

• Comply with the resource hospital's communication plan.

Resource Hospital Name Decatur Memorial Hospital		
Mailing Address 2300 N Edward St		
City Decatur	State IL	ZIP Code 62526
Alternate Response Provider Name Argenta-Oreana Fire Protection District	t	
Provider Number 6468NT EMS System Name	Decatur Memorial EMS	
Emergency Contact Name and Title Kurt Michener - Fire Chief		
Cell Phone 217-855-5745 Email Address aofpd911@gm	nail.com	
This letter shall serve as a commitment by Argenta-Oreana Fire Protection $\ensuremath{EMS}.$	District as a participating EMS P	rovider in Decatur Memorial
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, Check all that apply:	I/we commit to the following:	
Agency includes ambulance assist vehicles, which are dispatched only with patient care prior to the arrival of the ambulance and will contin vehicle(s) are staffed and equipped at the following levels (check all t	nuously comply with Section 515	
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if	staff and equipment required b	by this Section are not available.
☑ In-field upgrade has been authorized by the EMS system and submitted.	ed to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped 24 hour dispatch of a transporting ambulance and will continuously comply w and equipped at the following levels (check all that apply):		
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder		
I/we agree to operate the vehicle(s) with the appropriate personnel unless following (check all that apply): Alternate responder authorization	authorized by the EMS system	and approved by IDPH for the
Alternate responder authorization secondary response vehicle		
Each vehicle used as an alternate response vehicle meets the equipment	ent requirements.	
Agree to document all medical care provided and submit documentation		hours
Attach a current staff roster.		
· Have two-way ambulance-to-hospital communications capability on a	frequency determined and assign	gned by IDPH.



Argenta-Oreana Fire Protection District

Kurt Michener	
Alternate Response Provider Director (Print/Type Name)	
KWA Midrerey	11/7/2023
Alternate Response Provider Director Signature	Date
JAMES HAKT	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	11/7/2023 Date



Comply with the resource hospital's communication plan.

Resource Hospital Name Decator Memorial Hospital			
Mailing Address 2300 N Edward St			
city Decatur State II ZIP Code 62526			
Alternate Response Provider Name Blue Mound Fire Protection			
Provider Number 6403NT EMS System Name Decatur Memorial EMS 0653			
Emergency Contact Name and Title Elana Miller			
Cell Phone 217-521-3475 Email Address lanamonkey 87@gmail.com			
This letter shall serve as a commitment by as a participating EMS Provider in .			
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply:			
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):			
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available.			
In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.			
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):			
ALS ILS AEMT BLS First Responder			
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply):			
Alternate responder authorization			
Alternate responder authorization secondary response vehicle			
 Each vehicle used as an alternate response vehicle meets the equipment requirements. 			
 Agree to document all medical care provided and submit documentation to the EMS system within 24 hours 			
Attach a current staff roster.			
 Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH. 			



Brett Stock Alternate Response Provider Director (Print/Type Name)		
Britte Stock Alternate Response Provider Director Signature	0 31 23 Date	
TAMES HART EMS Medical Director (Print/Type Name)		
EMS Medical Director Signature	11/2/2023 Date	



· Comply with the resource hospital's communication plan.

Resource Hospital Name Decatur Memorial Hospital		
Mailing Address 2300 N Edward Street		
City Decatur	State Illinois	ZIP Code 62526
Alternate Response Provider Name Caterpillar EMS		
Provider Number EN	1S System Name Decatur Memorial EMS C	0653
Emergency Contact Name and Title Larry Cass - Coordinate	or	
Cell Phone 217-871-6569 Email Address	cass_larry@cat.com	
This letter shall serve as a commitment by Caterpillar EMS a	as a participating EMS Provider in Decatur	Memorial EMS 0653.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules ar	nd Regulations, I/we commit to the followi	ing:
Check all that apply:		
Agency includes ambulance assist vehicles, which are with patient care prior to the arrival of the ambulance vehicle(s) are staffed and equipped at the following let	and will continuously comply with Section	
□ ALS □ ILS □ AEMT □ BLS □ F	rst Responder	
* Ambulance assistance vehicles shall not function as	assist vehicles if staff and equipment requi	ired by this Section are not available.
☐ In-field upgrade has been authorized by the EMS systematics.	em and submitted to IDPH for approval.	
Agency includes non-transport vehicles staffed and ed dispatch of a transporting ambulance and will continue and equipped at the following levels (check all that ap	ously comply with Section 515.825(b) and	
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ F	rst Responder	
I/we agree to operate the vehicle(s) with the appropriate p following (check all that apply):	ersonnel unless authorized by the EMS sys	stem and approved by IDPH for the
Alternate responder authorization secondary respons	e vehicle	
Each vehicle used as an alternate response vehicle me	ets the equipment requirements.	
Agree to document all medical care provided and subm		in 24 hours
Attach a current staff roster.		inter a seminar of 1 To To 1 To
Have two-way ambulance-to-hospital communications	capability on a frequency determined and	assigned by IDPH.



