

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: The Hope Clinic for Women LTD		
Street Address: 1602 21st Street		
City and Zip Code: Granite City, IL 62040		
County: Madison	Health Service Area: 011	Health Planning Area: NA

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: The Hope Clinic for Women LTD		
Street Address: 1602 21st Street		
City and Zip Code: Granite City, IL 62040		
Name of Registered Agent: Northwest Registered Agent LLC		
Registered Agent Street Address: 2501 Chatham Road, Suite N		
Registered Agent City and Zip Code: Springfield, 62704		
Name of Chief Executive Officer: Chelsea Souder, MPH		
CEO Street Address: 2501 Chatham Road, Suite N		
CEO City and Zip Code: Springfield, 62704		
CEO Telephone Number: 402-302-1002		

Type of Ownership of Applicants

☐ Non-profit Corporation ☒ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Chelsea Souder
Title: Co-owner
Company Name: The Hope Clinic for Women LTD
Address: 2501 Chatham Road, Suite N Springfield, IL 62704
Telephone Number: 402-302-1002
E-mail Address: chelsea@hopeclinic.com
Fax Number: NA

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Michele Landeau
Title: Chief Operating Officer
Company Name: The Hope Clinic for Women LTD

Address: 1602 21st Street Granite City, IL
Telephone Number: 618 451-5722
E-mail Address: Michele@hopeclinic.com
Fax Number: 618-451-9092

Post Permit Contact

[Person to receive all correspondence after permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Michele Landeau
Title: Chief Operating Officer
Company Name: The Hope Clinic for Women LTD
Address: 1602 21st Street Granite City, IL
Telephone Number: 618 451-5722
E-mail Address: Michele@hopeclinic.com
Fax Number: 618-451-9092

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: DBS Lotus Management Holding Company, LLC
Address of Site Owner: 2501 Chatham Road, Suite N Springfield, IL 62704
Street Address or Legal Description of the Site: 1602 21st Street Granite City, IL 62040
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: The Hope Clinic for Women LTD			
Address: 1602 21st Street, Granite City, IL 62040			
☐	Non-profit Corporation	☐	Partnership
☒	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

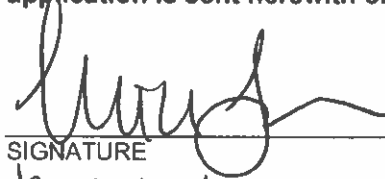
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors.
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of The Hope Clinic for Women LTD* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Michele Landeau
PRINTED NAME

CEO
PRINTED TITLE


SIGNATURE

Erin King Eisenberg
PRINTED NAME

CMO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 24 day of October 2025

Notarization:

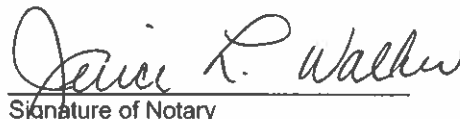
Subscribed and sworn to before me
this 24 day of October 2025


Signature of Notary

Seal

JERICE L. WALKER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: July 19, 2026
Commission # 14600663

*Insert the EXACT name of the applicant


Signature of Notary

Seal

JERICE L. WALKER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: July 19, 2026
Commission # 14600663

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s)** and **Purpose of Project** **MUST** be addressed. A copy of the Notices listed in **Item 7** below **MUST** be submitted with this Application for Discontinuation <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located,

the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	15
2	Site Ownership	16-17
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	18
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	18
5	Flood Plain Requirements	NA
6	Historic Preservation Act Requirements	NA
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	19-28
11	Background of the Applicant	29-30
12	Purpose of the Project	31
13	Alternatives to the Project	32-33
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	
34	Financial Waiver	
35	Financial Viability	
36	Economic Feasibility	
37	Safety Net Impact Statement	
38	Charity Care Information	
39	Flood Plain Information	

File Number

5100-636-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE HOPE CLINIC FOR WOMEN, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 15, 1976, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of OCTOBER A.D. 2025 .

