

RECEIVED

MAR 28 2019

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

To whom it may concern,

I am writing today to voice my strong opposition to the closure of Westlake Hospital.

Earlier this year, Pipeline Health finalized the purchase of a three hospital system that included Westlake Hospital. The prospect of closing any hospital in the system was not approached during the negotiations of the sale. Pipeline even pledged to turn around the financially struggling facilities, yet Pipeline has blindsided our community by making the decision to begin the process to close Westlake Hospital.

Closing Westlake hospital will take away access to health care from a community largely of color, just to boost corporate profits of Pipeline Health.

The closure of Westlake has resulted in a grassroots effort to save the hospital. I write to join the strong coalition of community residents, local elected officials and medical professionals at Westlake to encourage the Health Facilities and Services Review Board to block the closure of Westlake hospital.

Sincerely,

~~YOUR NAME~~ Sonia Contreras

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

~~YOUR NAME~~

A handwritten signature in blue ink, appearing to read "Olyn Tull".

IL Health Facilities and Services Review Board
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Sincerely,

YOUR NAME

Angella Koncarevic

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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~~FORWARDED~~

Araceli D. Quiroga

IL Health Facilities and Services Review Board
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Sincerely,

~~FOR SIGNATURE~~

Rita Salgado

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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~~YOUR NAME~~

Munira Lopez

IL Health Facilities and Services Review Board
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Sincerely,

~~XXXXXXXXXX~~

Sin mas Por el Momento
se despide una Cliente
de Westlake Hospital, Melros
Mara E Hernandez

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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~~XXXXXXXXXX~~

Sandra Campos

IL Health Facilities and Services Review Board
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Louis Calabrese
~~FORWARDED~~ *Louis Calabrese*

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Sincerely,

Mayra C. Velasquez
~~FOR NAME~~

cell 773-817-2914

IL Health Facilities and Services Review Board
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Sincerely,

~~YOUR NAME~~

Ratnesh M.

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Sincerely,

~~YOUR NAME~~

Santham
3/21/19.

IL Health Facilities and Services Review Board
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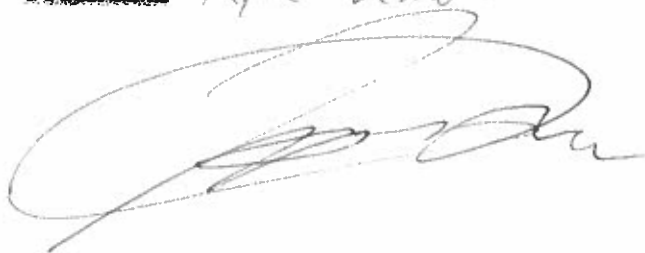
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Sincerely,

~~YOUR NAME~~

Kyle Lemon

A large, stylized handwritten signature in dark ink, appearing to be "Kyle Lemon", written over a horizontal line.

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Sincerely,

~~YOUR NAME~~

Bleanna Jackson

IL Health Facilities and Services Review Board
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Sincerely,

YOUR NAME

Nicole Davis
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Sincerely,

YOUR NAME

Norma

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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Sincerely,

YOUR NAME

MA. G. A. S

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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YOUR NAME

Anna Quinones

IL Health Facilities and Services Review Board
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YOUR NAME

Alfred Manzo Alfred Manzo

IL Health Facilities and Services Review Board
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Sincerely,



YOUR NAME

Maria Carrera.

IL Health Facilities and Services Review Board
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YOUR NAME

Angela Areola

IL Health Facilities and Services Review Board
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YOUR NAME

Maria R. Fuentes

IL Health Facilities and Services Review Board
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Sincerely,

YOUR NAME

A handwritten signature in blue ink that reads "Stefania Duncan". The signature is fluid and cursive, with the first name "Stefania" and the last name "Duncan" clearly legible.