Caterpillar EMS

Larry L Cass			
Alternate Response Provider I	Director (Print/Type Name)		
Larry L Cass	Digitally signed by Larry L Cass Date: 2023.10.25 12:47:34 -05'00'	25OCT23	
Alternate Response Provider I	Director Signature	Date	
JAMES H	ANT		
EMS Medical Director Print/			
		11/2/2023	
EMS Medical Director Signatu	re	11/2/2023 Date	



Resource Hospital Name Decatur M	emorial Hospita	al		
Mailing Address 2300 N Edward Str	eet			
City Decatur			State Illinois	ZIP Code 62526
Alternate Response Provider Name	Sunstates Emer	rgency Services		
Provider Number		EMS System Name	Decatur Memorial EM	IS 0653
Emergency Contact Name and Title	Scott Ballew -B	attalion Chief		
Cell Phone 919-987-1412	Email	Address ballew_scott@	cat.com	
This letter shall serve as a commitme	ent by Sunstate	s Emergency Services as	a participating EMS Pro	ovider in Decatur Memorial EMS 0653.
As outlined in 77 III Adm. Code 515.8 Check all that apply:				
	rrival of the am	bulance and will continu	ously comply with Sec	neously with an ambulance and assist tion 515.820(a) and 825 (c). These
☐ ALS ☐ ILS ☐ AEI • Ambulance assistance vehicle	_	First Responder	staff and equipment re	quired by this Section are not available.
☐ In-field upgrade has been auth	orized by the Ef	MS system and submitte	d to IDPH for approval.	ĸ
Agency includes non-transport dispatch of a transporting amb and equipped at the following	ulance and will	continuously comply wi	per day, 365 days of the th Section 515.825(b) a	he year, and dispatched prior to and 825(c). These vehicle(s) are staffed
ALS ILS AE	MT 🛭 BLS	First Responder		
I/we agree to operate the vehicle(s) following (check all that apply):	with the approp	priate personnel unless a	authorized by the EMS	system and approved by IDPH for the
Alternate responder authorizat	ion			
Alternate responder authorizat	ion secondary r	response vehicle		
 Each vehicle used as an alternat 			•	
 Agree to document all medical c Attach a current staff roster. 	are provided ar	nd submit documentatio	n to the EMS system w	ithin 24 hours

· Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.



Sunstates Emergency Services

David Kleiman			
Alternate Response Provider Di	rector (Print/Type Name)		
David Kleiman	Digitally signed by David Kleiman Date: 2023.10.23 14:13:52 -04'00'	10/23/2023	
Alternate Response Provider Di	rector Signature	Date	
JAMES HAR			
EMS Medical Director (Print/Ty	pe Name)		
EMS Medical Director Signature		11/2/2023 Date	



Resource Hospital Name Decatur Memorial Hospital
Mailing Address 2300 N. Edward St.
City Decatur State IL ZIP Code 62526
Alternate Response Provider Name Decatur Fire Dept.
Provider Number 06-6415 EMS System Name Decatur Memorial EMS 0653
Emergency Contact Name and Title Dan Kline, Deputy Chief
Cell Phone 217.521.2593 Email Address DKline@decaturil.gov
This letter shall serve as a commitment by Decatur Fire Dept. as a participating EMS Provider in Decatur Memorial EMS 0653.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply:
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
ALS ILS AEMT BLS First Responder
* Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available.
☐ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply):
Alternate responder authorization
Alternate responder authorization secondary response vehicle
 Each vehicle used as an alternate response vehicle meets the equipment requirements.
 Agree to document all medical care provided and submit documentation to the EMS system within 24 hours Attach a current staff roster.

Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

• Comply with the resource hospital's communication plan.

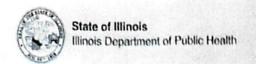


Emergency Medical Services (EMS) Systems

Alternate Response Provider Letter of Commitment

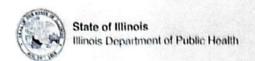
Decatur Fire Dept.

Dan Kline		
Alternate Response Provider Director (Print/Type Name)		
Lan Kline	11/03/2023	
Alternate Response Provider Director Signature	Date	
JAMES HANT		
EMS Medical Director (Print/Type Name)		
EMS Medical Director Signature	11/3/2023 Date	



· Comply with the resource hospital's communication plan.

Resource Hospital Name Decatur Memorial Hospital
Mailing Address 2300 N. Edward Street
City Decatur State TLLinois ZIP Code 62526
Alternate Response Provider Name
Provider Number EMS System Name Decatur Memorial EMS 0653
Emergency Contact Name and Title Duskin Thomas FF/GMT
Cell Phone (217) 848-4279 Email Address durfindeun 1207 @ 40 400 com
This letter shall serve as a commitment by as a participating EMS Provider in .
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following:
Check all that apply:
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). The se vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder
* Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available
☐ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply):
☑ Alternate responder authorization
Alternate responder authorization secondary response vehicle
Each vehicle used as an alternate response vehicle meets the equipment requirements.
Agree to document all medical care provided and submit documentation to the EMS system within 24 hours
Attach a current staff roster.
Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.



Alternate Response Provider Director (Print/Type Name)	
Alternate Response Provider Director Signature	11-3-23 Date
TAMES HALT EMS Medical Director (Print/Type Name)	
EMS Medical Dector Signature	11/6/2023



· Comply with the resource hospital's communication plan.

