



STATE OF ILLINOIS
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

RECEIVED

APR 2 2019

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Esperanza Borradas

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 acudo a este hospita
para atender amis hijas
tienen muy buen servicio No
me gustaria que lo cierren 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) Rose Cantone

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

the closure 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)

Raquele C. Madera

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)

cu mi no me gustaria que lo
cierren porque yo siempre
tengo mis doctores aqui
desde que nacieron mis hijos.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
 HEALTH FACILITIES AND SERVICES REVIEW 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 del Carmen Rodriguez

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)

No quiero + Quiero que lo Cierren

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Janette Carrillo

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)

Ya traigo a mi hija desde
Berwyn a este hospital
ella necesita atencion medica
con su doctor en este hospital.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Yanet Gonzalez

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 citizens for health care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Eduviges Martinez

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)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Ana Lopez
133 N 21 Ave
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)

REALLY LIKES how DR. Saleh
take CARE OF my CHILDREN.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Omar W. Graham
City Broadview State IL Zip 60155

II. REPRESENTATION (This section is to be filed if the witness is appearing 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 Close this
Great Institution!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
 Name (Please Print) Sandra Graham, RN
 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)

Do not close Westlake Hospital
and create a void of accessible
health care for thousands of
taxpayers in our community.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) NICK GIANNIOLIS

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)

Myself, wife and son patient at this facility for many years. Oppose closure!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

PAMELA CONTRERAS

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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Juan Perez

City Crest Hill State IL Zip 60403

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 WERE BORN
HERE. I MOVED OUT OF THE AREA BUT
WE STILL USE THIS HOSPITAL FOR ALL OUR
KIDS HEALTH ISSUES.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Laura Amaro

City Northlake 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)

I wouldn't like this hospital to close because my children were born here and my pediatrician is here and we've been attended here since 2003 and it feels like home.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Marissa 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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Graciela Navarrete

City chicago

State IL

Zip 60131

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ALLAN R McDONALD

City CHICAGO

State IL

Zip 60646

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



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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Please Print) Shelia Bell
City Springfield State Ill Zip 602702

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 come here for my Grandson
who is a patient here
who have good Doctor

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Keisha Bell

City Springfield State IL Zip 62762

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 son is a patient at
Westlake Hospital. We live in
Springfield IL, and comes to
Westlake Hospital in Melrose Park

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) ARTURO GUZMAN

City MELROSE PARK State IL Zip 60160

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Vivian Hernández

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)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Abdias Billera

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)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

Patricia Campos

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

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Griselda Diaz

City 1563 Eagle Ave State Melrose Park 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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Eman El Hagarj

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) MARZENA SOCRACKI
City GUENVIEW State IL Zip 60025

II. REPRESENTATION (This section is to be filled if the witness is appearing 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 A NECESSITY
FOR THE COMMUNITY!!
Please DON'T LET THE HOSPITAL
BE CLOSED.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Vivian Wilkes

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)

Closing this hospital would do a great disservice to the community. This hospital is where my children's pediatrician is located. Their physician has been very knowledgeable in caring for them. There are a lot of well trained professionals

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Here to care for the very vulnerable. This hospital has helped many people in the community.

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Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) VICKY WILLIAMS
 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)

Dr Saleh & Westlake have served the community for many years. We need this hospital & Dr's like him here!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Martha Morales

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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Maria Luisa Govea

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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Rodrigo 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)

Westlake is a great hospital. I was ~~born~~ born
here and is my local hospital. My current doctor
is in Westlake as well. All my family comes to
Westlake as well.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



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Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print) Alex Rivas

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



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

DAVILA, Nelly

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)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION

Name (Please Print)

TINO, DAVILA

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)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/11/19