



APPLICATION FOR ADMISSION

If FAXING documents to AFRH, please make a black & white copy before sending the fax so that it will be legible when it arrives. Please call and let us know to look for the documents to come through as well – Thank you for all your help! We want to prevent any delays in processing applications.

RETURN APPLICATION FORMS TO:

**THE ARMED FORCES RETIREMENT HOME
PUBLIC AFFAIRS OFFICE #584
3700 NORTH CAPITOL ST, NW
Washington, DC 20011-8400
Fax Number: (202) 541-7519
Telephone: (800) 422-9988**

Dear Applicant:

Please complete the following steps:

1. Complete the Application Form and submit your military documentation and health insurance information including a copy of your DD-214, Retiree Military ID (if available), Insurance ID cards, and VA Benefits letter.
2. Submit all medical review forms including the Medical Release Form, Medical Examination, and Functional Assessment.
3. Submit financial information included in this application along with documentation requested on the Pre-Admissions Checklist. If additional information for the fee assessment is required, a member of the business office will contact the applicant directly.
4. Additional information may be requested by the medical review board depending on conditions reported on the medical exam or functional assessment. Individuals with any history of cognitive, psychiatric, or substance use concerns may be asked to submit a Mental Health Evaluation form. Some individuals may be asked to come to AFRH for an on-site evaluation to be seen by the medical staff in person.
5. If the application is cleared through the pre-admissions review, the admissions officer at the selected location (DC or GP) will contact you to arrange a report date and let you know what to bring with you upon arrival.
6. All applicants will have a medical evaluation upon arrival. An applicant may not be admitted to AFRH if he/she lacks the ability to live independently when they arrive or if there is any other cause for delay or denial; therefore, please plan ahead in case you are not able to be admitted to the Home on the scheduled report date.

If you receive notification that your application has been approved, you must wait until the Admissions office arranges an official report date with you. Do not make moving arrangements without an official report date, please.

ARMED FORCES RETIREMENT HOME
Application for Admission

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C 136, Under Secretary of Personnel and Readiness; 24 U.S.C. 401, Armed Forces Retirement Home; DoD Directive 5124.09 Assistant Secretary of Defense for Personnel and Readiness Force Management; DoD Instruction 1000.28, Armed Forces Retirement Home (AFRH); and E.O. 9397 (SSN), as amended.

PURPOSE: To determine and verify eligibility for admission to the AFRH.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the records contained herein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the Federal Reserve for processing the debt on the resident account; To authorized contractors or vendors for the purpose of providing medical services to the residents of the Armed Forces Retirement Home; To any Federal agency which provides medical services to residents of the Armed Forces Retirement home; To the Inspector General of the Department of Defense or his/her designee, for conducting inspections of AFRH records; To a Federal agency, or an organization or person contracting with the AFRH for information needed in the performance of official duties related to reconciling or reconstructing data files, compiling descriptive statistics, and/or making analytical or financial studies to support the function for which the records were collected and maintained; Law Enforcement Routine Use; Congressional Inquiries Disclosure Routine Use; Disclosure of Information to the National Archives and Records Administration Routine Use; Disclosure to the Merit Systems Protection Board Routine Use; and Data Breach Remediation Purposes Routine Use.

The applicable system of records notice is DPR 38 DoD, Armed Forces Retirement Home electronic Resident Information System (eRIS).

DISCLOSURE: Voluntary; however, failure to provide the required information may result in the delay or denial of admission.

Warning: Please print and **MAIL or **FAX** your application documents to the Public Affairs Office. Information in this application is Protected Personal Information and should not be sent electronically without proper protection in place (such as password protection). Emailed documents are more vulnerable to unintended disclosure to inappropriate recipients if not protected. Please call the Public Affairs Office and speak to a representative if you have any questions regarding the proper procedures for submitting applications to AFRH at 800-422-9988.**

MAIL TO: (preferred method for shipping – USPS: United States Postal Service)
Armed Forces Retirement Home
Public Affairs Office Box #584
3700 North Capitol St, NW
Washington, DC 20011-8400

FAX TO: (please call first to confirm that there is a PAO representative present 7am – 5pm EST)
Public Affairs Office (202) 541-7698 or (202) 541-7551
Fax Number (202) 541-7519



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PAOIN: _____

PAOCLR: _____

) o _____

If any of the statements below is false, please call AFRH to discuss before completing the application.