IL Health Facilities and Services Review Board
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Sincerely,

YOUR NAME Momoe Murray

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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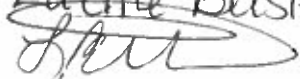
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Sincerely,

YOUR NAME

Lucille Busleta


IL Health Facilities and Services Review Board
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Sincerely,

YOUR NAME

Griselda Salcido.

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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YOUR NAME

Ruth Salto

IL Health Facilities and Services Review Board
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YOUR NAME

M. Andrews
M. Andrews, RN

IL Health Facilities and Services Review Board
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Sincerely,

YOUR NAME

A handwritten signature in dark ink, appearing to be a stylized 'K' followed by a long horizontal stroke and a small upward flick.

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YOUR NAME

Bert Soto

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YOUR NAME

Natice D. [Signature]

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

By Frank

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

A handwritten signature in black ink, appearing to read 'Ismene Potakis', followed by the initials 'PA-C'.

Ismene Potakis, Physician Assistant with Dr. Furlin OB/GYN

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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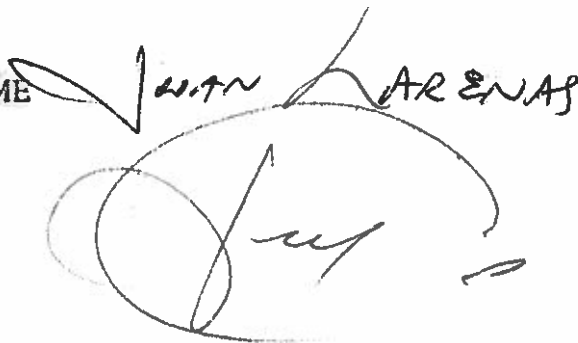
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Sincerely,

YOUR NAME

The signature is handwritten in black ink. It consists of a stylized first name 'Juan' followed by the last name 'ARENAS' in all caps. Below the name is a large, circular flourish or scribble.

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

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IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Caroline Young

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Diana Kovach

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Sharon Sims

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Lamunda Brown

Labor and Delivery

** Unit Secretary **

*West Lake Hospital
Melrose Park IL 60160*

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

To whom it may concern,

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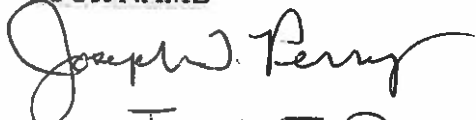
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Sincerely,

YOUR NAME


Joseph T Perry

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

ROUESPIERRE TENNEL

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

A handwritten signature in blue ink, appearing to read "R. Sudek", is written over the printed text "YOUR NAME".

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Anthony Garrison

A handwritten signature in blue ink, appearing to be 'Anthony Garrison', with a long horizontal stroke extending to the right.

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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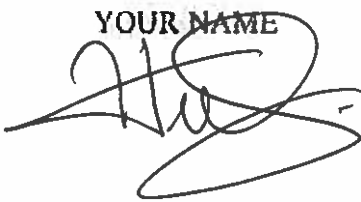
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Sincerely,

YOUR NAME

A handwritten signature in black ink, appearing to be "H. H. H.", written over the printed name "YOUR NAME".

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

A handwritten signature in black ink, appearing to be 'Mike Lee', written over the printed name 'YOUR NAME'.

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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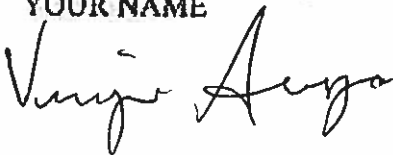
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Sincerely,

YOUR NAME

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IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME *Mattie Chutkan*

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Rosemary Williams RN, BSN, MSN, CCDS

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Sadie Burrell

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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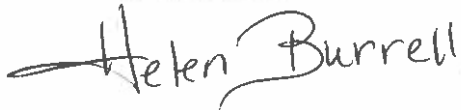
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Helen Burrell

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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YOUR NAME

Nanlyn Cole

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME

Jeremy Bnster

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Springfield, IL 62761

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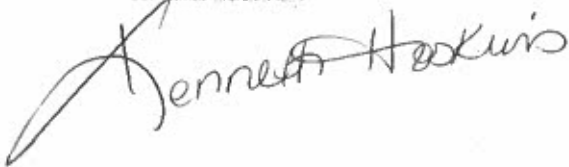
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Sincerely,

YOUR NAME

A handwritten signature in black ink, appearing to read "Kenneth Hooker", written over the printed name "YOUR NAME". The signature is fluid and cursive, with a large initial "K".