Authentication #: 2529602578 verifiable until 10/23/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

MADISON COUNTY TREASURER		METRO EAST SANITARY		0.3426	\$2,715.62	0.3005	\$2,642.75	\$98.50
PARCEL I.D. 22-2-20-19-06-102-004.		GRANITE CITY PARK		0.4724	\$3,744.48	0.4905	\$4,313.70	\$160.94
2-GRANITE CITY		CITY OF GRANITE CITY		3.0415	\$24,108.45	2.7299	\$24,008.11	\$6,394.48
195	TOWNSHIP TAX CODE	SW IL COLLEGE #522		0.3983	\$3,157.12	0.3735	\$3,284.75	\$0.00
0060	TAX PAYING AGENT NUMBER	SIX-MILE REG. LIBRARY		0.4085	\$3,238.77	0.3359	\$2,954.07	\$299.01
70,100	CLASS CODE	MADISON COUNTY		0.4371	\$3,464.70	0.3938	\$3,463.28	\$897.04
2,638,610	T.I.F. CERTIFIED ASSESSMENT	GRANITE CITY CU #9		4.1436	\$32,844.25	3.8424	\$33,791.99	\$1,887.28
792,650	FAIR MARKET VALUE	GRANITE CITY TOWNSHIP		0.2785	\$2,207.53	0.2487	\$2,187.19	\$38.70
1.1095	NON-FARM ASSESSMENT	2024 REAL ESTATE TAXES						
X	TOWNSHIP MULTIPLIER							
+	FARM LAND							
\$0.00								
+	FARM BUILDING	Legal Description						
\$0.00		ORIGINAL PLAT OF GRANITE CITY LOT 13 & 14 & 15 150 X 125		2024 TOTAL TAX		\$76,645.84		
=	TOWNSHIP EQUALIZED VALUE	ACREAGE TOTAL = 0.00		2024 TAXES PAID		\$57,484.38		
-	HOMESTEAD IMPROVEMENT EXEMP.	Property Address		2024 TOTAL TAX DUE		\$19,161.46		
-	GENERAL DISABLED VETERAN	DBS LOTUS MANAGEMENT HOLDING COMPANY						
1.0000	STATE MULTIPLIER	1602 E 21ST ST						
879,450	STATE EQUALIZED VALUE	GRANITE CITY, IL 62040						
-	SR ASSESSMENT FREEZE DEDUCTION							
-	GENERAL HOMESTEAD OWNER OCCUPANCY							
-	HOMESTEAD DEDUCTION OVER 65							
-	FRATERNAL/VETERAN ORG. FREEZE							
-	DISABLED PERSON							
-	VETERAN EXEMPTION							
879,450	TAXABLE VALUE							
+	COMBINATION TAX RATE							
8.7152								
+	DRAINAGE							
0.00								
\$76,645.84	TOTAL TAX							

22-2-20-19-06-102-004.

DBS LOTUS MANAGEMENT HOLDING COMPANY LLC

1134 COLLINSVILLE CROSSING BLVD

COLLINSVILLE IL 62234-

DUPLICATE BILL

112879

RETURN THIS PORTION WITH PAYMENT

MAIL THIS
COUPON
WITH
PAYMENT

IF PAID ON - THROUGH	AMOUNT DUE
07/24/2025 - 08/23/2025	\$0.00
08/24/2025 - 09/23/2025	\$0.00
09/24/2025 - 10/23/2025	\$0.00
10/24/2025 - 11/23/2025	\$0.00
11/24/2025 - 12/23/2025	\$0.00
12/24/2025 - 01/23/2026	\$0.00
01/24/2026 - 02/13/2026	\$0.00

February 13, 2026 is the last day to pay before taxes sold

DBS LOTUS MANAGEMENT HOLDING COMPANY I

Collector Use Only	
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1ST PAYMENT REAL ESTATE TAX	\$19,161.46
DRAINAGE	0.00
AMOUNT DUE	\$0.00
IF PAID BY	07-23-25

DO NOT MARK BELOW THIS LINE

222201906102004

0000000000 0000000000 01 1 3

2nd Installment Coupon

RETURN THIS PORTION WITH PAYMENT

PARCEL I.D. NO. 22-2-20-19-06-102-004.

