

**INSTRUCTIONS**  
**DHS 1139H (04/08)**  
**EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT**  
**(EPSDT) SKILLED NURSING AND PERSONAL CARE PROVIDER**  
**ATTACHMENT**

**PURPOSE:**

Form DHS 1139H shall be used by licensed registered nurses and or licensed practical nurses. 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