

AFRH PRE ADMISSIONS CHECKLIST

Armed Forces Retirement Home, 3700 North Capitol St. NW, PAO Box 584, Washington DC 20011
Telephone Number (202) 541 7922 Fax Number (202) 541 7519

The following items are required when submitting an application:

- AFRH APPLICATION FORM** including Medical Release Form - completed and signed by the applicant
- AFRH MEDICAL EXAMINATION FORM** with current TST test results (*tuberculosis*) - completed by Primary Care Physician
- AFRH FUNCTIONAL ASSESSMENT** completed by a licensed occupational or physical therapist
- DD-214** submit FINAL DD-214 with **TOTAL** years of service from all Military Branches (*Submit COPY – not original*)
- FOR ELIGIBLE COUPLES APPLYING:** Each person must qualify for residency either as a veteran or as a beneficiary spouse
 - Each person must submit their own **Application, Medical Exam, & Functional Assessment**
 - Beneficiary spouse: submit **Marriage Certificate** confirming they married **BEFORE** sponsor retired from active service

PROOF OF HEALTH INSURANCE : Submit a Copy of all **INSURANCE ID** cards and/or **MILITARY ID** for Tricare (*both sides*)

MEDICARE ELIGIBLE (AGE 65 & UP):

PROVIDE PROOF OF COVERAGE: **MEDICARE ID & MILITARY/INSURANCE ID**

- MEDICARE:** **PART A** AND **PART B** (MANDATORY)
- MEDICARE SUPPLEMENTAL INSURANCE** (COPY OF ID CARD)
 - Tricare (TFL / Prime) Medicare Advantage
 - 100% VA Benefits Medicare Supplement

NOT MEDICARE ELIGIBLE (UNDER 65)

PROVIDE PROOF OF COVERAGE: **MILITARY/INSURANCE ID**

- MAJOR HEALTHCARE INSURANCE** (MANDATORY)
 - Tricare (Prime / Select / Retired Reserves)
 - Private medical insurance Medicaid
 - Healthcare Marketplace (public) 100% VA Benefits

REQUIRED FINANCIAL DOCUMENTATION: Submit proof of current income for fee assessment purposes

- DEPT. OF VETERANS AFFAIRS (DVA) COMPENSATION: Verification is required for ALL veterans (select 1)**
 - BENEFITS SUMMARY LETTER** with current **Percentage (%) Rating**; or
 - No BENEFITS SUMMARY LETTER** verifying **zero compensation (\$0)**
To obtain letter confirming VA Benefits call 1-800-827-1000 or go online www.va.gov to print copy.
- BANK STATEMENTS :** submit bank statements verifying insurance premiums, disability compensation, other taxable & non-taxable income/benefits as well as expenses (*please highlight relevant income if possible*)
 - 2018 2019 2020 : 3 consecutive bank statements from each year (**9 total**)
- FILED INCOME TAX RETURNS FOR 2018 & 2019: Submit copy of IRS 1040 Tax Returns or proof of non-filing**
 - 2018 2019 : IRS 1040 Form - Submit proof of Electronic Submission or an IRS Transcript; or
 - 2018 2019 : If you do not file taxes, you must submit an official IRS Non-filing Letter/Transcript
Request a Transcript/Non-filing Letter online at www.irs.gov/individuals/get-transcript or 800-908-9946
- IRS 1099 & W-2 FORMS:** For ANY income in 2018 & 2019 from these or any other sources (*if applicable*)
All IRS 1099s/W-2 Forms are required whether or not you have filed income taxes
 - 2018 2019 : DFAS Form 1099R - Military Retirement Pay
 - 2018 2019 : SSA Form 1099 – Social Security Benefits
 - 2018 2019 : OPM Form 1099R – Civil Service Retirement, Pension
 - 2018 2019 : Form 1099R – TSP (Thrift Savings Plan), Employee Retirement Plans, Pensions, Annuities, or IRAs
 - 2018 2019 : Form 1099-INT – Income from portfolio investments or interest
 - 2018 2019 : Form 1099-DIV – Income from Dividends
 - 2018 2019 : Form W-2 Wages / W-2G Gambling / Rental Income
 - 2018 2019 : Any Other Income Sources (business, profits, investments, etc.)
- DFAS RETIREE ACCOUNT STATEMENT (RAS):** Verify any compensation from **SURVIVORS BENEFIT PLAN (SBP), COMBAT RELATED SPECIAL COMPENSATION (CRSC), CONCURRENT RETIREMENT DISABILITY PAY (CRDP), OR MILITARY PENSION** - (if applicable)
 - 2018 2019 : Most recent annual DFAS Retiree Account Statement
To obtain call DFAS 800-321-1080 or visit website www.dfas.mil to print most recent statement through myPay
- ALIMONY/CHILD SUPPORT** if applicant is currently responsible for ongoing court ordered support payments
 - Copy of the official Court Order