MAIL THIS
COUPON
WITH
PAYMENT

IF PAID ON - THROUGH	AMOUNT DUE
09/24/2025 - 10/23/2025	\$0.00
10/24/2025 - 11/23/2025	\$0.00
11/24/2025 - 12/23/2025	\$0.00
12/24/2025 - 01/23/2026	\$0.00
01/24/2026 - 02/13/2026	\$0.00

February 13, 2026 is the last day to pay before taxes sold

DBS LOTUS MANAGEMENT HOLDING COMPANY I

Collector Use Only	
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2ND PAYMENT REAL ESTATE TAX	\$19,161.46
AMOUNT DUE	\$0.00
IF PAID BY	09-23-25

DO NOT MARK BELOW THIS LINE

222201906102004

0000000000 0000000000 02 1 1

3rd Installment Coupon

RETURN THIS PORTION WITH PAYMENT

PARCEL I.D. NO. 22-2-20-19-06-102-004.

MAIL THIS
COUPON
WITH
PAYMENT

IF PAID ON - THROUGH	AMOUNT DUE
10/09/2025 - 11/08/2025	\$0.00
11/09/2025 - 12/08/2025	\$0.00
12/09/2025 - 01/08/2026	\$0.00
01/09/2026 - 02/08/2026	\$0.00
02/09/2026 - 02/13/2026	\$0.00

February 13, 2026 is the last day to pay before taxes sold

DBS LOTUS MANAGEMENT HOLDING COMPANY I

Collector Use Only	
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3RD PAYMENT REAL ESTATE TAX	\$19,161.46
AMOUNT DUE	\$0.00
IF PAID BY	10-08-25

DO NOT MARK BELOW THIS LINE

222201906102004

0000000000 0000000000 03 1 9

4th Installment Coupon

RETURN THIS PORTION WITH PAYMENT

PARCEL I.D. NO. 22-2-20-19-06-102-004.

MAIL THIS
COUPON
WITH
PAYMENT

IF PAID ON - THROUGH	AMOUNT DUE
12/09/2025 - 12/16/2025	\$19,448.88
12/17/2025 - 01/08/2026	\$19,458.88
01/09/2026 - 02/08/2026	\$19,746.30
02/09/2026 - 02/13/2026	\$20,033.73

February 13, 2026 is the last day to pay before taxes sold

DBS LOTUS MANAGEMENT HOLDING COMPANY I

Collector Use Only	
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4TH PAYMENT REAL ESTATE TAX	\$19,161.46
AMOUNT DUE	\$19,161.46
IF PAID BY	12-08-25