Resource Hospital Name Findlay Fire Protection District Ambulance				
Mailing Address PO Box 169				
City Findlay State IL. ZIP Code 62534				
Alternate Response Provider Name				
Provider Number 06 6750 EMS System Name Decatur Memorial EMS 0653				
Emergency Contact Name and Title Shawne Martz EMS Coordinator				
Cell Phone 217-264-2969 Email Address Findlayems@gmail.com				
This letter shall serve as a commitment by as a participating EMS Provider in Decatur Memorial Hospital Region 6.				
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following:				
Check all that apply:				
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
☐ ALS ☐ ILS ☐ AEMT ⊗BLS ⊗ First Responder				
* Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available.				
◯ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.				
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
ALS ILS AEMT BLS First Responder				
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply):				
Alternate responder authorization				
Alternate responder authorization secondary response vehicle				
 Each vehicle used as an alternate response vehicle meets the equipment requirements. 				
 Agree to document all medical care provided and submit documentation to the EMS system within 24 hours 				
Attach a current staff roster.				
 Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH. 				



Shawne E. Martz	
Alternate Response Provider Director (Print/Type Name)	
Dinners & Marty	11/1/2023
Alternate Response Provider Director Signature	Date
JAMES HART	
EMS Medical Director (Print/Type Name)	
J/W	11/2/2023
EMS Medical Director Signature	Date



· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems

Alternate Response Provider Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital			
Mailing Address 2300 N Edward Street			
City Decatur State I	Illinois ZIP Code 62526		
Alternate Response Provider Name GANDAWORLD - PRIMIENT	DECATOR IL		
Provider Number EMS System Name Decatu	r Memorial EMS 0653		
Emergency Contact Name and Title Peggy Sims			
Cell Phone 217-454-0320 Email Address peggy.sims@primient.c	com		
This letter shall serve as a commitment by as a participating EMS Provider in Decate	ur Memorial EMS 0653.		
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we com Check all that apply:	nmit to the following:		
Agency includes ambulance assist vehicles, which are dispatched only as need with patient care prior to the arrival of the ambulance and will continuously of vehicle(s) are staffed and equipped at the following levels (check all that apply	comply with Section 515.820(a) and 825 (c). These		
ALS ILS AEMT BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available.			
☐ In-field upgrade has been authorized by the EMS system and submitted to IDF	PH for approval.		
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):			
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ First Responder			
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorize following (check all that apply):	eed by the EMS system and approved by IDPH for the		
□ Alternate responder authorization			
Alternate responder authorization secondary response vehicle	•		
 Each vehicle used as an alternate response vehicle meets the equipment requi Agree to document all medical care provided and submit documentation to the 			
 Agree to document all medical care provided and submit documentation to the Attach a current staff roster. 	E ENIS SYSTEM WITHIN 24 HOURS		
Have two-way ambulance-to-hospital communications capability on a frequency	cy determined and assigned by IDPH.		



Peggy Sims		
Alternate Response Provider Director (Print/Type Name)		
$()$ \checkmark		
(Jeggy X Vino	10/13/23	
Alternate Response Provider Director Signature	Date	
3-4		
JAMES HART		
EMS Medical Director (Print/Type Name)		
11/2	- m	
	11/2/2023	
EMS Medical Director Signature	Date	



• Comply with the resource hospital's communication plan.

Resource Hospita	al Name De	catur Memor	riai Hospita	II .		
Mailing Address	2300 N Ed	ward St				
City Decatur					State IL	ZIP Code 62526
Alternate Respon	nse Provide	r Name <u>Harri</u>	stown Fire	Protection District		
Provider Numbe	r 6432NT			EMS System Name	Decatur Memorial	EMS System
Emergency Cont	act Name a	nd Title Tyler	Trump	<u>Lincolner anno an aire anno an aire ann an aire a</u>		
Cell Phone 217-	622-3683		Email	Address trump@harris	townfpd.org	
This letter shall s System.	erve as a co	ommitment b	y Harristov	vn Fire Protection Distri	ict as a participating	EMS Provider in Decatur Memorial EMS
As outlined in 77	III Adm. Co	de 515.825 o	f the EMS	Rules and Regulations, I	/we commit to the f	following:
Check all that ap	ply:					
with patier	t care prior	to the arriva	of the am		uously comply with	ultaneously with an ambulance and assist Section 515.820(a) and 825 (c). These
☐ ALS	☐ ILS	☐ AEMT	BLS			
* Ambulan	ce assistano	e vehicles sho	all not func	tion as assist vehicles if	staff and equipmen	t required by this Section are not available.
In-field up	grade has be	een authorize	d by the El	MS system and submitte	ed to IDPH for appro	val.
dispatch of	a transport		ce and will	continuously comply w		of the year, and dispatched prior to b) and 825(c). These vehicle(s) are staffed
☐ ALS	☐ ILS	☐ AEMT	BLS	First Responder		
I/we agree to op following (check	all that app	ly):	the approp	priate personnel unless	authorized by the E	MS system and approved by IDPH for the
☐ Alternate r	esponder a	uthorization s	econdary i	response vehicle		
Fach vehicle	e used as ar	alternate re	snonse veh	icle meets the equipme	ent requirements	
				nd submit documentation		n within 24 hours
Attach a cur						
Have two-w	ay ambulan	ce-to-hospita	l communi	cations capability on a	frequency determine	ed and assigned by IDPH.