- ☐ TRUE ☐ FALSE 1. Applicant is able to complete activities of daily living without assistance from others.
- ☐ TRUE ☐ FALSE 2. Applicant has never been convicted of a felony.
- ☐ TRUE ☐ FALSE 3. Veteran spent less than half of their service time as a commissioned officer.



How did you learn about AFRH? (Which publication, referral from someone, etc.)

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Full Name (First, Middle/Maiden, Last)						
Street	City		State	Zip Code		
Social Security Number	Birthdate		Age	Birthplace		
Service Branch	Military Rank/Rate (Retired?)		Pay Grade	Marital Status		
Email	Telephone (home/landline)		Telephone (mobile)			

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☐ Yes ☐ N/A Have you ever applied to AFRH before? If so, when: _____☐ Yes ☐ N/A If you are a former resident, when did you leave? _____

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Full Name (First, Middle/Maiden, Last)									
Street	City			State	Zip Code				
Social Security Number	Birthdate			Age	Birthplace				
Service Branch (if you were in the military)	Beneficiary Spouse? or Rank/Rate?			Pay Grade/NA	Date of Marriage				
Email	Telephone (home/landline)			Telephone (mobile)					

☐ Yes ☐ No Are you applying as a V V U o k' OR BENEFICIARY ch\yo- of a k-u(-) -o-o†-u-k' V?☐ Yes ☐ No If so, are you enrolled in) --ko and a u = h ?☐ Yes ☐ No Did you get married "- k- the veteran sponsor "-#° U - -o-o k k-u(-) h' ?



ARMED FORCES RETIREMENT HOME
Application for Admission

For Employee Use	
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PAOIN:	_____
PAOCLR:	_____

ELIGIBILITY FOR ENLISTED PERSONNEL AND NONCOMMISSIONED VETERANS

Enlisted Personnel, Warrant Officers, and/or Limited Duty Officers are eligible if they qualify under one or more of the following circumstances:

RETIRED VETERANS:

- **Active-Duty Career Retired:** Veterans who retired with 20 or more years of active-duty service in a regular component of the Armed Forces.
- **Eligible for Retired Pay:** Veterans, who served in a regular or reserve component of the Armed Forces, who are now eligible to receive retired pay and benefits:
 - ▶ Guard/Reserves with over 20 years of creditable service (combined inactive and active-duty service) who have reached retirement age.
 - ▶ Veterans who spent less than 20 years in the Armed Forces and qualified for an early retirement and benefits (i.e. TERA, medical, disability, or other authority).
- **Beneficiary Spouse:** The spouse of a retired veteran may apply to live with a Retiree if the spouse is enrolled as a beneficiary in DEERS (Defense Enrollment Eligibility Reporting System); and was married to his/her sponsor before the veteran became eligible for retirement from the Armed Forces.

OTHER ELIGIBLE VETERANS:

- **Service-Connected Disability:** Veterans with a service-connected disability rating of 50 percent or greater from the Dept. of Veteran Affairs.
- **War Theater:** Veterans who served in a war theater or received hostile fire pay and suffer from injuries, disease, or disability (including service-connected disabilities or other conditions unrelated to military service).
- **WWII Female Veteran:** Veterans who served in a women's component before June 12, 1948 who are determined to be eligible due to compelling personal circumstances.

Primary	Spouse	Eligibility - Select any of the following which are TRUE for either applicant
⒫	Ⓔ	Served in the Armed Forces (Regular, Reserves, or National Guard)
⒫	Ⓔ	Over 50% of service spent as an enlisted member, warrant officer, or limited duty officer
⒫	Ⓔ	Retired after serving on active duty for 20 or more years in a regular component
⒫	Ⓔ	Retired Guard/Reserves with at least 20 years of creditable service (active + inactive)
⒫	Ⓔ	Retired early from the military (TERA, disability, medical, etc.)
⒫	Ⓔ	Service-connected disability with VA rating of 50% or greater
⒫	Ⓔ	Served in a war theater (listed on DD214)
⒫	Ⓔ	Received Hostile Fire or Imminent Danger Pay
⒫	Ⓔ	Currently have a disability, illness, or disease (non-service-related or below 50% VA rating)
⒫	Ⓔ	Served in a women's component during WWII
⒫	Ⓔ	Qualified beneficiary spouse who is enrolled in DEERS (and Tricare)
⒫	Ⓔ	Married the primary applicant/resident before the veteran became eligible for retired pay