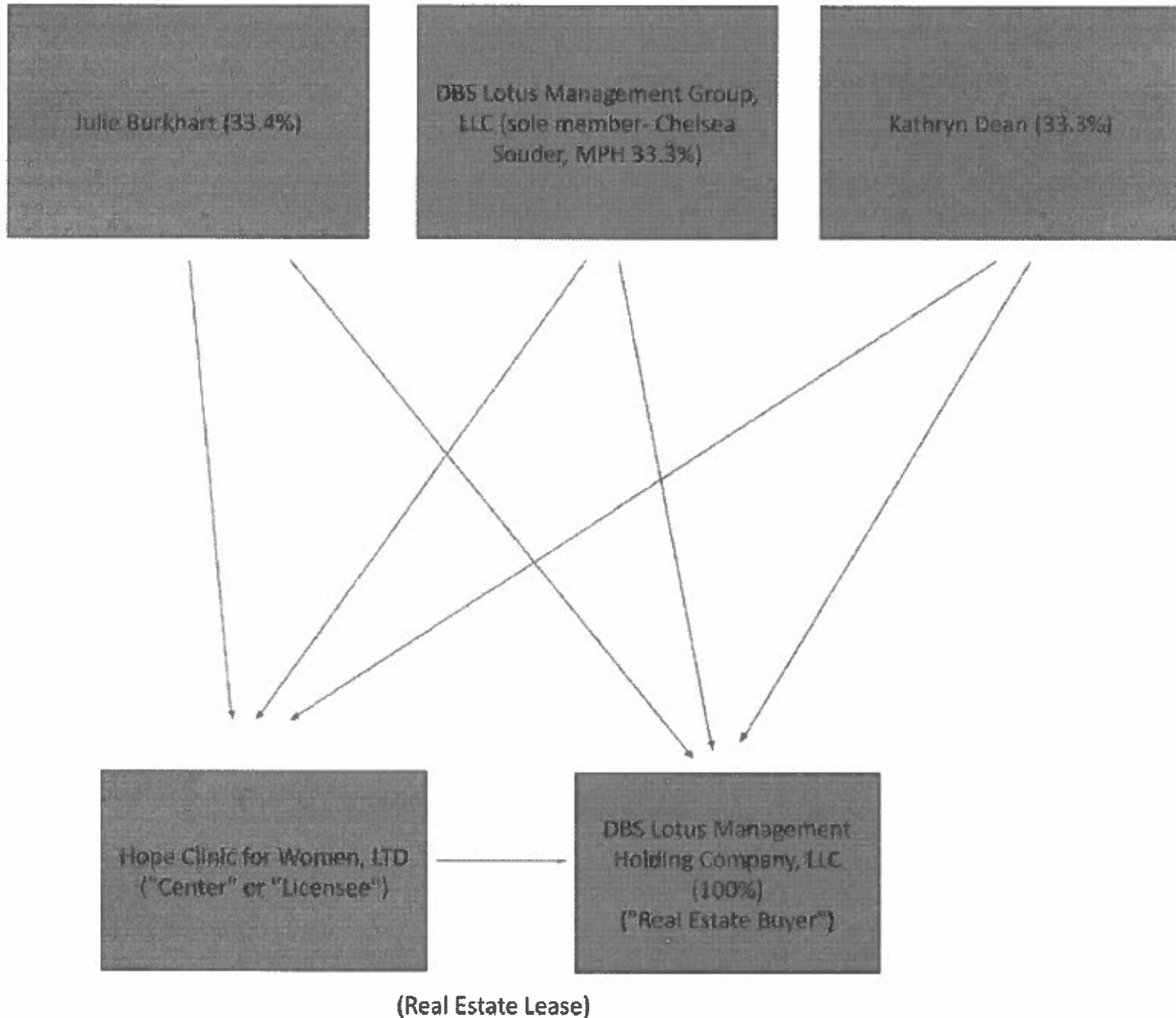
DO NOT MARK BELOW THIS LINE

222201906102004

0001916146 0000000000 04 1 4

Attachment 3: Operating Identity/Licensee- Ownership Makeup

All direct owners of a 5% or more interest in the applicant facility are identified in the organizational chart.



Attachment 10: SECTION II. DISCONTINUATION

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
Hope Clinic for Women Ltd. will be discontinuing providing induced abortions in our 3 procedure rooms under an ASTC license as retaining this type of licensure is not economically feasible or necessary to continue to provide care. Hope Clinic will continue to provide induced abortions but no longer will operate under an ASTC licensure, as it is not required to continue to provide the services we currently do.
2. Identify all the other clinical services that are to be discontinued.
Hope Clinic will continue to provide induced abortions but no longer will operate under an ASTC licensure, as it is not required to continue to provide the services we currently do.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
Anticipated date of discontinuation is December 6th, 2025.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
The clinic will remain at the same location (1602 21st Street, Granite City, IL 62040) and the existing equipment will remain in this location as well. We will continue to provide abortion and reproductive health services at this location.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
The Hope Clinic for Women LTD will maintain all medical records under our current policy and as required by state and federal law.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
The Hope Clinic for Women LTD had the public notice below ran for 3 consecutive days (10/20/25-10/22/25) in the Alton Telegraph.

Pursuant to the requirements of the Illinois Health Facilities Planning Act [20 ILCS 3960/], notice is hereby given of the submittal of an Application for Permit for the discontinuation of Hope Clinic, a licensed Ambulatory Surgical Treatment Center, 1602 21st Street, Granite City, IL 62040 as of December 5, 2025
 25-10091 10/20, 21, 22

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.
As required, notices were sent to the State Representative Katie Stuart, State Senator Harriss, the office of the Director of Public Health, Dorian Manion, and to Stephanie Glenn, Assistant Division Chief of Healthcare & Family Services; all via email on September 18th, 2025 (copies of the email notifications and signed letters below).



