60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Anthony DePietro
City Chicago State IL Zip 60656

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Isaac Salgado

City

Chicago

State

IL

Zip

600634

II.

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

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

Long time Patient

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Cruz Ortega

City Melrose Park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sandra Ortega

City Melrose Park

State IL

Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Gladys Ortega

City Melrose Park

State IL

Zip 60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) EUSA Monarrez

City Melrose Park State IL Zip 60160

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

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

DEMAREST CONSULTANTS LLC POB.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Lindsey Montoya

City Melrose Park

State IL

Zip 60160

II.

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

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

Demarest Consultants, LLC - POB

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Giorgio Damico

City Melrose Park

State IL

Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Guadalupe Damico

City Melrose Park State IL Zip 60140

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ruth Romero

City

Chicago

State

IL

Zip

606034

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Nicholas G. Recchia MD

City

MELROSE PARK

State

ILLINOIS

Zip

60160

II.

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

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

Demorest Consultants, LLC

c/o Westlake Hospital

PROFESSIONAL BUILDING

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Elizabeth Romero

City Chicago State IL Zip 60634

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

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

Demorest Consultants, LLC (West lake Professional Bldg)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jaiden Garcia

City

Hanover Pk

State

IL

Zip

60133

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) S. David Demorest M.D.

City Bloomington State IL Zip 60108

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

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

Family Physician Westlake Professional
Building (Demorest Consultants, LLC)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Mitchell Gomez

City

Addison

State

IL

Zip

60101

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City Hanover Pk State IL Zip 60133

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Frank Jalle

City

Hanover IL

State

Zip

60133

II.

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

+P.O.B.F

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rosanna Jule
City Hanover IL State IL Zip 60133

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

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

Demorest Consultants
= P. O. B =

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Gracia Velia Monarrez

City Melrose Park State IL Zip 60160

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

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

Concern citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Rafael Monarrez Jr.

City Chicago

State IL

Zip 60631

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Guadalupe Morales

City

Chicago

State

IL

Zip

60554

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

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

Westlake

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

FLORENTINO, DAVILA

City

CICEPO

State

IL

Zip

60804

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City CICERO State IL Zip 60804

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Martha Rubio

City Cicero State IL Zip 60804

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

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

Granddaughter works at Westlake! She is an
RMA. Save Westlake!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Aurora Leon

City

Melrose Park

State

Illinois

Zip

60160

II.

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

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

Employee of POB

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Sullivan Guerrero
City Melrose 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) P.O.B Employee

III. POSITION (Circle appropriate position)
Support Oppose Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Jessica Rueda

City Elmwood Park State IL Zip 60807

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Briceida Rodriguez

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)

Employee of ~~POB~~ POB

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

JEAN L ARENAS

City

MELROSE PARK State ILLINOIS Zip 60160

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

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

EMPLOYEE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

VICTOR BERROSPE

City

CHICAGO

State

IL

Zip

60707

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

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

NO CHOS

EMPLOYER

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Diana Kovach

City Elmwood Park State IL Zip 60707

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

GRACIA Monarrez

City

Melrose Park

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

SARA TENNELL

City

MELROSE PARK

State

IL

Zip

60160

II.

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Helen Burrell

City

Broadview

State

Illinois

Zip

60155

II.

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

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

Family of Employee + Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sadie Burrell

City

Broadview

State

Illinois

Zip

60155

II.

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

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

Resident + Family of Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Kenneth Hoskins

City Maywood State Illinois Zip 60153

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

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

Family of Employee + Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ANNETTA MOGBO

City

Broadview

State

IL

Zip

60155

II.

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

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

Patient

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Liola Delos Reyes

City Melrose Park State Illinois Zip 60160

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

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

Employee + Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Karen Ott

City Bellwood

State Illinois

Zip 60164

II.

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

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

Employee and nearby Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Ruben de Jesus Rodriguez
City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Leslie E. Montoya

City

Melrose PK

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Sandra K. Rodriguez
City Melrose Park State IL Zip 60160

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

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Robert Rodriguez

City

M Park

State

IL

Zip

60160

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

MARIA JEZ
City Bloomington State IL Zip 60108

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Zbigniew Jel

City

Bloomington

State

IL

Zip

60108

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sanjuana A Rodriguez

City

M. D.

State

IL

Zip

60160

145 N 20th Ave

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Cindy Georgiades

City

Arlington Hts

State

IL

Zip

60004

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Guy Scioertino

City

Melrose Park

State

IL

Zip

60160

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Lorraine Sciortino
City Melrose Park State IL Zip 60160

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Annette Rivera

City

Stone Park

State

Illinois

Zip

60165

II.

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

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

This hospital give quality
not quantity a very good hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) AdLine DIZAS

City CHICAGO State IL Zip 60624

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

SHIRLEY A. MUELLER

City

RIVER FOREST

State

ILL

Zip

60305

II.

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

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

Parent

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Renee Meraz

City

Melrose Park 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)

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Tyrone Amos

City

Melrose

State

IL

Zip

60160

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Terri Pearson

City

Melrose Park

State

IL

Zip

60160

II.

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

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

Employee - Westlake Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Rosaura Rivera

City

Melrose Park IL

State

IL

Zip

60160

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Karen J Montie

City

Cicero

State

IL

Zip

60804

II.

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

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

PASCO

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Inventian Oyediku

City

Elmhurst

State

IL

Zip

60126

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Tyshema Young (Employee)

City Berwyn 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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jessie W. Wray

City

Melrose

State

IL

Zip

60133

II.

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

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

employee of POB

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Blanca Rubio

City Cicero State IL Zip 60804

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

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

My daughter works for Dr. Saleh at Westlake
Hospital (POB) She is a RMA.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

STEARS, JUANITA

City

LA GRANGE

State

IL

Zip

60525

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Silvia Ventura

City

Chicago

State

IL

Zip

60612

II.

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

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

Westlake

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

William H. Peoples

City Danvers Grove

State

IL

Zip

60516

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

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) JOSE MONARREZ

City Maywood

State IL

Zip 60153

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jeremy Walker

City

Melrose park

State

IL

Zip

60160

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Laurena Dowdell

City Melrose park State IL Zip 60160

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

City _____ State _____ Zip _____

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Sandra J. [Signature] (Employee)

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

ERIC BACCENAS

City

Northlake

State

IL

Zip

60164

II.

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

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

Mental Health Counselor for behavioral health. I am disappointed about the lies being told by our buyers. We were promised more opportunities and yet we got the opposite.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

City _____ State _____ Zip _____

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Eve Child

City Oak Park State IL Zip 60302

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

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

Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Justin Mathews

City

Chicago

State

IL

Zip

60653

II.

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

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

Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

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

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Jade Jones

City

Berwyn

State

IL

Zip

60408

II.

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

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

Employee of Westlake Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

CLAUDINE ROY

City

CHICAGO

State

IL

Zip

60643

II.

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ROSEMARY DEAN

City CHICAGO State IL Zip 60659

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

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) SAM WILSON

City HARVEY State IL Zip 60426

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

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

CONCERNED CITIZEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) _____

TIM CRENS

City _____

MARKHAM

State _____

IL

Zip _____

60428

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

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

CONCERNED CITIZEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) JOHN ATKINS

City RIVERDALE State IL Zip 60827

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

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

EMPLOYEE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Miriam Hernandez

City

Bellwood

State

IL

Zip

60104

II.

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19