AFRH

The Premier Retirement Community for Retired Veterans

Print Form

ARMED FORCES RETIREMENT HOME

Application for Admission

Name

Today's Date Expected Date of Entry:

PLEASE COMPLETE THE FOLLOWING STEPS

1. Confirm your eligibility.
2. Complete all forms.
3. Obtain Proof of Service.
4. Mail application to
   AFRH
   PAO/Marketing #1305
   3700 N. Capitol Street, NW
   Washington, DC 20011-8400

Gulfport, Mississippi

Washington, DC

Phone: 800-422-9988

admissions@afrh.gov

Check appropriate box for application approval

- ○ AFRH-Gulfport
- ○ AFRH-Washington
- ○ Both

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Confirm Your Eligibility

Veterans are eligible to become a resident of the AFRH if their active duty service in the military was at least 50 per cent enlisted, warrant officer, or limited duty officer and who are: ☐ YES

PLEASE CHECK ALL THAT APPLY

- Veterans with 20 or more years of active duty service and are at least 60 years old. ☐
- Veterans unable to earn a livelihood due to a service-connected disability. ☐
- Veterans unable to earn a livelihood due to *non* service-connected disability, and who served in a war theater or received hostile fire pay. ☐
- Female veterans who served prior to 1948. ☐

- Applicants must be free of drug, alcohol, and psychiatric problems, and never have been convicted of a felony.
  1. Have you ever been convicted of a felony? ☐ YES ☐ NO
  2. Do you have a drug of psychiatric problem? ☐ YES ☐ NO
- Married couples are welcome, but both must be eligible in their own right.
- At the time of admission applicants must be able to live independently Specifically, they must be able to take care of their own personal needs, attend a central dining facility for meals and keep all medical appointments. If increased health care is needed after being admitted, assisted living and long term care are available at both campuses.

Have you ever applied to A F R H - Gulfport? ☐ YES ☐ NO

Have you ever applied to A F R H - Washington? ☐ YES ☐ NO

If yes, when? _____

Have you ever lived at A F R H - Washington? ☐ YES ☐ NO

A F R H - Gulfport? ☐ YES ☐ NO

If yes, when were you discharged from A F R H ? _____

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Personal and Family Information

Full Name _____
LAST FIRST MIDDLE

Social Security # _____ Military Service # _____

Address _____

_____

Phone _____ E-Mail _____

Place of Birth _____ Date of Birth _____ Age _____

AreYou ○ Male ○ Female ○ Smoker ○ Non-smoker

○ Married ○ Single ○ Divorced ○ Separated ○ Widowed

Mother's Full Name _____ ☐ Deceased

Mother's maiden Name _____

Father's Full Name _____ ☐ Deceased

Names of Children 1 _____

YOU MAY CONTINUE ON THE REVERSE OF THIS PAGE 2 _____

Where have you lived most of your life? _____

Highest grade completed in school _____

Your profession, trade or occupation _____

List some forms of community service, if any _____

What are your hobbies? _____

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Confidential Financial Information

Do you receive:

Military Retirement Pay ◯ YES ◯ NO

VA Compensation (Disability) ◯ YES ◯ NO

Percentage _____ % VA Cllaim # _____

VA Pension ◯ YES ◯ NO Amount $ _____

Social Security Disability ◯ YES ◯ NO

Disability Condition _____

Social Security Benefits ◯ YES ◯ NO

Early Social Security (Age 62) ◯ YES ◯ NO

Civil Service Annuity ◯ YES ◯ NO CSA # _____

Other Income ◯ YES ◯ NO

Do you file a Tax Return ◯ YES ◯ NO

Do you manage your own financial affairs ◯ YES ◯ NO

If no, do you have a conservatorship or guardianship ◯ YES ◯ NO
If yes, copy required upon admission

Do you have an authorized Power of Attorney ◯ YES ◯ NO
If yes, copy required upon admission