Harristown Fire Protection District

Tyler Trump		
Alternate Response Provider Director (Print/Type Name)		
14/10	11/3/2023	
Alternate Response Provider Director Signature	Date	
James Hart		
EMS Medical Director (Pmt/Type Name)		
EMS Medical Director Signature	11/3/2023 Date	



· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems

Alternate Response Provider Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital		
Mailing Address 2300 N. Edward St.		
City Decatur	State IL	ZIP Code 62526
Alternate Response Provider Name Hickory Point Fire Protection District		
Provider Number 6424 EMS System Name	Decatur Memorial EMS 0653	
Emergency Contact Name and Title Josh Trendler - Fire Chief		
Cell Phone 217-433-4897 Email Address station@hpfpd	.org	
This letter shall serve as a commitment by Hickory Point Fire Protection Dist 0653.	rict as a participating EMS Provid	er in Decatur Memorial EMS
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/Check all that apply:	we commit to the following:	
Agency includes ambulance assist vehicles, which are dispatched only with patient care prior to the arrival of the ambulance and will continu vehicle(s) are staffed and equipped at the following levels (check all the	ously comply with Section 515.82	th an ambulance and assist 20(a) and 825 (c). These
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if s	toff and aguinment required but	hi- Ci
☐ In-field upgrade has been authorized by the EMS system and submitter		nis section are not available.
Agency includes non-transport vehicles staffed and equipped 24 hours dispatch of a transporting ambulance and will continuously comply wit and equipped at the following levels (check all that apply):	per day, 365 days of the year, an	d dispatched prior to These vehicle(s) are staffed
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder		
I/we agree to operate the vehicle(s) with the appropriate personnel unless a following (check all that apply):	uthorized by the EMS system and	d approved by IDPH for the
Alternate responder authorization secondary response vehicle		
• Each vehicle used as an alternate response vehicle meets the equipmen	t requirements.	
 Agree to document all medical care provided and submit documentation 	to the EMS system within 24 ho	urs
Attach a current staff roster.		
 Have two-way ambulance-to-hospital communications capability on a fr 	equency determined and assigne	d by IDPH.



Hickory Point Fire Protection District

Josh Trendler			
Alternate Response Provider D	irector (Print/Type Name)		
Josh Trendler	Digitally signed by Josh Trendler Date: 2023.11.01 21:07:36 -05'00'	11/1/2023	
Alternate Response Provider D	irector Signature	Date	
JAMES HANT	-		
EMS Medical Director (Print/Ty			
()h		11/2/2023	
EMS Medical Director Signatur	e	Date	



· Comply with the resource hospital's communication plan.

Alternate Response Provider Name Long Creek Fire Protection District Provider Number 060474NT EMS System Name Decatur Memorial EMS 0653 Emergency Contact Name and Title Stephen R. Webb Fire Chief Cell Phone 217-620-0546 Email Address Chiefsrwebb@gmail.com This letter shall serve as a commitment by Long Creek Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653. As outlined in 77 Ill Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS AEMT BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if stoff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ALS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the	Resource Hospital Name Decatur Memorial Ho	ospital	
Alternate Response Provider Name Long Creek Fire Protection District Provider Number 060474NT EMS System Name Decatur Memorial EMS 0653 Emergency Contact Name and Title Stephen R. Webb Fire Chief Cell Phone 217-620-0546 Email Address Chiefsrwebb@gmail.com This letter shall serve as a commitment by Long Creek Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653. As outlined in 77 Ill Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ALS AEMT BLS AFIRST Responder * Ambulance assistance vehicles shall not function as assist vehicles if stoff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ALS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization secondary response vehicle	Mailing Address 2300 N. Edward St.		
EMS System Name Decatur Memorial EMS 0653 Emergency Contact Name and Title Stephen R. Webb Fire Chief Cell Phone 217-620-0546	City Decatur	State IL	ZIP Code 62526
Emergency Contact Name and Title Stephen R. Webb Fire Chief Cell Phone 217-620-0546	Alternate Response Provider Name Long Creek	k Fire Protection District	
Cell Phone 217-620-0546 Email Address Chiefsrwebb@gmail.com This letter shall serve as a commitment by Long Creek Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653. As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS SILS AEMT BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ILS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization secondary response vehicle	Provider Number 060474NT	EMS System Name Decatur Memor	ial EMS 0653
This letter shall serve as a commitment by Long Creek Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653. As outlined in 77 Ill Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ALS AEMT BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ALS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization	Emergency Contact Name and Title Stephen R	. Webb Fire Chief	
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ILS AEMT BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ILS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization	Cell Phone 217-620-0546 E	mail Address Chiefsrwebb@gmail.com	
Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ILS AEMT BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ALS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization Alternate responder authorization secondary response vehicle		g Creek Fire Protection District as a participatin	ng EMS Provider in Decatur Memorial EMS
 Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):	As outlined in 77 Ill Adm. Code 515.825 of the	EMS Rules and Regulations, I/we commit to th	e following:
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* Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ALS ILS AEMT BLS First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization Alternate responder authorization secondary response vehicle	with patient care prior to the arrival of th	e ambulance and will continuously comply wit	
 ☑ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. ☑ Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ☑ ALS ☑ ILS ☑ AEMT ☑ BLS ☑ First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): ☑ Alternate responder authorization ☑ Alternate responder authorization secondary response vehicle 	ALS	BLS Sirst Responder	
 ✓ Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ✓ ALS ✓ ILS ✓ AEMT ✓ BLS ✓ First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): ✓ Alternate responder authorization ✓ Alternate responder authorization secondary response vehicle 	* Ambulance assistance vehicles shall not	function as assist vehicles if staff and equipme	ent required by this Section are not available.
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I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization Alternate responder authorization secondary response vehicle	dispatch of a transporting ambulance and	d will continuously comply with Section 515.82	
following (check all that apply): Alternate responder authorization Alternate responder authorization secondary response vehicle	🛛 ALS 🖂 ILS 🖾 AEMT 🖂	BLS 🔀 First Responder	
	following (check all that apply):	ppropriate personnel unless authorized by the	EMS system and approved by IDPH for the
		dary response vehicle	
• Each vehicle used as an alternate response vehicle meets the equipment requirements.		85 10	
			Annual Albania
 Agree to document all medical care provided and submit documentation to the EMS system within 24 hours Attach a current staff roster. 	L. ACCUPATION INC. DA. SOCIAL CONTROL MODERNICA DI INC.	ed and submit documentation to the EMS syst	lem within 24 hours
 Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH. 		munications canability on a frequency determ	ined and assigned by IDDH