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All applicants must also meet the following requirements:

- ☐ 1. Applicants must have **NEVER BEEN CONVICTED OF A FELONY** and will be subject to a background check.
- ☐ 2. Applicants must be discharged or released from **any** military service under honorable conditions.
- ☐ 3. There are no specific military service requirements for a co-applicant spouse who is applying as the dependent spouse of an eligible retired veteran who **SPENT AT LEAST 50% OF THEIR TOTAL SERVICE TIME** as an Enlisted Member, Limited-Duty Officer, or Warrant Officer as long as the spouse is registered as a beneficiary in DEERS and has their own Military ID.
- ☐ 4. At the time of admission, **ALL** applicants must be both **PHYSICALLY AND MENTALLY ABLE TO LIVE INDEPENDENTLY** as determined by AFRH medical review. Specifically, one must be able to manage daily tasks, tend to one's own personal needs, attend a central dining facility for meals, arrange for and keep medical appointments, and make reasonable decisions regarding healthcare, finances, and safety without assistance from others.
- ☐ 5. Direct admission to advanced levels of care is **NOT** available. If an increased level of care is needed for residents who have already been admitted to the Home; AFRH provides assisted living, long term care and memory support at both of the AFRH locations.
- ☐ 6. Individuals with mental health problems or substance/alcohol use disorders are **NOT ELIGIBLE** except upon a judgement and satisfactory determination by AFRH that the person meets the requirements for an **INDEPENDENT LEVEL** of care and that any existing health conditions may be accommodated within the current scope of services provided by the Armed Forces Retirement Home (location-specific). AFRH is not equipped for continual observation, evaluation, or treatment of such disorders. If accepted, the person must agree to and abide by **ANY CONDITIONS OF RESIDENCY** as may be required by AFRH medical staff or administration.
- ☐ 7. Applicants must maintain **ACCEPTABLE HEALTHCARE COVERAGE** in order to be eligible for residency. If eligible for Medicare, it is required that residents have Part A, Part B, and Supplemental Coverage. Residents who are not eligible for Medicare must either have creditable medical insurance that covers hospitalization, medical care, transportation, and prescriptions; or they must have 100% healthcare benefits through the Department of Veterans Affairs (those who have a VA Disability Rating which is less than 100%, must obtain an insurance policy to satisfy this requirement).
- ☐ 8. Residents are not required to submit pharmaceutical insurance when initially admitting into Independent Living; however, **PRESCRIPTION INSURANCE IS MANDATORY** for residents in upper levels of care. Residents in assisted living, memory support, or long-term care will either need to acquire or have prescription coverage in place. Residents without drug coverage or those who use 100% VA Benefits as their sole form of supplementary healthcare coverage must obtain an **INSURANCE POLICY** that covers prescription drugs upon transfer to an advanced level of care at AFRH.

I have read and understand that approval of my application is predicated upon my ability to meet all eligibility requirements.

[Please Initial] _____ Primary Applicant _____ Co-Applicant/Spouse



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Health Insurance Requirements

Primary Applicant

Name: _____

Co-Applicant (Spouse)

Name: _____

Medicare: All applicants over age 65 must have both Medicare A & B and supplemental health coverage. Please refer to your Medicare ID card for the following requested information:

☐ Medicare ID#: _____
☐ Part A Effective Date: _____
☐ Part B Effective Date: _____
☐ Not Eligible (under age 65)

☐ Medicare ID#: _____
☐ Part A Effective Date: _____
☐ Part B Effective Date: _____
☐ Not Eligible (under age 65)

Tricare: Retired Veterans and Beneficiary Spouses who are eligible for TRICARE. Please refer to your Military ID Card for the following information. Look on front for DoD ID# and back for expiration/coverage information.

