

**INSTRUCTIONS**  
**DHS 1139E (04/08)**  
**NURSING FACILITY ATTACHMENT**

**PURPOSE:**

Form DHS 1139E shall be used by health care facilities who provide nursing facility services. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

**INSTRUCTIONS:**

1. Print Name of Provider: Self Explanatory
2. Signature: Self Explanatory
3. Date Signed: Self Explanatory