Long Creek Fire Protection District

Stedien K. Webb	
Alternate Response Provider Director (Print/Type Name)	
& Clied	10-31-2023
Alternate Response Provider Director Signature	Date
JAMES HALT	
EMS Medical Director (Print/Type Name)	



Resource Hospital Name Decatur Mem	orial Hospital		
Mailing Address 2300 N Edward St			
City Decatur		State IL	ZIP Code 62526
Alternate Response Provider Name Lov	ington Fire Protection District		
Provider Number 6435NT	EMS System Name	Decatur Memorial	EMS
Emergency Contact Name and Title Dor	n Humphrey, FF/Trustee		
Cell Phone 217-855-5265	Email Address dlhumphrey11	1@gmail.com	
This letter shall serve as a commitment	by Lovington Fire Protection District	as a participating (EMS Provider in Decatur Memorial EMS.
As outlined in 77 III Adm. Code 515.825 Check all that apply:	of the EMS Rules and Regulations, I,	/we commit to the f	following:
with patient care prior to the arriv	vehicles, which are dispatched only al of the ambulance and will continu d at the following levels (check all th	ously comply with	ultaneously with an ambulance and assist Section 515.820(a) and 825 (c). These
ALS ILS AEMT			
			t required by this Section are not available.
	ed by the EMS system and submitte		
 Agency includes non-transport veh dispatch of a transporting ambular and equipped at the following level 	nicles staffed and equipped 24 hours nce and will continuously comply wi els (check all that apply):	per day, 365 days of th Section 515.825(of the year, and dispatched prior to b) and 825(c). These vehicle(s) are staffed
ALS ILS AEMT	BLS First Responder		
I/we agree to operate the vehicle(s) wit following (check all that apply): Alternate responder authorization		authorized by the Ef	MS system and approved by IDPH for the
Alternate responder authorization	secondary response vehicle		
Each vehicle used as an alternate re Agree to document all medical care Attach a surrent staff source.			m within 24 hours

• Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.

Page 1 of 3 IOCI 24-28 4BC



Lovington Fire Protection District

ovington Fire Prot, Dist.
7/22/25 Date
-1/24/25



Emergency Medical Services (EMS) Systems

Alternate Response Provider Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital		
Mailing Address 2300 N Edward Street		
City Decatur	State IL	ZIP Code 62526
Alternate Response Provider Name Maroa Countryside Fire Protection Dis-	trict	
Provider Number 062464NT EMS System Name	Decatur Memorial EMS 0653	
Emergency Contact Name and Title Jamie Zombro - Chief		
Cell Phone (217)520-4346 Email Address zombroj@yah	oo.com	
This letter shall serve as a commitment by Maroa Countryside Fire Protecti Memorial EMS 0653,	on District as a participating EMS	Provider in Decatur
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations,	I/we commit to the following:	
Check all that apply:		
Agency includes ambulance assist vehicles, which are dispatched only with patient care prior to the arrival of the ambulance and will contin vehicle(s) are staffed and equipped at the following levels (check all to	uously comply with Section 515.8	
ALS ILS AEMT BLS First Responder		
* Ambulance assistance vehicles shall not function as assist vehicles if	staff and equipment required by	this Section are not available.
☐ In-field upgrade has been authorized by the EMS system and submitte	ed to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped 24 hour dispatch of a transporting ambulance and will continuously comply w and equipped at the following levels (check all that apply):		
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder		
I/we agree to operate the vehicle(s) with the appropriate personnel unless following (check all that apply): Alternate responder authorization	authorized by the EMS system ar	nd approved by IDPH for the
Alternate responder authorization secondary response vehicle		
Each vehicle used as an alternate response vehicle meets the equipment	M versees const. to be	
 Agree to document all medical care provided and submit documentation 	on to the EMS system within 24 h	ours

• Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.