Michele Landeau <michele@hopeclinic.com>

Required notification re: Ambulatory Surgical Treatment Center licensure

Michele Landeau <michele@hopeclinic.com>
 To: "Manion, Dorian" <Dorian.Manion@illinois.gov>

Thu, Sep 18, 2025 at 4:12 PM

Dear Dorian,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

I have attached a signed letter stating as such to this email. If you have any questions, please feel free to reach out to me.

Best,
 Michele

Michele Landeau (she/her)
Chief Operating Officer
Hope Clinic- Granite City, IL
 (618) 451-5722 Ext. 332
 (618) 451-9092 (fax)
 Michele@hopedclinic.com
 Time Zone: CST



Connect with us on social media @HopeClinicIL

Please know that I sent this correspondence at a time that was convenient for me. I respect boundaries around self-care and personal time so please respond only when you have the time and energy to do so.

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 **HFS Notification.pdf**
 219K



1602 21st Street
 Granite City, IL 62040
 P: 618-451-5722
 F: 618-451-9092

Dorian Manion
 Office of the Director
 Department of Healthcare and Family Services
 401 S. Clinton, 7th Floor
 Chicago, Illinois 60607
dorian.manion@illinois.gov

Dorian,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

If you have any questions, please feel free to reach out to me.

Thank you,

Michele Landeau
Chief Operating Officer
Hope Clinic- Granite City, IL
Michele@hopeclinic.com



Michele Landeau <michele@hopeclinic.com>

Required notification re: Ambulatory Surgical Treatment Center licensure

Michele Landeau <michele@hopeclinic.com>

Thu, Sep 18, 2025 at 4:14 PM

To: "Glenn, Stephanie M." <Stephanie.Glenn@illinois.gov>

Dear Stephanie,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

I have attached a signed letter stating as such to this email. If you have any questions, please feel free to reach out to me.

Best,
Michele

Michele Landeau (she/her)
Chief Operating Officer
Hope Clinic- Granite City, IL
 (618) 451-5722 Ext. 332
 (618) 451-9092 (fax)
 Michele@hopeclinic.com
 Time Zone: CST



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1602 21st Street
 Granite City, IL 62040
 P: 618-451-5722
 F: 618-451-9092

Stephanie Glenn
 Assistant Division Chief
 Division of Health Care Facilities and Programs
 Illinois Department of Public Health
 525 West Jefferson St., 4th Floor
 Springfield, IL 62761
stephanie.glenn@illinois.gov

Stephanie,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

If you have any questions, please feel free to reach out to me.

Thank you,

Michele Landeau
Chief Operating Officer
Hope Clinic- Granite City, IL
Michele@hopeclinic.com



Michele Landeau <michele@hopeclinic.com>

Required notification re: Ambulatory Surgical Treatment Center licensure

Michele Landeau <michele@hopeclinic.com>

Thu, Sep 18, 2025 at 4:07 PM

To: "RepKatieStuart@gmail.com" <RepKatieStuart@gmail.com>

Dear Representative Stuart,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

I have attached a signed letter stating as such to this email. If you have any questions, please feel free to reach out to me.

Best,
Michele

Michele Landeau (she/her)
Chief Operating Officer
Hope Clinic- Granite City, IL
 (618) 451-5722 Ext. 332
 (618) 451-9092 (fax)
 Michele@hopeclinic.com
 Time Zone: CST



Connect with us on social media @HopeClinicIL

Please know that I sent this correspondence at a time that was convenient for me. I respect boundaries around self-care and personal time so please respond only when you have the time and energy to do so.

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 **State Rep Notification.pdf**
207K



1602 21st Street
Granite City, IL 62040
P: 618-451-5722
F: 618-451-9092

Rep. Katie Stuart
2105 Vandalia St.
Unit #16
Collinsville, IL
repkatiestuart@gmail.com

Representative Stuart,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

If you have any questions, please feel free to reach out to me.

Thank you,



Michele Landeau
Chief Operating Officer
Hope Clinic- Granite City, IL
Michele@hopeclinic.com



Michele Landeau <michele@hopeclinic.com>

Required notification re: Ambulatory Surgical Treatment Center licensure

Michele Landeau <michele@hopeclinic.com>
 To: harriss@ilsenategop.org

Thu, Sep 18, 2025 at 4:02 PM

Dear Senator Harriss,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

I have attached a signed letter stating as such to this email. If you have any questions, please feel free to reach out to me.