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME

Jermaine Jones

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME

Jasmine Hayes

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

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IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Loana Kelly Ral
Westlake Hospital Employee
1225 W Lake St.
Melrose Park, IL 60160

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME


Elisabeth Stewart

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

C. Amedi
Culberth Amedi

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
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Sincerely,

YOUR NAME

SOCORRO S. VILORIA
Westlake Hospital
Milrose Park, IL

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

To whom it may concern,

I am writing today to voice my **strong opposition to the closure of Westlake Hospital.**

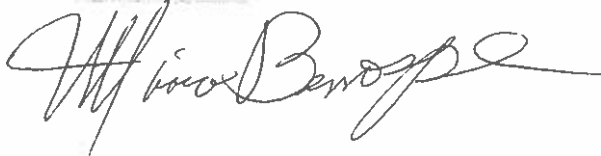
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Sincerely,

YOUR NAME

A handwritten signature in black ink, appearing to read "William Benoit", written over the printed name "YOUR NAME".

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

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IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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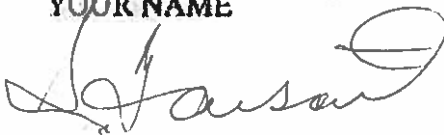
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Sincerely,

YOUR NAME

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IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Antoinette Spencer OB Surgical Tech
1225 W. LAKE Street
Melrose PARK.

Westlake Hospital

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Vanessa Rivera
Mxc nursing student

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

x Cecilia Del Rosario
Cecilia Del Rosario

(Malcolm X Nursing College Student)

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Malcolm X Nursing Student
Elizabeth Ortiz

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Catherine Elder Maglaya
Westlake Hospital RN
1225 W. Lake
Melrose Park IL 60106

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Olga Flores

*Westlake Hospital
Melrose Park IL 60160*

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

To whom it may concern,

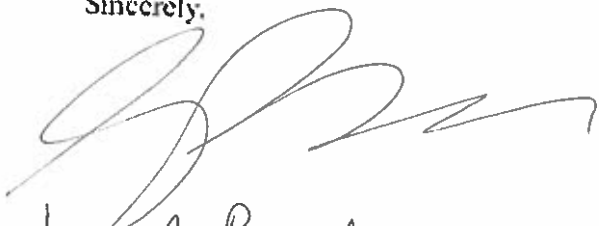
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Sincerely,



Luz A. Pereda
Westlake Hospital
1225 W Lake St.
Peelrose Park IL 60662

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

Jason M. Tubbs RN
Westlake Hospital RN

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

Maria I. Trevino
MARIA I. TREVINO

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

Barb Mack RN

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

A handwritten signature in black ink, appearing to read "Joseph Smith". The signature is written in a cursive, flowing style with a large initial "J" and a long, sweeping underline.

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

Geraldine Dienne RN

YOUR NAME

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Charlene Chido RWC
Westlake Hospital

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Kee C. Kim,
(Kee C. Kim)

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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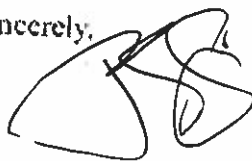
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Sincerely,

 RAN-Sutcliffe

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

Reba C. Sizemore
Laboratory

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME

Nelly Vasquez

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME

Rua L. Symon

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Aimee Jordan

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

August
MANCERO

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME



Sandra Lullo

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

KRISTINA SUMSLER

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Orlando Braxton

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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YOUR NAME

Hubert Maloney

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Lisa matuszak

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Nancy Valle

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Dorina Reyes

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

A handwritten signature in cursive script, appearing to read "Boese Schyer".