Tricare Health Plan: ☐ Not Eligible for Tricare

☐ Tricare for Life ☐ Tricare Prime/Select
☐ Retired Reserve ☐ US Family Health Plan

DoD ID# (DEERS#): _____
Effective Date: _____
Expiration Date: _____

CARE AUTHORIZED AT MILITARY TREATMENT/CIVILIAN FACILITIES:

☐ Direct (MTF's) ☐ Civilian (Non-MTF's)

Tricare Health Plan: ☐ Not Eligible for Tricare

☐ Tricare for Life ☐ Tricare Prime/Select
☐ Retired Reserve ☐ US Family Health Plan

DoD ID# (DEERS#): _____
Effective Date: _____
Expiration Date: _____

CARE AUTHORIZED AT MILITARY TREATMENT/CIVILIAN FACILITIES:

☐ Direct (MTF's) ☐ Civilian (Non-MTF's)

Health Insurance Policy: Individuals, who do not have Tricare or 100% VA Benefits, must have a supplemental health insurance policy. Please refer to your Insurance ID Card for the following information:

Insurance Co.: _____
Group/Policy #: _____
Effective Date: _____
Prescription Coverage: ☐ Yes ☐ No

Insurance Co.: _____
Group/Policy #: _____
Effective Date: _____
Prescription Coverage: ☐ Yes ☐ No

Veteran Affairs Benefits: Veterans with 100% service-connected disabilities may use VA Benefits as supplemental health coverage. Your VA Benefit Summary Letter will confirm eligibility and percentage rating.

Eligible for VA Healthcare: ☐ Yes ☐ No
VA Percentage Rating: _____

Eligible for VA Healthcare: ☐ Yes ☐ No
VA Percentage Rating: _____

Note: Veterans with less than 100% VA Rating must have an INSURANCE POLICY to satisfy the coverage requirements for AFRH, even if the veteran usually uses the VA for healthcare services. If benefits are insufficient to meet AFRH requirements, the application status will remain pending until the candidate is able to obtain creditable health insurance.



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Military Record Requirements

Each individual who served in the Armed Forces must submit copies of their own military records and proof of eligibility such as the final DD214, Notification of Eligibility for Retired Pay, NGB22/23, NAVPERS 563, WD AGO 53-55, Discharge Certificates, Statements of Service, Veterans Affairs Benefits, etc. Spouses who did not serve may leave section blank.

