#### RECEIVED



STATE OF ILLINOIS

### HEALTH FACILITIES AND SERVICES REPUBLISHED

### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project	Number: E-004-19	
1.	IDENTIFICATION Name (Please Print) EPERANT	a borradas
	City Sto Ne Park state	(1) <u>00/8</u> 3
11.	REPRESENTATION (This section is to be filled if the wi	itness is appearing on behalf of any group, organization or other
•	Entity, Organization, etc. represented in this Health Care)	s appearance (i.e., ABC Concerned Citizens for
	Para Ditendar	e hospita

tienen muy buen servicio No me sustaria que 10 cierren gracias

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



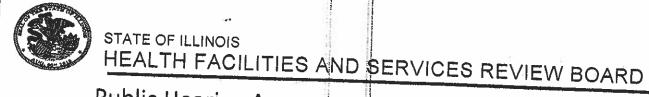
#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project	Number: E-004-19					52
t.	IDENTIFICATION Name (Please Print)	که ډه	Canto	ne		
	city Melrose la	irle	State	11	Zip	60160
II.	REPRESENTATION (This se					18
O.F.z	Entity, Organization, etc Health Care)	. represer	nted in this ar	ppearance (i.e	., ABC Concern	ed Citizens for
	8					
						W
	W.	60				
III.	POSITION (Circle approp	oriate posi	tion)			
	Support		oppose		Neutral	
		the	closur	e of		
	20	Ne	otlake 1	Hospital		



Facility	Name: Westlake Hospital, Melrose Park, Illinois
	Number: E-004-19
ł.	IDENTIFICATION Name (Please Print) City (Cose Paves State) Zip 6066
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
-	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	cierren parque vo Siempre
99	deste que nacieron mis hijas.
III.	POSITION (Circle appropriate position)
	Support



### Public Hearing Appearance Only Registration Form

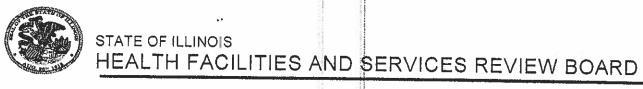
Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number:	E-004-19
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١.		IDENTIFICATION			
		Name (Please Print) Ma	ria del carme	en Rodrianos	
		City Mc 1205e	State	Zip 6 0 1	60
ii.		REPRESENTATION (This section that section)	tion is to be filled if the witness is app	pearing on behalf of any group, organization	orother
	35	Entity, Organization, etc. Health Care)	represented in this appear	ance (i.e., ABC Concerned Citize	ns for
		Do guiero	47 Viero	quelo Cier	reh
				Λ.	
		9			
			100		
10.		POSITION (Circle approprie	ate position)		
		Support	Oppose	Neutral	
	100		1		

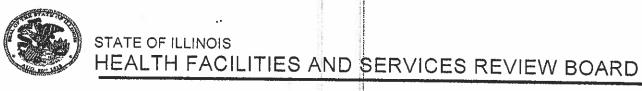


Facility	Name: Westlake Hospital, Melrose Park, Illinois
	Number: E-004-19
1.	Name (Please Print) Janotte City Beach Name (State Contill)
u.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	alla masita atención medica con su doctor an este hospital
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral

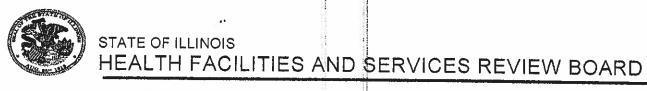


Project Number: E-004-19

1.	Name (Please Print) Vanet Ganzalez
	city Northake State IC zip 60/60
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
59	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  Concerned Citizens for health Care
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
l.	Name (Please Print) Edunges Martinez
	city MALVOSA 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.)
0	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	To strict (circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19		
1,	IDENTIFICATION  Name (Please Print)  13 S N 21 Ave	lopez	
	City Melrose park	State/	Zip_60160
П.	REPRESENTATION (This section is to be fill entity.)	led if the witness is appearing	on behalf of any group, organization or other
-	Entity, Organization, etc. represent	ed in this appearance	(i.e., ABC Concerned Citizens for how DR. Bale)
	take CARE	OF my	Children.
			14
	10		
ш,	POSITION (Circle appropriate positi	on)	
	Support	oppose	Neutral



Facility	/ Name: Westlake Hospital, Melrose Park, Illinois
Project	Number: E-004-19
ł.	Name (Please Print) Omar W. Braham
	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)
	Please Donot Plose this Great Institution 1
IO.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois		
Project Number: E-004-19		
1. IDENTIFICATION Name (Please Print) Sandra	Graham, RN	
city Broadview :s	tate Zip 60155	
II. REPRESENTATION (This section is to be filled if the entity.) Entity, Organization, etc. represented in Health Care)	e witness is appearing on behalf of any group, organization or other this appearance (i.e., ABC Concerned Citizens for	
Donat close	West lake Hospital	
lli. POSITION (Circle appropriate position)	void of accessible thousands of community.	
Support	e Neutral	



## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project	Number: E-004-19
t.	Name (Please Print) NICK 6 I ANNOULIS
	City Chicaso State ZL Zip 60656
11,	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
N	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Myself wite and son poticut of this facility for many years, Oppose closure!
	oppose closure !
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



factor of	The state of the s	
racility Name: We	estlake Hospital, Mel	Irose Park, Illinois
Project Number: E	-004-19	
I. IDENTIFICATION Name (Please City ME	Print) TAME (	CONTREAS  State IL Zip 60160
II. REPRESENTA entity.) Entity, Organ Health Care)	TION (This section is to be filled if	the witness is appearing on behalf of any group, organization or other  n this appearance (i.e., ABC Concerned Citizens for
III. POSITION (Circ	cle appropriate position)	
Support	Орро	Neutral



## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

I. IDENTIFICATION  Name (Please Print)  City Crest H, 11  State 1/  REPRESENTATION (This section is to be filled if the witness is appearing 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 VITAL FOR THE  Company of the C	Projec	t Number: E-004-19
II. REPRESENTATION (This section is to be filled if the witness is appearing 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 VITAL POR THE  Community. ALL MY 3 KIDS WHERE BORN  IHERE. T MOJED OUT OF THE AREA BUT  WE STILLE USE THIS HOPITAL FOR ALL OUR  FIRS HEALTH ISSUES.  III. POSITION (Circle appropriate position)	1.	Ma .
II. REPRESENTATION (This section is to be filled if the witness is appearing 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 VITAL FOR THE COMMUNITY. ALL MY 3 KIDS WHERE BORN  ITEMS. T. MOJED OUT OF THE AREA BUT  WE STILLE USE THAS HOPIME FOR ALL OUR  KIDS HEALTH ISSUES.  III. POSITION (Circle appropriate position)		City Crest Hill
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  THIS HOSPITAL IS VITAL POR THE COMMUNITY. ALL MY 3 KIDS WHERE BORN  IHERE. I MOJED OUT OF THE AREA BUT  WE STILL USE THAS HOPITAL FOR ALL OUR  FIRS HEALTH ISSUES.  III. POSITION (Circle appropriate position)  Support	N.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
COMMUNITY. ALL MY 3 KIDS WHERE BORN  IHERE. I MOJED OUT ON THE AREA BUT  WE STILL USE THAS HOPITAL FOR ALL OUR  KIDS HEALTH ISSUES.  III. POSITION (Circle appropriate position)		Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
LOMMUNITY. ALL MY 3 FIDS WHERE BORN  IHERE. I MOJED OUT OF THE AREA BUT  WE STILL USE THAS HOPITAL FOR ALL OUR  KIDS HEALTH ISSUES.  III. POSITION (Circle appropriate position)  Support		THIS HOSPITAL IS VITAL FOR THE
HERE. I MOJED OUT OF THE AREA BUT  WE STILL USE THAS HOPITAL FOR ALL OUR  KIDS HEALTH ISSUES.  III. POSITION (Circle appropriate position)  Support		Company 1+4. ALL MY 3 FIDS WHERE BORN
WE STILL USE TRAS HOPITAL FOR ALL OUR  KIDS HEALTH ISSUES.  III. POSITION (Circle appropriate position)  Support		HERE. I MOVED OUT OF THE AREA BUT
Support Opport		KIDS HEALTH ISSUES HOPITAL FOR ALL OUR
1 Linnoto /	III.	POSITION (Circle appropriate position)
		1 Linnoto /



Facility Na	me: Westlake Hospital, Melrose Park, Illinois
Project Nu	mber: E-004-19
	DENTIFICATION  ame (Please Print) Laura Amaro
Ci	ty Northlare state Illinois Zip 60164
II. RE	PRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
He	tity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for alth Care)  [ wouldn't like this hospital to close
<i>D</i>	erause my children were born here and
<b>\( \)</b>	my pealatrition is here and we've
	els like home since 2003 and it
III. POS	SITION (Circle appropriate position)
5	Support Oppose Neutral



Facility	ity Name: Westlake Hospital, Melrose Park, Illinois	
Project	ect Number: E-004-19	
1.	Name (Please Print) Marissa Martin	22
	city Melhose Paule state 11.	Zip 60160
(1.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Health Care)	any group, organization or other
		-
10.	POSITION (Circle appropriate position)	8
	Support Oppose Neutral	



## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

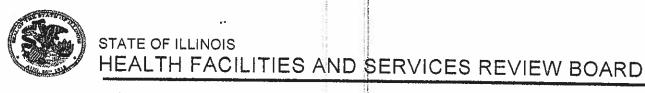
	Name (Please Print)	1		
	city_chicago	)Sta	e	Zip_601
=	REPRESENTATION (This	s section is to be filled if the v	vitness is appearing on behal	f of any group, organization of
. [	Entity, Organization, e Health Care)	tc. represented in th	s appearance (i.e., A	BC Concerned Citizens
-				
-				
	==	The second secon		
_	8			
P	OSITION (Circle appro	priate position)		
	Support	Oppose		\$0 



Facility Name: Westlake Hospital, N	Velrose Park Illinois
Project Number: E-004-19	. ark, minois
I. IDENTIFICATION  Name (Please Print) ALLAN	R McJONALD
city_CflcqGo	State 14 Zip 60646
II. REPRESENTATION (This section is to be fill entity.) Entity, Organization, etc. represente Health Care)	led if the witness is appearing on behalf of any group, organization or other
III. POSITION (Circle appropriate position	7)
Support	) ppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois		
Project Number: E-004-19		
I. IDENTIFICATION SHELL BE		
city Springfied State III zip 602702		
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other		
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)		
I Come here for my Grand Son		
who have & god Doctoe		
III. POSITION (Circle appropriate position)		
Support Oppose Neutral		



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19 ١, IDENTIFICATION Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other 11. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) POSITION (Circle appropriate position) Support Oppose Neutral



## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19

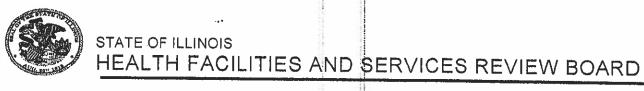
1,	IDENTIFICATION  Name (Please Print) ARTURO	Suzman .
	City MCLOROSE PARK :	21p_60(60)
II.	REPRESENTATION (This section is to be filled if entity.)	f the witness is appearing on behalf of any group, organization or other
	Entity, Organization, etc. represented i Health Care)	n this appearance (i.e., ABC Concerned Citizens for
		Citizens for

III. POSITION (Circle appropriate position)

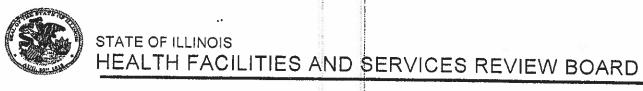
Support

Oppose

Neutral

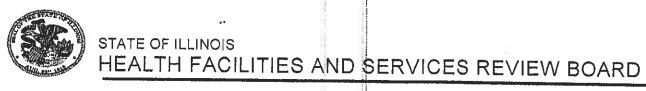


Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	Jumber: E-004-19 /
l.	Name (Please Print) / MARIA Hernande2
	city Schiller Park State IZ Zip 60176
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral

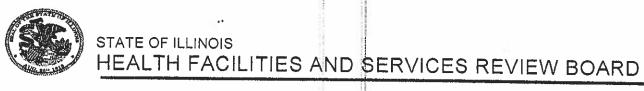


Project Number: E-004-19

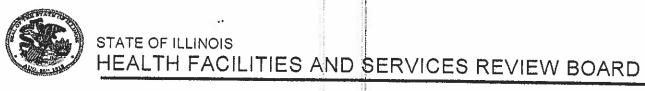
1.	Name (Please Print) Acolicis Billera	
	city Schiller Park State 12 Zip 601	76
н.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization (entity.)	*:
10	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizer Health Care)	is for
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Project N	Number: E-004-19
l.	Name (Please Print) Panal Campos
	City Stone park State 12 Zip 60 163
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



oject	Number: E-004-19	
l.	IDENTIFICATION Name (Please Print) Gri Se Ida	Diaz
		State Metrose Park Zip 60160
II.	REPRESENTATION (This section is to be fill entity.)	ed if the witness is appearing on behalf of any group, organization or other
194	Entity, Organization, etc. represente Health Care)	ed in this appearance (i.e., ABC Concerned Citizens for
		THE PARTY CANADA
	1	
10.	POSITION (Circle appropriate position	on)
	Support	Oppose Neutral



Project Number: E-004-19

l.	IDENTIFICATION Name (Please Print)	El Haga	ary	
	city Chi Cago	State	z	p_60656
II.	REPRESENTATION (This section is to be filentity.) Entity, Organization, etc. represent Health Care)			
				27
II).	POSITION (Circle appropriate positi	ion)		*
	Support (	Oppose	Neutral	



