



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 Argenta-Oreana Fire Protection District

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@gmail.com

This letter shall serve as a commitment by Argenta-Oreana Fire Protection District as a participating EMS Provider in Decatur Memorial EMS.

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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

Argenta-Oreana Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Kurt Michener

Alternate Response Provider Director (Print/Type Name)

Kurt Michener

Alternate Response Provider Director Signature

11/7/2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

JH

EMS Medical Director Signature

11/7/2023

Date



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 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 lanamonkey87@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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 ☐ 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**

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Brett Stock

Alternate Response Provider Director (Print/Type Name)

Brett Stock

Alternate Response Provider Director Signature

10/31/23

Date

JAMES HART

EMS Medical Director (Print/Type Name)

JH

EMS Medical Director Signature

11/2/2023

Date



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 Illinois ZIP Code 62526

Alternate Response Provider Name Caterpillar EMS

Provider Number _____ EMS System Name Decatur Memorial EMS 0653

Emergency Contact Name and Title Larry Cass - Coordinator

Cell Phone 217-871-6569 Email Address cass_larry@cat.com

This letter shall serve as a commitment by Caterpillar EMS 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 ☐ 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**

Caterpillar EMS

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Larry L Cass

Alternate Response Provider 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 Director Signature

Date

JAMES HART

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/2/2023

Date



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 Illinois

ZIP Code 62526

Alternate Response Provider Name Sunstates Emergency Services

Provider Number _____ EMS System Name Decatur Memorial EMS 0653

Emergency Contact Name and Title Scott Ballew -Battalion Chief

Cell Phone 919-987-1412

Email Address ballew_scott@cat.com

This letter shall serve as a commitment by Sunstates Emergency Services 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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

Sunstates Emergency Services

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

David Kleiman

Alternate Response Provider Director (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 Director Signature

Date

JAMES HART

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/2/2023

Date



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 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 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 ☐ 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.

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Dan Kline

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

11/03/2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/3/2023

Date



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 ILLINOIS ZIP Code 62526
Alternate Response Provider Name _____
Provider Number _____ EMS System Name Decatur Memorial EMS 0653
Emergency Contact Name and Title Dustin Thomas FF/EMT
Cell Phone (217) 848-4279 Email Address dustindcun1207@yahoo.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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). 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.
- Comply with the resource hospital's communication plan.



State of Illinois
Illinois Department of Public Health

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

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Dustin Thomas FF/EMT
Alternate Response Provider Director (Print/Type Name)

[Signature]
Alternate Response Provider Director Signature

11-7-23
Date

JAMES HART
EMS Medical Director (Print/Type Name)

[Signature]
EMS Medical Director Signature

11/6/2023
Date



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

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 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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Shawne E. Martz

Alternate Response Provider Director (Print/Type Name)

Shawne E. Martz

Alternate Response Provider Director Signature

11/1/2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

JH

EMS Medical Director Signature

11/2/2023

Date



State of Illinois
Illinois Department of Public Health

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 Illinois ZIP Code 62526
Alternate Response Provider Name GAUDAWORLD - PRIMIENT DECATUR IL
Provider Number _____ EMS System Name Decatur Memorial EMS 0653
Emergency Contact Name and Title Peggy Sims
Cell Phone 217-454-0320 Email Address peggy.sims@primient.com

This letter shall serve as a commitment by 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 ☐ 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**

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Peggy Sims

Alternate Response Provider Director (Print/Type Name)

Peggy Sims

Alternate Response Provider Director Signature

10/13/23

Date

JAMES HANT

EMS Medical Director (Print/Type Name)

JH

EMS Medical Director Signature

11/2/2023

Date



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 Harristown Fire Protection District

Provider Number 6432NT EMS System Name Decatur Memorial EMS System

Emergency Contact Name and Title Tyler Trump

Cell Phone 217-622-3683 Email Address trump@harristownfpd.org

This letter shall serve as a commitment by Harristown Fire Protection District as a participating EMS Provider in Decatur Memorial EMS System.

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 ☐ 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**

Harristown Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Tyler Trump

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

11/3/2023

Date

James Hart

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/3/2023

Date



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 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 ☐ 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**

Hickory Point Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Josh Trendler

Alternate Response Provider Director (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 Director Signature

Date

JAMES HART

EMS Medical Director (Print/Type Name)

[Handwritten Signature]

EMS Medical Director Signature

11/2/2023

Date



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 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 ☒ 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.