Emergency Medical Services (EMS) Systems

Alternate Response Provider Letter of Commitment

Maroa Countryside Fire Protection District

Jamie Zombro	
Alternate Response Provider Director (Print/Type Name)	10/19/2023
Alternate Response Provider Director Signature	Date
JAMES HANT	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Agnature	11/2/2023 Date



Resource Hospital Name Decatur Memorial Hospital		
Mailing Address 2300 N Edward St		
City Decatur	State IL	ZIP Code 62526
Alternate Response Provider Name Mission Care of Illinois IIc, dba Abbott E	MS	
Provider Number 4879/5879 EMS System Name	Decatur Memorial EMS	0653
Emergency Contact Name and Title Brian Gerth	· · · · · · · · · · · · · · · · · · ·	
Cell Phone 618-219-5418 Email Address brian.gerth@gr	nr.net	*
This letter shall serve as a commitment by Mission Care of Illinois Ilc, dba Ab Memorial EMS 0653.	bott EMS as a participat	ing EMS Provider in Decatur
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/	we commit to the follow	ving:
Check all that apply:		
Agency includes ambulance assist vehicles, which are dispatched only with patient care prior to the arrival of the ambulance and will continu vehicle(s) are staffed and equipped at the following levels (check all the	ously comply with Section	
	taff and equipment requ	uired by this Section are not available.
☐ In-field upgrade has been authorized by the EMS system and submitte	d to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped 24 hours dispatch of a transporting ambulance and will continuously comply with and equipped at the following levels (check all that apply):		
I/we agree to operate the vehicle(s) with the appropriate personnel unless a following (check all that apply): Alternate responder authorization	uthorized by the EMS sy	stem and approved by IDPH for the
Alternate responder authorization secondary response vehicle		
Each vehicle used as an alternate response vehicle meets the equipment	nt requirements.	
 Agree to document all medical care provided and submit documentatio Attach a current staff roster. 	n to the EMS system wit	hin 24 hours

• Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.



Mission Care of Illinois Ilc, dba Abbott EMS

Brian Gerth			
Alternate Response Provider	Director (Print/Type Name)		
Brian Gerth	Digitally signed by Brian Gerth Date: 2023.10.25 11:49:03 -05'00'	10/25/2023	
Alternate Response Provider	Director Signature	Date	
EMS Medical Director (Print/	Type Name)		
EMS Medical Director Signatu	rre	Date	



· Attach a current staff roster.

· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems Alternate Response Provider Letter of Commitment

Resource Hospital Name Decatur Memor	ial Hospital		
Mailing Address 2300 N Edward St			
City Decatur		State Illinois	ZIP Code <u>62526</u>
Alternate Response Provider Name Mow	eaqua Community Fire Protection	District	
Provider Number 066794NT	EMS System Name	Decatur Memorial EMS 0	653
Emergency Contact Name and Title Rami	ro Estrada, Chief		
Cell Phone 217-859-1406	Email Address moweaquafire	@gmail.com	
This letter shall serve as a commitment by Memorial EMS 0653.	Moweaqua Community Fire Prot	ection District as a particip	ating EMS Provider in Decatur
As outlined in 77 III Adm. Code 515.825 of	the EMS Rules and Regulations, I,	we commit to the following	ng:
Check all that apply:			
Agency includes ambulance assist ve with patient care prior to the arrival vehicle(s) are staffed and equipped a	of the ambulance and will continu	ously comply with Section	
☐ ALS ☐ ILS ☐ AEMT	☐ BLS ☐ First Responder		
* Ambulance assistance vehicles sha	Il not function as assist vehicles if :	staff and equipment requir	ed by this Section are not available.
☐ In-field upgrade has been authorized	d by the EMS system and submitte	d to IDPH for approval.	
Agency includes non-transport vehice dispatch of a transporting ambulance and equipped at the following levels	e and will continuously comply wi		
ALS ILS AEMT	☐ BLS ☐ First Responder		
I/we agree to operate the vehicle(s) with following (check all that apply):	the appropriate personnel unless a	iuthorized by the EMS syst	em and approved by IDPH for the
Alternate responder authorization			
	econdary response vehicle		
Each vehicle used as an alternate res	ponse vehicle meets the equipme	nt requirements.	

· Agree to document all medical care provided and submit documentation to the EMS system within 24 hours

· Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.