Facility Name: Westlake Hospital, Melros	e Park Illinois
Project Number: E-004-19	- Cart, minois
	NA SOCKAUG'
City <u>GLENVIEW</u> State	
II. REPRESENTATION (This section is to be filled if the wentity.)	itness is appearing on behalf of any group, organization or other
Entity, Organization, etc. represented in this Health Care) [MS hospile]	s appearance (i.e., ABC Concerned Citizens for
FOR THE COM	MUNITY!
Please Don 7	LET THE HOSPITAL
BE CLOSED.	2/
III. POSITION (Circle appropriate position)	
Support	Neutral



Facility	Facility Name: Westlake Hospital, Melrose Park, Illinois				
Project	Number: E-004-19				
i.	IDENTIFICATION Name (Please Print)	Wilkes			
<i>t</i> t. ∨	City Forest Park	1,000,000			
***	entity.)	f the witness is appearing on behalf of any group, organization or other			
5	Entity, Organization, etc. represented i Health Care)	n this appearance (i.e., ABC Concerned Citizens for			
	- Closing this	hospital would do			
	a great disse	ervice to the community.			
	Inis hospital is	Where my Children			
	pediatrician is	ocated Their physician			
ui.	G.S. Coll Vereg	here are a lost of			
	Support	trained professionals  Neutral Here to care			
		FOR the very			
		vulunerable. This hospital			
	į.	has helped			
	9	manu Peoplo			
	8	in the community			



#### STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19

	- Talliber: E-004-19
i,	IDENTIFICATION  Name (Please Print) VICKY WILLIAMS
	City Oak Park State 1L Zip 60304
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Saleh & West ale
	served the community for many
	hears. We need this hospital & Dr's
III.	POSITION (Gircle appropriate position)
	Support

3/11/19

Neutral



## HEALTH FACILITIES AND SERVICES REVIEW BOARD

acility	Name: Westlake Hospital, Me	lrose Park, Illi	noie	
roject	t Number: E-004-19		1013	
1.	IDENTIFICATION Name (Please Print) Manh	4 Mora	les	
	City May wood	State	Zip	Cols
II.	REPRESENTATION (This section is to be filled if entity.) Entity, Organization, etc. represented i Health Care)	the witness is appearing	on behalf of any group, c	rganization or other
		The same rate of		7
				<u>ii</u>
II.	POSITION (Circle appropriate position)  Support		Si.	
	Орр	2SE	Neutral	85



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Oject	(Mailibel: E-004-15		
1,	IDENTIFICATION Name (Please Print)  Maria Luisa	Govea	
	city Maywood state_	11 7	lip 60153
н. У	REPRESENTATION (This section is to be filled if the witnes entity.)	s is appearing on behalf of any grou	p, organization or other
100	Entity, Organization, etc. represented in this ap Health Care)	pearance (i.e., ABC Conce	erned Citizens for
			281
III.	DOSITION (Circle		
111.	POSITION (Circle appropriate position)		20
	Support	Neutral	



Facility Name: Westlake Hospital,	Melrose Park, Illinois
Project Number: E-004-19	

l.	IDENTIFICATION
	Name (Please Print) Codrigo Macas
	City reliant park State IL Zip 60160
И.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, arganization or other
-	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for West Law 13 a Steet Hosfital Twas born
	Here oneis my local Hospital. My correct Ductor
	is in weillage as well. Allow family ever to
	hestlake asmen
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



## HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility !	Name: Westlake Hospital, Melrose Park, Illinois
Project N	Number: E-004-19
l,	Name (Please Print) Alex Ruas
	City Cicco State IL Zip 60804
(I. · · · · · · · · · · · · · · · · · · ·	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
-	
-	
III. p	OSITION (Circle appropriate position)
	Support Oppose Neutral



Facilit	y Name: Westlake Ho	ospital, Melrose Par	rk. Illinois	
Projec	t Number: E-004-19		13 mmois	
l.	IDENTIFICATION Name (Please Print) CityChicho	DAVILA GO State	Nelly II. Zip l	00634
11.	REPRESENTATION (This sec entity.) Entity, Organization, etc. Health Care)	ction is to be filled if the witness is	appearing on behalf of any group, organi varance (i.e., ABC Concerned C	ization or other
MI.	POSITION (Circle appropri Support	ote position) Oppose	Neutral	



Facility	y Name: Westlake Hospital, Melrose Park, Illinois
Projec	t Number: E-004-19
i.	Name (Please Print)TINO, DAVILA  CityChicagostate
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
10.	POSITION (Circle appropriate position)
	Support Oppose Neutral