Best,
 Michele

Michele Landeau
 Chief Operating Officer
Hope Clinic- Granite City, IL
 Michele@hopeclinic.com
 Time Zone: CST



Connect with us on social media @HopeClinicIL

Please know that I sent this correspondence at a time that was convenient for me. I respect boundaries around self-care and personal time so please respond only when you have the time and energy to do so.

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 **State Senator Notification.pdf**
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1602 21st Street
Granite City, IL 62040
P: 618-451-5722
F: 618-451-9092

Senator Erica Harriss
120 N. Main Street, Suite 1B
Edwardsville, IL 62025
harriss@ilsenategop.org

Senator Harriss,

Per the requirements of the Illinois Health Facilities and Services Review Board, we would like to notify you that Hope Clinic for Women Ltd. is discontinuing our ambulatory surgical center license (ASTC). We are going through the ILHFSRB process and will not be renewing our license in January 2026. We will continue to provide the same services at the same location but do not benefit or need the ASTC license to do so.

If you have any questions, please feel free to reach out to me.

Thank you,



Michele Landeau
Chief Operating Officer
Hope Clinic- Granite City, IL
Michele@hopeclinic.com

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

The Hope Clinic for Women LTD will complete all questionnaires and data required by HFSRB or DPH through the date of discontinuation, and the required information will be submitted no later than 90 days following the date of discontinuation.

Attachment 11: SECTION III. Project Background, Purpose, and Alternatives
1110.110(a) – Background of the Applicant

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
 - a. **The Hope Clinic for Women Ltd.- 1602 21st Street, Granite City, IL 62040**
 - i. **ASTC license- 7001084**
 - b. **The owners currently own Hope Management Group LLC, which is contracted with Hope Medical Group Chicago PLLC to manage that medical practice, located at 4649 N Broadway, Chicago, IL 60640.**
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
 - a. **The owners currently own Hope Management Group LLC, which is contracted with Hope Medical Group Chicago PLLC to manage that medical practice, located at 4649 N Broadway, Chicago, IL 60640.**
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. - **The applicant has had no previous adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.**
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.- **No corporate officer or director, LLC member, partner, or owner of the applicant has been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding.**
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude. - **No corporate officer or director, LLC member, partner, or owner of the applicant has been charged with fraudulent conduct or any act involving moral turpitude.**
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her. - **No corporate officer or director, LLC member, partner, or owner of the applicant has any unsatisfied judgements against her.**
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. - **No corporate officer or director, LLC member, partner, or owner of the applicant is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.**

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
 - a. **Included with this attachment is the applicants' authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.
 - a. **The applicant has not previously submitted an application in 2025, so this question is not applicable.**

Attachment 12: SECTION III. Project Background, Purpose, and Alternatives
1110.110(b) & (d) – Purpose of the Project

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
 - a. **The Hope Clinic for Women LTD will discontinue services under the current licensure as an ASTC but will continue to provide the same services it currently does now; induced abortions. This will not cause any changes to the current services provided or the community served by The Hope Clinic for Women LTD.**
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
 - a. **The Hope Clinic for Women LTD serves patients seeking care from throughout the state of Illinois and from many states across the country. Since June of 2022, The Hope Clinic for Women LTD has served patients from 28 states and 4 different countries.**
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
 - a. **Maintaining an Ambulatory Surgical Treatment Center license has become increasingly cumbersome, financially unsustainable, and unnecessary for the continued provision of high-quality care at our facility. The administrative and regulatory requirements associated with ASTC licensure demand significant time, staff resources, and compliance infrastructure—without improving patient outcomes or expanding the scope of services we already provide safely and effectively. Importantly, rescinding the ASTC license does not diminish our ability to provide the same standard of care to our patients. All existing services will continue under our clinic license, ensuring continuity, safety, and accessibility for the individuals we serve.**
4. Cite the sources of the documentation.
 - a. **Not applicable**
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
 - a. **Importantly, rescinding the ASTC license does not diminish our ability to provide the same standard of care to our patients. All existing services will continue under our clinic license, ensuring continuity, safety, and accessibility for the individuals we serve. Transitioning away from the ASTC designation allows us to streamline operations, reduce unnecessary overhead, and reinvest in the clinical and patient-centered priorities that align with our mission and meet all regulatory requirements for safe, high-quality care.**
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.
 - a. **Our goal is to relinquish the ASTC license and continue operations as normal.**