If notified by the ADMISSIONS office of an official REPORT date, please bring the following items:

- Voided Check** for Electronic Funds Transfer (EFT) of Monthly Resident Fee (EFT is required for fee payment)
- Current Last Will and Testament and Executor of Estate
- Current Living Will; Durable Power of Attorney (POA) for Healthcare
- Durable Power of Attorney (POA) for Finance
- Pre-Paid Pre-Arranged Funeral Plans
- Emergency Contacts, Next of Kin, Executor & Powers of Attorney: Full names, addresses, phone numbers, emails, etc.
- Copy of medical records for the last 12 months (digital format is accepted). Notify us in advance if you receive oxygen therapy.
- REAL ID-compliant ID or driver's license, vehicle registration & automobile insurance. Bring official documentation to update the state of residency on your ID or driver's license and for registering your vehicle (if bringing a vehicle to AFRH). **The REAL ID Act establishes minimum security standards for license issuance and production and prohibits Federal agencies from accepting for certain purposes (such as flying on a commercial flight) driver's licenses and identification cards from states not meeting the Act's minimum standards. For more information about REAL ID requirements and whether or not your current ID meets these established guidelines please go to the following websites:**
 Washington, DC: <https://dmv.dc.gov/page/real-id-faqs> or Gulfport, MS: <https://www.dhs.gov/real-id/mississippi>

CONTACTS FOR FINANCIAL DOCUMENTS FOR AFRH BUSINESS CENTER

REQUIRED DOCUMENTS		DESCRIPTION	HOW TO OBTAIN IF MISSING
INCOME	TAXES	1040	IRS: 1-800-829-1040 or at: www.irs.gov/individuals/get-transcript
		Any 1099's	Contact the Issuer: Social Security: 1-800-772-1213 DFAS: 1-888-332-7411 PenFed: 1-800-225-6378
		Any W-2's	Contact your employer for this information
	VA	Any Benefits (for new applicants)	Determination Letter and if applicable provide the statement of benefits received Veterans Affairs (VA): 1-800-827-1000 or www.va.gov/records/download-va-letters/
EXEMPT	MISC.	Stipend – AFRH	Payment from AFRH for volunteering time at the home NOT NEEDED
		Capital Gain/Loss (Form 8949)	Gains or Losses reported on IRS Form 8949 IRS: 1-800-829-1040 (or call your tax preparer for this information)
		One-Time Exemption	For 1099-INT if proof of funds have been moved to an account that cannot be accessed for at least a year (CD's, Annuities, etc.) Contact your bank or other Financial Institution
DEDUCTIONS	MEDICAL	Medicare Part A	Hospital Insurance: Most individuals receive Part A automatically at age 65 Contact for more information: 1-800-633-4227 (1-800-MEDICARE)
		Medicare Part B	Medical Insurance: Can be found on Social Security 1099 Contact for more information: 1-800-633-4227 (1-800-MEDICARE)
		Tri-Care Prime	Any premiums paid for Tricare Prime Healthcare or Dental Insurance (provide 3 consecutive monthly bank statements) Contact your bank or other Financial Institution
		Supplemental Health Insurance	If 100% service related disabled, any health or dental insurance premiums may be deducted (provide 3 consecutive monthly bank statements) Contact your bank or other Financial Institution
	MISC.	Child/Spousal Support	Must provide a copy of the court order as well as proof of payment (such as Letter from Court, Bank statement/transaction) Contact the Court and your bank or other Financial Institution