Do you have Medicare: Part A (Send copy) ◯ YES ◯ NO

Part B (Send copy) ◯ YES ◯ NO

Do you have any other medical or supplemental insurance ◯ YES ◯ NO

If yes, please give company's name _____

Do you have TRICARE PRIME (Send copy) ◯ YES

TRICARE STANDARD (Send copy) ◯ YES ◯ NONE

TRICARE FOR LIFE ◯ YES

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Military Service Information

VERIFICATION OF SERVICE

Include one of the following with your application*

- ☐ DD 214
- ☐ NAVPERS 563
- ☐ WD AGO 53-55
- ☐ Discharge Certificate
- ☐ Military Statement of Service
- ☐ Department of Veterans Affairs Verification Form

*To obtain proof of service contact:

National Personnel Records Center, 9600 Page Blvd., St. Louis, MO 63132-5300

Date Entered Service _____

Place of Entry _____

Date of Separation _____

○ Retired

○ Discharged

Rank _____

Pay Grade _____

Last Branch of Service _____

Place of of Discharge _____

Did you serve in the following wars?

- ☐ WW I
- ☐ WW II
- ☐ KOREA
- ☐ PANAMA
- ☐ VIETNAM
- ☐ GRENADA
- ☐ DESERT STORM
- ☐ IRAQ

Were you a POW ○ YES ○ NO

Are you a Pearl Harbor Survivor? ○ YES ○ NO

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Final Certification

I certify that the information in this application is accurate and factual to the best of my knowledge. I fully understand that any willful attempts to deceive or distort the innformation in my application may result in disapproval or if discovered after approval, may be reason for discharge from the Armed Forces Retirement Home (AFRH).

APPLICANT'S SIGNATURE

DATE

Anyone (other than the applicant), who has assisted in the preparation of this application must also sign below. A second signature is necessary if applicant did not fill out the application by themselvees.

PREPARER'S SIGNATURE

RELATIONSHIIP TO APPLICANT

I hereby authorize the release of my military and medical reccords from any U.S. Government or civilian source to the AFRH.

APPLICANT'S SIGNATURE

DATE

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by Title 24, United States Code, Section 412(c). The primary purpose for the information is to determine and verify eligibility for admission to the AFRH. The information is on a voluntary basis, but failure to provide the information requested may result in denial of admission. The information provided will be used by AFRH employees and authorized representatives and may be disclosed as permitted by law outside the AFRH.

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PAO/Marketing #1305
3700 N. Capitol Street, NW
Washington, DC 20011-8400

MEMORANDUM OF ACKNOWLEDGEMENT

Thank you for submitting your application to the Armed Forces Retirement Home, the finest retirement community in the world. For AFRH to process your application, you must acknowledge your understanding that residency is contingent on your ability to live independently in our dormitory settings. The signed memorandum is required for your application to be considered, in order for it to be forwarded to the admissions board.

It is important that you understand that part of the application review includes an evaluation of your ability to live independently. We reserve the right to deny admission if you are deemed unable to do so. For this reason we strongly encourage all applicants visit the AFRH prior to admission to ensure our community fits your needs. Furthermore it is imperative that the medical examination and functional assessment forms included in the application process are filled out and that they reflect the true level of your ability to live independently.

By signing this acknowledgement, you indicate your understanding the conditional approval of your application is not the final determination of acceptance for residency at AFRH. Final approval is predicated on your ability to live independently.

Your signature below further acknowledges that upon approval and prior to move in to the AFRH a background check will be conducted on you to ensure that you have never been convicted of a felony.

Once your application is approved, we will work towards scheduling your arrival at the Home, or we will place your name on a waiting list for the Washington, DC or Gulfport, MS, facility, as you prefer.

_____ _____
Printed Name **Signature**

_____
Date of signature

If you have any questions or concerns regarding this memorandum, please contact us at: 800-422-9988 (prompt 1).