Attachment 13: SECTION III. Project Background, Purpose, and Alternatives
Criterion 1110.110(b) & (d) – Alternatives

1. Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

The only alternative to this project is to maintain the current ASTC license. If the clinic were required to maintain its current license, it would impose a substantial and ongoing administrative and financial burden that is not commensurate with the scope or nature of services provided. Compliance with ASTC licensure standards necessitates maintaining facility infrastructure, equipment, and staffing configurations intended for higher-acuity surgical environments. These requirements exceed what is clinically necessary for the procedures performed within our setting.

Sustaining the ASTC license would therefore require continued allocation of significant resources toward regulatory compliance, facility maintenance, and inspection readiness—resources that would otherwise be directed toward patient care, access, and programmatic improvements. The associated costs and operational constraints would render this model financially unsustainable and operationally inefficient, without yielding measurable improvements in patient safety or quality outcomes.

Continued maintenance of the ASTC license would obligate the clinic to uphold requirements that are disproportionate to its clinical operations and would not enhance the safety, efficacy, or accessibility of the care provided, therefore we would like to relinquish this license.

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

In evaluating the decision to rescind the ASTC license, the organization considered multiple alternatives to ensure continuity of high-quality patient care while maintaining operational and financial sustainability.

Alternative 1: Maintain Current ASTC License

Total Project Cost:

Estimated ongoing annual compliance and operational costs of approximately \$____ (including inspection fees, facility upgrades, specialized equipment maintenance, and additional staffing requirements).

Patient Access:

No measurable increase in patient access; current licensure requirements limit flexibility in scheduling and facility use due to surgical suite specifications.

Quality:

No anticipated improvement in quality or safety, as the clinic already maintains protocols consistent with national standards for outpatient care.

Financial Impact (Short-Term and Long-Term):

Short-term continuation would sustain significant operating costs and regulatory burden; long-term, maintaining the ASTC license would be financially unsustainable and reduce the organization's ability to reinvest in patient services and access initiatives.

Reason Rejected:

This option was rejected due to disproportionate cost, unnecessary regulatory complexity, and lack of corresponding benefit to patient outcomes or access.

Selected Option: Rescind ASTC License and Continue Services Under Clinic License**Total Project Cost:**

Minimal one-time administrative cost associated with license relinquishment application.

Patient Access:

Patient access will be maintained or enhanced through improved scheduling flexibility and more efficient resource allocation.

Quality:

Quality and safety standards will remain unchanged, as all clinical protocols and credentialing requirements will continue under the clinic license.

Financial Impact (Short-Term and Long-Term):

Short-term savings from discontinuing ASTC-related compliance expenses; long-term sustainability through reinvestment of resources into patient care, staff development, and program growth.

Reason Selected:

This approach ensures operational efficiency, financial sustainability, and uninterrupted delivery of safe, high-quality care.

3. The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.
The Hope Clinic for Women LTD will discontinue services under the current licensure as an ASTC but will continue to provide the same services it currently does now; induced abortions. This will not cause any changes to the current services or quality of care provided by The Hope Clinic for Women LTD.

25-043



The Hope Clinic for Women LTD
Expedited Process Request
October 23rd, 2025

Dear HFSRB Members,

Given that the current Ambulatory Surgical Treatment Center license is set to renew on **January 22, 2026**, we respectfully request **expedited review and approval** of this application. Timely consideration will allow the facility to proceed with necessary administrative and operational planning prior to the renewal deadline and to avoid incurring unnecessary renewal fees or compliance obligations during the transition period. Thank you for your consideration.