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

To whom it may concern,

I am writing today to voice my **strong opposition to the closure of Westlake Hospital.**

Earlier this year, Pipeline Health finalized the purchase of a three hospital system that included Westlake Hospital. The prospect of closing any hospital in the system was not approached during the negotiations of the sale. Pipeline even pledged to turn around the financially struggling facilities, yet Pipeline has blindsided our community by making the decision to begin the process to close Westlake Hospital.

Closing Westlake hospital will take away access to health care from a community largely of color, just to boost corporate profits of Pipeline Health.

The closure of Westlake has resulted in a grassroots effort to save the hospital. I write to join the strong coalition of community residents, local elected officials and medical professionals at Westlake to encourage the Health Facilities and Services Review Board to **block the closure of Westlake hospital.**

Sincerely,

YOUR NAME

Victoria Hill

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME



IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME

Frank Cullen

IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Sincerely,

YOUR NAME



IL Health Facilities and Services Review Board
525 W Jefferson, 2nd Floor
Springfield, IL 62761

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Earlier this year, Pipeline Health finalized the purchase of a three hospital system that included Westlake Hospital. The prospect of closing any hospital in the system was not approached during the negotiations of the sale. Pipeline even pledged to turn around the financially struggling facilities, yet Pipeline has blindsided our community by making the decision to begin the process to close Westlake Hospital.

Closing Westlake hospital will take away access to health care from a community largely of color, just to boost corporate profits of Pipeline Health.

The closure of Westlake has resulted in a grassroots effort to save the hospital. I write to join the strong coalition of community residents, local elected officials and medical professionals at Westlake to encourage the Health Facilities and Services Review Board to ~~block the closure of Westlake hospital.~~

Sincerely,

Andrea Prince RDM
Westlake employee



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW 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 Salto

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Breanna Jackson

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)

Angella Korncarevic

City

Chicago

State

IL

Zip

60607

II.

REPRESENTATION (This section is to be filled if the witness is appearing 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 is necessary to serve the community and offer a location for great clinicians to treat their 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)

Michelle Lemoncello-Schak

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)

This hospital has been part of
my kids life of growing up. Friendly
Service and 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) Laura Manjarrez
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)

This hospital is the closest
to us so it's very convenient.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Alfredo Manzo

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)

We have been coming to westlake
for many years it is a
perfect location and we do not
want it to close

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW 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 Quinonez

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)

I personally live in Melrose Park
and Westlake Hospital is the only
place i have close in case of an emergency
My daughter's pediatrician also serves there
and i wouldn't like for my daughter to have
Someone else.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Anna Quinonez

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Angelica Arreola

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 don't close this hospital
because it's really close from
where I live.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 GONZAGA

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)

Considero que es fundamental el
servicio del Hospital Westlake pa-
ra nuestra comunidad. Excelentes servicios.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MA. Guadalupe Alfaro Saucedo

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)

no estoy de acuerdo que sierran el
hospital nos estarían quitando un
buen servicio que he tenido por mas
de 14 años.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 Carrera

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)

Mis razones son muy grandes
mis hijos me los atienden con
cualquier emergencia o cualquier
cosa que necesiten, por favor
no lo cierran.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 R. Tuentes

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)

Aquí es donde nacieron mis
hijos y en el lugar donde
tienen sus doctores de confianza!