Primary Applicant		Co-Applicant (Spouse)	
Military Service Number Character of Service <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other than Honorable		Military Service Number Character of Service <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other than Honorable	
Branch of Service: Select all Regular, Reserve, and National Guard components in which you served			
<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USNR <input type="checkbox"/> USAR <input type="checkbox"/> USAFR <input type="checkbox"/> USMC <input type="checkbox"/> USMCR <input type="checkbox"/> ARNG <input type="checkbox"/> ANG <input type="checkbox"/> USCG <input type="checkbox"/> USCGR		<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USNR <input type="checkbox"/> USAR <input type="checkbox"/> USAFR <input type="checkbox"/> USMC <input type="checkbox"/> USMCR <input type="checkbox"/> ARNG <input type="checkbox"/> ANG <input type="checkbox"/> USCG <input type="checkbox"/> USCGR	
Entry into Service: Describe when and where you entered into military service – Find information on your initial DD214			
Initial Service Branch _____ Date of Entry _____ Location where Entered _____		Initial Service Branch _____ Date of Entry _____ Location where Entered _____	
Separation from Service: Describe how, when, and where you separated from military service – Find information on your final DD214 What type of separation was listed on final DD214 – Retired, Transferred to Reserves, Released, etc.			
Final Service Branch _____ Date of Separation _____ Location where Separated _____ Type of Separation _____		Final Service Branch _____ Date of Separation _____ Location where Separated _____ Type of Separation _____	
Total Service Time: How long did you serve on Active-Duty (Regular Components) or Inactive-Duty (Guard/Reserves)? If you received a commission during your years of service, please indicate when you received it.			
Total ACTIVE-DUTY Time _____ Total INACTIVE-DUTY Time _____ Date of Commission _____		Total ACTIVE-DUTY Time _____ Total INACTIVE-DUTY Time _____ Date of Commission _____	
Retirement: If you qualify for retired pay and benefits, select type of retirement that applies. Full 20y active-duty career retired, 20y creditable service in the Guard/Reserves, or early retirement (TERA/DISABILITY)			
<input type="checkbox"/> Over 20y ACTIVE-DUTY Service <input type="checkbox"/> NGR w/ 20y creditable service <input type="checkbox"/> Early Retirement(TERA/Disability) <input type="checkbox"/> Not Eligible for Retirement Date of Retirement: _____		<input type="checkbox"/> Over 20y ACTIVE-DUTY Service <input type="checkbox"/> NGR w/ 20y creditable service <input type="checkbox"/> Early Retirement(TERA/Disability) <input type="checkbox"/> Not Eligible for Retirement Date of Retirement: _____	
War Theaters/Hostile Fire Pay Did you serve during any periods of war declared by Congress? If so, did you serve inside a war theater or qualify for hostile fire pay?			
Did you serve in a War Theater or qualify for HFP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Grenada <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Vietnam <input type="checkbox"/> Gulf War <input type="checkbox"/> Other Conflict		Did you serve in a War Theater or qualify for HFP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Grenada <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Vietnam <input type="checkbox"/> Gulf War <input type="checkbox"/> Other Conflict	
Awards/Medals Are you the recipient of any distinguished services medals, awards, campaign ribbons, etc.?			
<input type="checkbox"/> Wounded Warrior Program <input type="checkbox"/> Prisoner of War <input type="checkbox"/> Silver Star <input type="checkbox"/> Service Cross <input type="checkbox"/> Medal of Honor <input type="checkbox"/> Bronze Star <input type="checkbox"/> Theater/Campaign:		<input type="checkbox"/> Wounded Warrior Program <input type="checkbox"/> Prisoner of War <input type="checkbox"/> Silver Star <input type="checkbox"/> Service Cross <input type="checkbox"/> Medal of Honor <input type="checkbox"/> Bronze Star <input type="checkbox"/> Theater/Campaign:	
Final Pay Grade (E-0 to O-10)	Final RATE or RANK (CPO, SGT, etc.)	Final Pay Grade (E-0 to O-10)	Final RATE or RANK (CPO, SGT, etc.)



ARMED FORCES RETIREMENT HOME

Application for Admission

For Employee Use

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BCSCAN: _____

BCCLRD: _____

FINANCIAL AND OTHER INFORMATION

Disability Benefits	PRIMARY	SPOUSE
REFER TO VA BENEFIT STATEMENTS, SOCIAL SECURITY BENEFIT STATEMENTS, & DFAS RETIREE STATEMENTS		
VA Disability benefits awarded for service-connected conditions %Rating:		
VA Service-Connected Disability Income	\$	\$
VA Disability benefits for Retirees for service-connected conditions incurred during combat		
CRSC: Combat-Related Special Compensation	\$	\$
Disability benefits for Military Retirees (w/ 20+ years) who have a VA disability rating over 50%		
CRDP: Concurrent Retirement and Disability Payments	\$	\$
Disability benefits only available for disabled low-income Veterans who served during wartime		
VA Pension (see VA Benefits Summary) NOTE: This is not the same thing as retirement pay	\$	\$
Social Security benefits for individuals who are permanently disabled and unable to work		
SSDI/SSI: Social Security Disability Benefits	\$	\$

Income Verification	PRIMARY	SPOUSE
REFER TO IRS FORMS, SOCIAL SECURITY BENEFIT LETTERS, DFAS STATEMENTS, OTHER STATEMENTS		
Social Security Benefits/Retirement	\$	\$
DFAS Military Retirement Pay	\$	\$
Civil Service Retirement/Annuity	\$	\$
Other Retirement Income: IRAs, TSPs, Retirement, Pension, Annuity, etc.	\$	\$
Earned Income: employment, contracts, businesses, or services offered	\$	\$
Rental Income, Gambling, or Alimony	\$	\$
Investments/Dividends/Interest	\$	\$
Other:	\$	\$
Insurance Premiums Paid - List Insurance Companies	PRIMARY	SPOUSE
Dental Insurance Premiums:	\$	\$
Medicare Part B/D Premiums:	\$	\$
Other Health Insurance Premiums Paid:	\$	\$
Financial Management / Legal Affairs - Give names/details	PRIMARY	SPOUSE
Do you manage your own financial affairs? Who:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Conservator, Power of Attorney, or Guardian for your affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Living Will/Advance Directive? POA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have pre-arranged paid Funeral Plans? Where:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file (or will you file by April 15 th) taxes in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Last Will and Testament? Executor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any court ordered support obligations (alimony, child support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 information in my application may result in disapproval; or, if discovered after approval, may be reason for discharge from the Armed Forces Retirement Home (AFRH).