Sincerely,

Chelsea Souder, MPH

Co-owner

Chelsea@hopeclinic.com

(402)302-1002



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT APPLICATION

FEBRUARY 2024 EDITION

TABLE OF CONTENTS

SECTION NO.		PAGES
	Instructions	ii-iv
I.	Identification, General Information and Certification	1-9
II.	Discontinuation	10
III.	Project Background, Purpose, and Alternatives	11-12
IV.	Project Scope & Size, Utilization and Unfinished/Shell Space	13-14
V.	Master Design Projects	15-16
VI.	Service Specific Review Criteria	
	A. Medical/Surgical, Obstetric, Pediatric and Intensive Care	17-18
	B. Comprehensive Physical Rehabilitation	19
	C. Acute/Chronic Mental Illness	20
	D. Open Heart Surgery	21
	E. Cardiac Catheterization	22-23
	F. In-Center Hemodialysis	24
	G. Non-Hospital Based Ambulatory Surgery	25-26
	H. Selected Organ Transplantation	27
	I. Kidney Transplantation	28
	J. Subacute Care Hospital Model	29-33
	K. Community-Based Residential Rehabilitation Center	34
	L. Long Term Acute Care Hospital	35
	M. Clinical Service Areas Other than Categories of Service	36
	N. Freestanding Emergency Center Medical Services	37-40
	O. Birth Center	41-42
VII.	Availability of Funds	43-44
VIII.	Financial Viability	45
IX.	Economic Feasibility	46-47
X.	Safety Net Impact Statement	48-49
XI.	Charity Care Information	50
XI.	Flood Plain Information	
	Index of Attachments to the Application	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 525 WEST JEFFERSON STREET, 2nd FLOOR
 SPRINGFIELD, ILLINOIS 62761
 (217) 782-3516

INSTRUCTIONS

GENERAL

- o The application for permit (Application) must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act (Planning Act), including those involving the establishment, expansion, modernization and certain discontinuations of a service or facility.
- o The persons preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130) for more information.
- o **The Application does not supersede any of the above-cited rules and requirements.**
- o The Application is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Adm. Code 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- o Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- o Copies of the Application form are available on the Health Facilities and Services Review Board Website www.hfsrb.illinois.gov.

SPECIFIC

- o Use the Application as written and formatted.
- o Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- o **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. If a criterion is **NOT APPLICABLE**, label it as such and state the reason why.
- o For all applications for which time and distance documentation is required, submit copies of all MapQuest printouts that indicate the distance and time to or from the proposed facility.
- o **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- o Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- o Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- o Include documents such as MapQuest printouts, physician referral letters, impact letters, and documentation of receipt as appendices after the last attachment. Label as Appendices 1, 2, etc.
- o For all applications that require physician referrals, the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients to in the past 12 or 24 months, whichever is applicable.
- o Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- o The Application must be signed by the authorized representative(s) of each applicant entity.
- o Provide an original Application and one copy, both **unbound**. **Label the copy that contains the original signatures original (put the label on the Application).**

Failure to follow these requirements **WILL** result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (1130.620(c)).

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE**, the applicant must **COMPLETE SECTION XI AND ATTEST** that the project is or is not in a flood plain and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois State Agency Historic Resources Preservation Act (Preservation Act), the Health Facilities Services and Review Board is required to advise the Historic Preservation Agency (HPA) of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the Historic Preservation Agency to determine if certain projects may impact historic resources. These types of projects include:

1. Projects involving demolition of any structures.
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the HPA so that known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address.
2. Topographic or metropolitan map showing the general location of the project.
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The HPA will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from HPA with the application for permit.

PLEASE NOTE: The State Historic Preservation Office is **ONLY** accepting digital/email submissions to SHPO.review@illinois.gov INSTRUCTIONS can be found at this address <https://www2.illinois.gov/dnrhistoric/Preserve/Pages/resource-protection-submittal.aspx>.

SAFETY NET IMPACT STATEMENT

A SAFETY NET IMPACT STATEMENT must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS. SEE SECTION X** OF THE APPLICATION FOR PERMIT.

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION XI** OF THE APPLICATION FOR PERMIT.

FEE

An application-processing fee (refer to Part 1130.230 to determine the fee) must be submitted with most applications. If a fee is applicable, an initial fee of \$2,500 **MUST** be submitted with the application. HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **The application will not be deemed complete, and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

APPLICATION SUBMISSION

Submit an original and one copy of all Sections of the application, including all necessary attachments. The original must contain original signatures in the certification portions of this form. Submit all copies to:

**Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761**