

INSTRUCTIONS
DHS 1139F (04/08)
INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED
(ICF/MR) ATTACHMENT

PURPOSE:

Form DHS 1139F shall be used by health care facilities who provide intermediate care facility services for the mentally retarded. 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