Moweaqua Community Fire Protection District

John Kaufman			
Alternate Response Provider	Director (Print/Type Name)		
J. Kaufman	Digitally signed by J. Kaufman Date: 2023.10.31 11:09:46 -05'00'	10/31/2023	
Alternate Response Provider	Director Signature	Date	
JAME	S HART		
EMS Medical Director (Pript)	Type Name)		
EMS Medical Director Agnatu	/h	11/2/2023 Date	



Resource Hospital Name Decatur Memorial	Hospital				
Mailing Address 2300 N Edward St					-
City Decatur			State IL		ZIP Code 62526
Alternate Response Provider Name	- Aswers	Fire	PROTECTION	DISTANT	
Provider Number	E	MS System	Name Decatur Me	emorial 0653	
Emergency Contact Name and Title Phil H	Hanfland				
Cell Phone 217-836-7773	Email Addre	ss phanfla	and@mchsi.com		
This letter shall serve as a commitment by	Mt. Auburn Fire	e Protectio	n District as a part	ticipating EMS Pro	vider in Decatur Memorial 0653.
As outlined in 77 III Adm. Code 515.825 of Check all that apply:				2000-2000-2000-200-200-200-200-200-200-	
Agency includes ambulance assist ve with patient care prior to the arrival vehicle(s) are staffed and equipped a	of the ambulant at the following	ce and will levels (che	continuously comp ck all that apply):	and simultaneousl ply with Section 5:	y with an ambulance and assist 15.820(a) and 825 (c). These
* Ambulance assistance vehicles shall				uipment required	by this Section are not available.
📈 In-field upgrade has been authorized	by the EMS sys	tem and su	bmitted to IDPH fo	or approval.	
Agency includes non-transport vehic dispatch of a transporting ambulance and equipped at the following levels	e and will contin	uously con			
_ ALS _ ILS _ AEMT	BLS	First Respo	nder		
I/we agree to operate the vehicle(s) with to following (check all that apply):	he appropriate i	personnel (unless authorized t	by the EMS system	and approved by IDPH for the
Alternate responder authorization					
Alternate responder authorization se	condary respon	se vehicle			
Each vehicle used as an alternate resp.	onse vehicle m	eets the eq	uipment requirem	ents.	
Agree to document all medical care pr	ovided and sub	mit docum	entation to the EM	15 system within 2	4 hours
 Attach a current staff roster. 					

· Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

• Comply with the resource hospital s communication plan.



Philip Hanfland	
Alternate Response Provide Director (Print/Type Name) Alternate Response Provider Director Signature	10 - 19 - 23 Date
EMS Medical Director (Print/Type Name)	
FMS Medical Director Signature	11/2/2023 Date



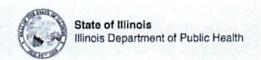
· Comply with the resource hospital's communication plan.

Resource Hospital Name Decatur Memorial Hospital
Mailing Address 2300 N Edward Street
City Decatur State IL ZIP Code 62526
Alternate Response Provider Name Mt. Zion Fire Protection District
Provider Number 066441NT EMS System Name Decatur Memorial EMS 0653
Emergency Contact Name and Title Adam Havener Battalion Chief
Cell Phone 217.864.2081 Email Address Ahavener@mtzionfire.com
This letter shall serve as a commitment by Mt. Zion Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply:
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available
☐ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization
☐ Alternate responder authorization secondary response vehicle
 Each vehicle used as an alternate response vehicle meets the equipment requirements. Agree to document all medical care provided and submit documentation to the EMS system within 24 hours Attach a current staff roster. Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.



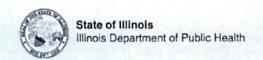
Mt. Zion Fire Protection District

Adam Havener			
Alternate Response Provider Dir	ector (Print/Type Name)		
Adam Havener	Digitally signed by Adam Havener Date: 2023.10.27 11:52:18 -05'00'	10/27/2023	
Alternate Response Provider Dir	ector Signature	Date	
JAMES	HART		
EMS Medical Director (Plint Dyp	e Name)		
	c Name)		



Comply with the resource hospital's communication plan.

Resource Hospital Name Decatur Memorial Hospital		The state of the s
Mailing Address 2300 N Edward Street		
City Decatur	State Illinois	ZIP Code 62526
Alternate Response Provider Name Niantic Fire Prot Dist		
Provider Number 06 3143NT EMS System	Name Decatur Memorial Ems 0653	
Emergency Contact Name and Title Collin Hiser Fire Chief		
Cell Phone 217- 358-4478 Email Address niant	icfirechief@gmail.com	
This letter shall serve as a commitment by as a participating EMS Pr	ovider in .	
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regula Check all that apply: X Agency includes ambulance assist vehicles, which are dispatch		with an ambulance and assist
with patient care prior to the arrival of the ambulance and will vehicle(s) are staffed and equipped at the following levels (che	continuously comply with Section 515.	
☐ ALS ☐ ILS ☐ AEMT 💢 BLS ☐ First Respo	onder	
* Ambulance assistance vehicles shall not function as assist veh	icles if staff and equipment required by	this Section are not available.
In-field upgrade has been authorized by the EMS system and s	ubmitted to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped dispatch of a transporting ambulance and will continuously coand equipped at the following levels (check all that apply):		
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Resp	onder	
I/we agree to operate the vehicle(s) with the appropriate personnel following (check all that apply):	unless authorized by the EMS system a	nd approved by IDPH for the
☐ Alternate responder authorization secondary response vehicle		
Each vehicle used as an alternate response vehicle meets the e	quipment requirements.	
 Agree to document all medical care provided and submit document 	entation to the EMS system within 24 h	nours
Attach a current staff roster.		
 Have two-way ambulance-to-hospital communications canabilit 	y on a frequency determined and assign	ned by IDPH



Alternate Response Provider Director (Print/Type Name)		
Callún Maria Alternate Response Provider Director Signature	10/11/23 Date	
EMS Medical Director (Frint/Type Name) EMS Medical Director Signature	11/2/2023 Date	



· Attach a current staff roster.

· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems Alternate Response Provider Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital				
Mailing Address 2300 N. Edward Street				
City Decatur	State _	IL	ZIP Code	62526
Alternate Response Provider Name South Macon Fire Department				
Provider Number 6459NT EMS System Nam	е	Decatur Memorial EMS (0653	
Emergency Contact Name and Title Edward L. Aukamp				
Cell Phone 217-454-0936 Email Addressed.aukamp@g	mail.com			
This letter shall serve as a commitment by as a participating EMS Provider	in.			
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist				
with patient care prior to the arrival of the ambulance and will conti vehicle(s) are staffed and equipped at the following levels (check all	nuously co	omply with Section 515.8	320(a) and 82	5 (c). These
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☒ First Responder * Ambulance assistance vehicles shall not function as assist vehicles i	f staff and	equipment required by	this Section a	re not available.
☑ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.				
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder				
I/we agree to operate the vehicle(s) with the appropriate personnel unles following (check all that apply): Alternate responder authorization	s authoriz	ed by the EMS system ar	nd approved b	y IDPH for the
☐ Alternate responder authorization secondary response vehicle				
 Each vehicle used as an alternate response vehicle meets the equipm Agree to document all medical care provided and submit documentat 			ours	

Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.



Edward L. Aukamp	
Alternate Response Provider Director (Print/Type Name)	
Edward L aukang	11/13/2023
Alternate Response Provider Director Signature	Date
JAMES HART	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	11/17/2023 Date



Comply with the resource hospital's communication plan.

Resource Hospital Name Decatur Memorial Hospital				
Mailing Address 2300 N Edward				
City Decatur State IL ZIP Code 62526				
Alternate Response Provider Name SOUTH WHEATLAND FIRE PROTECTION DISTRICT				
Provider Number 6460 NT EMS System Name Decatur Memorial Hospital				
Emergency Contact Name and Title Tom Williams, Fize CHIEF				
Cell Phone (217)-280-0880 Email Address Southwheatland 511 (Comcast, net				
This letter shall serve as a commitment by as a participating EMS Provider in Decatur Memorial Hospital.				
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following:				
Check all that apply:				
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☒ First Responder				
* Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available				
In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.				
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
ALS ILS AEMT BLS First Responder				
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply):				
Alternate responder authorization secondary response vehicle				
 Each vehicle used as an alternate response vehicle meets the equipment requirements. 				
 Agree to document all medical care provided and submit documentation to the EMS system within 24 hours 				
Attach a current staff roster.				
 Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH. 				



Thomas A Williams	
Alternate Response Provider Director (Print/Type Name)	
Thomas A Williams, Fire Chief Date: 2023.10.30 10:27:44 -05'00'	10/30/2023
Alternate Response Provider Director Signature	Date
JAMES HAM	
EMS Medical Director (Print/Type Name)	.1/21.
EMS Medical Director Signature	11/2/2023
	Oute



Emergency Medical Services (EMS) Systems

Alternate Response Provider Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital				
Mailing Address 2300 N Edward St				
City Decatur	State IL	ZIP Code <u>62526</u>		
Alternate Response Provider Name Warrensburg Fire Protection District				
Provider Number 6466NT EMS System Name	Decatur Memorial EMS			
Emergency Contact Name and Title Keith Hackl, Fire Chief				
Cell Phone 217-519-1796 Email Address hacklk611@gm	ail.com			
This letter shall serve as a commitment by Warrensburg Fire Protection Dist	rict as a participating EMS Provid	er in Decatur Memorial EMS.		
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/Check all that apply:	en e	ith as as hulans and as is		
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☒ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if s	taff and equipment required by t	his Section are not available.		
☐ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.				
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
ALS ILS AEMT BLS First Responder				
I/we agree to operate the vehicle(s) with the appropriate personnel unless a following (check all that apply): Alternate responder authorization	uthorized by the EMS system and	d approved by IDPH for the		
Alternate responder authorization secondary response vehicle				
 Each vehicle used as an alternate response vehicle meets the equipmer Agree to document all medical care provided and submit documentation Attach a current staff roster. 		ours		

• Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

• Comply with the resource hospital's communication plan.

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Warrensburg Fire Protection District

Keith Hackl	
Alternate Response Provider Director (Print/Type Name)	
/2011/1/	11/2/2023
Alternate Response Provider Director Signature	Date
2	
JAMES HANT	
EMS Medical Director (Print/Type Name)	
4	11/2/2023
EMS Medical Direct of Signature	Date