State of Illinois
Illinois Department of Public Health

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

Long Creek Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Stephen R. Webb

Alternate Response Provider Director (Print/Type Name)

[Signature]

Alternate Response Provider Director Signature

10-31-2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

11/2/2023

Date



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 Lovington Fire Protection District

Provider Number 6435NT

EMS System Name Decatur Memorial EMS

Emergency Contact Name and Title Don Humphrey, FF/Trustee

Cell Phone 217-855-5265

Email Address dlhumphrey111@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 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 ☐ 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**

Lovington Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Don Humphrey Lovington Fire Prot, Dist.
Alternate Response Provider Director (Print/Type Name)

Don Humphrey
Alternate Response Provider Director Signature

7/22/25
Date

JAMES HART
EMS Medical Director (Print/Type Name)

JH
EMS Medical Director Signature

7/24/25
Date



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 District

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@yahoo.com

This letter shall serve as a commitment by Maroa Countryside 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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

Maroa Countryside Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Jamie Zombro

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

10/19/2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/2/2023

Date



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 Mission Care of Illinois llc, dba Abbott EMS

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@gmr.net

This letter shall serve as a commitment by Mission Care of Illinois llc, dba Abbott EMS 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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

Mission Care of Illinois llc, dba Abbott EMS

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

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'

Alternate Response Provider Director Signature

10/25/2023

Date

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

Date



State of Illinois
Illinois Department of Public Health

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 Illinois

ZIP Code 62526

Alternate Response Provider Name Moweaqua Community Fire Protection District

Provider Number 066794NT

EMS System Name Decatur Memorial EMS 0653

Emergency Contact Name and Title Ramiro Estrada, Chief

Cell Phone 217-859-1406

Email Address moweaquafire@gmail.com

This letter shall serve as a commitment by Moweaqua Community 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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

Moweaqua Community Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

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'

Alternate Response Provider Director Signature

10/31/2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

[Handwritten Signature]

EMS Medical Director Signature

11/2/2023

Date



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 Mt Auburn Fire Protection District

Provider Number _____ EMS System Name Decatur Memorial 0653

Emergency Contact Name and Title Phil Hanfland

Cell Phone 217-836-7773

Email Address phanfland@mchsi.com

This letter shall serve as a commitment by Mt. Auburn Fire Protection District as a participating EMS Provider in Decatur Memorial 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 ☒ 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.



State of Illinois
Illinois Department of Public Health

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

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Philip Hanfland

Alternate Response Provider Director (Print/Type Name)

[Handwritten Signature]

Alternate Response Provider Director Signature

10-19-23

Date

JAMES HART

EMS Medical Director (Print/Type Name)

[Handwritten Signature]

EMS Medical Director Signature

11/2/2023

Date



State of Illinois
Illinois Department of Public Health

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 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 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 ☐ 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**

Mt. Zion Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Adam Havener

Alternate Response Provider Director (Print/Type Name)

Adam Havener

Digitally signed by Adam Havener
Date: 2023.10.27 11:52:18 -05'00'

Alternate Response Provider Director Signature

10/27/2023

Date

JAMES HART
EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/2/2023
Date



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 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 nianticfirechief@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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 ☐ 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**

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Collin Hiser

Alternate Response Provider Director (Print/Type Name)

Collin Hiser

Alternate Response Provider Director Signature

10/11/23

Date

JAMES HART

EMS Medical Director (Print/Type Name)

JH

EMS Medical Director Signature

11/2/2023

Date



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 Name Decatur Memorial EMS 0653
Emergency Contact Name and Title Edward L. Aukamp
Cell Phone 217-454-0936 Email Address ed.aukamp@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Edward L. Aukamp

Alternate Response Provider Director (Print/Type Name)

Edward L. Aukamp

Alternate Response Provider Director Signature

11/13/2023
Date

JAMES HART

EMS Medical Director (Print/Type Name)

JH

EMS Medical Director Signature

11/13/2023
Date



State of Illinois
Illinois Department of Public Health

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

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, FIRE CHIEF

Cell Phone (217)-280-0880 Email Address Southwheatland511@Comcast.net

This letter shall serve as a commitment by as a participating EMS Provider in Decatur Memorial Hospital.

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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Thomas A Williams

Alternate Response Provider Director (Print/Type Name)

Thomas A Williams, Fire Chief

Digitally signed by Thomas A Williams, Fire Chief
Date: 2023.10.30 10:27:44 -05'00'

Alternate Response Provider Director Signature

10/30/2023

Date

JAMES HART

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

11/2/2023

Date



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 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@gmail.com

This letter shall serve as a commitment by Warrensburg Fire Protection District as a participating EMS Provider in Decatur Memorial EMS.

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 ☐ 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.



State of Illinois
Illinois Department of Public Health

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

Warrensburg Fire Protection District

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Keith Hackl

Alternate Response Provider Director (Print/Type Name)



Alternate Response Provider Director Signature

11/2/2023
Date

JAMES HART
EMS Medical Director (Print/Type Name)



EMS Medical Director Signature

11/2/2023
Date