Signature of the Primary Applicant*	Date

Signature of the Co-Applicant*	Date

**Signature/Date Required*

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

Signature of the Primary Applicant*	Date

Signature of the Co-Applicant*	Date

**Signature/Date Required*

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

Name of the person assisting: _____

Relationship to the applicant: _____

Signature of the preparer/assistant	Date

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by Title 24, United States Code, and Section 412(c). The primary purpose for the information is to determine and verify eligibility for admission to the AFRH. The information is given 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.



ARMED FORCES RETIREMENT HOME
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MEMORANDUM OF ACKNOWLEDGEMENT

Thank you for submitting your application to the Armed Forces Retirement Home. 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 admission board.

It is important that you understand that part of the application 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, it is imperative that the medical examination and functional assessment forms included in the application process are filled out and they reflect the true level of your ability to live independently. Furthermore, we strongly encourage all applicants to visit the AFRH prior to admission to ensure our community fits your needs.

By signing this acknowledgement, you indicate your understanding that the conditional approval of your application is not the final determination of acceptance for residency at AFRH. Final approval for admission is predicated on AFRH's decision to admit you when reporting to live at AFRH. **AFRH reserves the right to delay or deny admission to the Home if it is determined that you are not able to live independently, if admission may present a risk to the community, or for any other reason.** If at any point, your admission is delayed or denied by AFRH; alternative arrangements are the sole responsibility of the applicant.

Your signature below further acknowledges that upon approval and prior to becoming a resident, AFRH will conduct a background check on you to ensure that you have never been convicted of a felony.

If your application is approved, AFRH will contact you to work on either scheduling your arrival at the Home or placing your name on a waiting list. Report dates will be assigned in consultation with you and the Admissions Officer at the facility chosen. Any necessary alteration to a report date, whether initiated by the applicant or AFRH, will be conveyed to the other party as soon as possible so that appropriate actions may be taken.

Signature of the Applicant*	Date

**Signature/Date Required*

Signature of the Co-Applicant*	Date

**Signature/Date Required*

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

PROOF OF ELIGIBILITY: Submit proof of military eligibility, independent health status, and insurance coverage.

- ☐ **AFRH APPLICATION FORM** completed and signed by each applicant and all supporting **Military Documentation:**
 - ☐ **DD-214** must submit a copy of FINAL DD-214 with the TOTAL years of service from all Military Branches
 - ☐ **Notification of Eligibility for Retired Pay:** Retirement Pay for TERA, Disability, and Guard/Reserves (*as applicable*)
 - ☐ **SCD/War Theater:** show war theater/hostile fire pay (*on DD214*) or service-connected disability over 50% (*VA Letter*)
 - ☐ **Beneficiary Spouse:** must submit a copy of the spouse's **Military ID** (*proof of enrollment in DEERS*) and a copy of their **Marriage Certificate** (*proof of being married to the sponsor before the veteran retired from the Armed Forces*)
- ☐ **AFRH MEDICAL REVIEW FORMS:** (*any incomplete forms will delay processing - please check over forms prior to submission*)
 - ☐ **Medical Release Form:** Must include all contact information for providers who complete medical/functional exams.
 - ☐ **Medical Examination Form:** By Primary Care Provider with current **TST** (*Tuberculosis Screening Test*) results.
 - ☐ **Functional Assessment Form:** Must be completed by a licensed Physical/Occupational Therapist.
- ☐ **PROOF OF HEALTH INSURANCE:**
 - ☐ **MEDICARE ID CARD:** Applicants over 65 must be enrolled in both Part A & B. Submit a copy of card (*both sides*)
 - ☐ **MILITARY ID CARD:** Retired veterans and beneficiary spouses must submit a copy of their own Military ID (*both sides*) as proof of enrollment in a TRICARE Health Plan.
 - ☐ **HEALTH INSURANCE ID CARD:** A Health Insurance Policy is required for applicants who do not have a TRICARE Health Plan or 100% VA Benefits. Submit a copy of the health insurance ID card (*both sides*)
 - ☐ **DENTAL/DRUG/VISION INSURANCE ID CARDS:** If available, please submit copies of IDs if you have these policies (*optional*)