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

EMIRA KENDIC

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)

SAVE THE HOSPITAL

We need hospital so doctors have a place to take care of our kids. If you want to do something with this place, make it better hospital. Better healthcare, better for our 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)

Lucille Busleta

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)

It is detrimental that Westlake Hospital
stays open. The community depends
on this institution for all medical
needs. The doctors are caring and
understands all the client's needs.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Griselda Salcido

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)

Estoy muy agusto en el
hospital westlak porque es
muy cerca de mi casa y es
mas conveniente para mi familia.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Stefana Durcau

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)

Please, leave the Hospital OPEN! My family of 5 have used the Emergency Room (which was always fast & readily available!) And it IS convenient for us including Our favorite Pediatrician Dr. Saleh & Staff who served us for 15+ years! I had surgery here, my daughter hospitalized & we ARE ALL HEALTHY & THRIVING!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

KEEP WESTLAKE OPEN!

Thank you!!

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Ricah Church

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)

This hospital has been a part of my life as well
as my family's since I was born. This hospital is
very rooted with trustworthy physicians for
myself as well as my 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) SANA HAZAN

City GLENVIEW State IL Zip 60026

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 have been affiliated with this hospital first as a medical resident & later as a Patient/Client and have seen the need for a community hosp such as Westlake to stay & cont to serve the community's need, continue to provide for thousands 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)

Kyle Lemon

City Elgin

State IL

Zip 60123

II.

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

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

Nabil Saleh M.D.

I was born and raised here, since 1996

The people employed here are some of the

kindest people I've met, not only that but

they ALWAYS provide excellent service

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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

DAVIS

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)

I would like for this hospital

to remain open the staff and doctors here

are wonderful the travel time from my home

is real close for me to bring my baby to his

appointment so I would like for this hospital

to remain 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) _____

Mamoe Murray

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)

III. POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) NOHA Aly
City Forest Park State Illinois 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)

Ratnesh Kumar, MD

City

Oak Brook

State

IL

Zip

60453

II.

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

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

only community based hospital
in the neighbourhood, has rendered
care to the surrounding areas for a
long time, irrespective of people's ability
to pay. Thus, it is imperative that the
hospital does

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

must be kept
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) MARIA C Velasquez
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)

Westlake Hospital has an amazing
staff. I came to Westlake in 2007 to give
birth to my first born. They treat you with

respect & compassion. The Hospitals near my
zip area are NOT comparable to Westlake.
The Doctors, the nurses and the place itself
are top notch.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

I have recommended many friends
family and they
are very happy

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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)

The hospital is a necessity for the community.
The hospital is very important because
it is an indispensable service
to the community. Without it the community
would be in poor health both in mind and
body.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 Campos

City 132 N 11th Ave Melrose Park State IL Zip 60161

II.

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

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

Porque es un buen Hospital y me gusta muy
Cerca

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 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)

Favor de

La Presen te es para Come

ntar a quien corresponda esta

Peticion es para oponerme

al cierre de Westlake Hospital

Melrose Park, IL Pues yo

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

Maria E Hernandez desde ase
90 años atras e ocupado de su
Servicio y ago constar que yo
me e beneficiado de su bue
Servicio sin mas. atentamen te
a quien corresponda sin mas por
el momento . Se despide Su ser

Maria E Hernandez



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 D. Quivers
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) Rita Salgado

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) Minerva Lopez

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)

The hospital should not be closed because I have been coming to this facility for many years. The location is very convenient for me and the community. I have seen how this hospital helps the community by doing healthfairs and by having the senior center. This hospital helps the community to manage their health better with all of their resources.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Marcela Mondragon

City

Melrose Park, IL

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)

I have been a
Patient of Westlake Hospital since 2002, my
three daughters were born here.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Sonia Contreras

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)

Yo como mama no estoy de acuerdo
q' sierran este hospital lo necesitamos
les suplicamos a las personas q'
no lo sierran es mi opinion gracias.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW 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 Juarez

City

Homewood Park

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)

This is the hospital where I had my first child, it would be really sad if they close it down. I believe it should stay open, because all the community around the hospital counts with it & feel familiar with it. Please leave it open!!!

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19