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** and compensation; 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*)
 - ☐ 2019 ☐ 2020 ☐ 2021 (by Apr 15th) : 3 consecutive bank statements from each year (**9 total**)
- ☐ **FILED INCOME TAX RETURNS FOR 2019 & 2020 (by APR 15th):**

Submit copy of IRS 1040 Tax Returns or proof of non-filing

 - ☐ 2019 ☐ 2020 : IRS 1040 Form - Submit completed Tax Return & proof of electronic filing or an IRS Transcript
 - ☐ 2019 ☐ 2020 : If you haven't filed taxes, you must submit an Official IRS Non-filing Letter/Transcript

To obtain a Transcript or Non-filing Letter submit [Form 4506-T](http://www.irs.gov) available at www.irs.gov or call 800-908-9946
- ☐ **IRS 1099 & W-2 FORMS:** For ANY income in 2019 & 2020 (by FEB 15th) from these or any other sources (*if applicable*)

All IRS 1099s/W-2 Forms are required whether or not you have filed income taxes

 - ☐ 2019 ☐ 2020 : DFAS Form 1099R - Military Retirement Pay
 - ☐ 2019 ☐ 2020 : SSA Form 1099 – Social Security Benefits
 - ☐ 2019 ☐ 2020 : OPM Form 1099R – Civil Service Retirement / Annuity
 - ☐ 2019 ☐ 2020 : Form 1099R, 1099-INT, 1099-DIV, 1099-MISC, etc.
 - ☐ 2019 ☐ 2020 : Form W-2 Wages, Gambling, Rent, etc.
 - ☐ 2019 ☐ 2020 : Any Other Income Sources (business, profits, investments, alimony, 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)
 - ☐ 2019 ☐ 2020 : 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 Orders/Documents, and proof of payments/receipts

If notified by AFRH that your application has been approved, please submit the following information to the AFRH prior to your scheduled report date: **Submit Later**

- ☐ **Covid-19 Test and Vaccine Record (if received):** All applicants must test negative for Covid-19 and follow all guidelines prior to admission. Specific instructions will be included with the Admissions Agreement.
- ☐ **Voided Check** for Electronic Funds Transfer (EFT) of Monthly Resident Fee (EFT is required for fee payment)
- ☐ **Current Last Will and Testament**
- ☐ **Durable Power of Attorney (POA) for Healthcare**
- ☐ **Living Will/Advance Directive**
- ☐ **Durable Power of Attorney (POA) for Finance**
- ☐ **Pre-Paid Funeral Arrangements**
- ☐ **Emergency Contacts**, Next of Kin, Executor & Powers of Attorney: Full names, addresses, phone numbers, emails, etc.
- ☐ **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
MIL	DD214	MILITARY RECORDS DD214, NGB22, NERP, ETC.	NATIONAL PERSONNEL RECORDS CENTER 1 Archives Dr., St. Louis, MO 63138	NPRC Toll Free: 1-866-272-6272 www.va.gov/records/get-military-service-records
INCOME	TAXES	1040	Filed Tax Return or Transcript (non-filing) (Tax Prep help is available at AFRH)	IRS: 1-800-829-1040 or at: www.irs.gov/individuals/get-transcript
		Any 1099's	Social Security, Interest, All sources of Retirement Income including DFAS	Contact the Issuer: Social Security: 1-800-772-1213 DFAS: 1-888-332-7411 PenFed: 1-800-225-6378
		Any W-2's	Any Wages Earned from Employment	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 at age 65 (after paying 10 years of Medicare Taxes)	Contact for more information: 1-800-633-4227 (1-800-MEDICARE)
		Medicare Part B	Medical Insurance: Must enroll at age 65 (premium-based) Cost 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-connected 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