



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.

Dear Applicant:

Please complete the following steps:

1. Submit the completed Application Form, military documentation, and health insurance information including a copy of your DD-214, Retiree Military ID (if applicable), Insurance ID cards, and VA Benefits letter.
2. Submit medical review forms as requested. The AFRH medical review board will review forms, records, and may request an onsite exam in order to determine whether AFRH will be able to accept the applicant.
3. Submit the financial information included in this application along with documentation requested on the checklist at the end of this form. If additional information is required, a member of the Business Office will contact the applicant.

If you receive notification from AFRH 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. AFRH must make preparations for your arrival.

Thank you,

AFRH

RETURN APPLICATION TO:
ARMED FORCES RETIREMENT HOME
PUBLIC AFFAIRS OFFICE - BOX #584
3700 NORTH CAPITOL ST, NW
WASHINGTON, DC 20011-8400
Fax Number: (202) 541-7519
Telephone: (800) 422-9988

ARMED FORCES RETIREMENT HOME

Application for Admission

Applications will be evaluated according to the following AFRH regulations and policies:

Service-members who spent at least half of their total military service as Enlisted Members, Warrant Officers, and/or Limited Duty Officers are eligible for admission if they qualify under one or more of the following circumstances:

RETIRED VETERANS & BENEFICIARIES:

- **Active-Duty 20 year Career Retired:** Veterans who retired after 20 or more years of active service in a full-time regular component of the Armed Forces.
- **Eligible for Non-Regular 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 from the Department of Defense:
 - a. Guard/Reserves with over 20 years of creditable service (combined inactive and active service) who have reached retirement age.
 - b. Veterans who spent less than 20 years in the Armed Forces and qualified for an early retirement with pay and benefits (i.e., TERA, RIF, disability, or other authority).
- **Beneficiary Spouse:** The spouse of a retired veteran may apply to live with a qualified resident as long as 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 military. Note: The veteran sponsor and beneficiary spouse must apply as a couple, widowed beneficiaries are not eligible to apply individually unless they meet military qualifications in their own right.

OTHER ELIGIBLE VETERANS:

- **Service-Connected Disability:** Veterans determined under rules prescribed by the Chief Operating Officer to be suffering from a service-connected disability incurred in the line of duty in the Armed Forces.
- **War Theater:** Veterans who served in a war theater or received hostile fire pay who are determined under rules prescribed by the Chief Operating Officer to be suffering from injuries, disease, or disability.
- **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.

Additional Requirements:

- Service-members must have **SPENT AT LEAST 50% OF THEIR TOTAL SERVICE TIME** as an Enlisted Member, Limited-Duty Officer, or Warrant Officer. By law, any applicant who has a **FELONY CONVICTION IS INELIGIBLE** and former military personnel must be **RELEASED UNDER HONORABLE CONDITIONS** to qualify for admission to the Armed Forces Retirement Home.
- At the time of admission, **ALL** applicants (veterans and beneficiaries) must be **PHYSICALLY AND MENTALLY ABLE TO LIVE INDEPENDENTLY** as determined by AFRH medical review. Direct admission into an advanced level of care is **NOT** available for individuals applying to AFRH. Units in the advanced levels of care are reserved for existing residents. AFRH is not a hospital, acute care facility or skilled nursing home. If a resident requires additional support services during their residency, AFRH provides assisted living, memory support, and long term care at both of its locations.
- Individuals with mental health problems or substance use disorders are ineligible for admission if it is determined by AFRH medical review that AFRH is unable to accommodate the person's conditions. AFRH is not a mental health facility and has limited capabilities to care for such conditions, therefore, we are only able admit those who meet medical eligibility according to the AFRH review board.
- Applicants and residents must maintain **ACCEPTABLE HEALTHCARE COVERAGE** as determined by AFRH in order to qualify for residency (either a major medical insurance policy or a 100% disability rating from the VA). Individuals over age 65 must also be enrolled in Medicare Part A and B. Drug coverage is required for residents in upper levels of care such as assisted living, memory support, and long-term care.



ARMED FORCES RETIREMENT HOME
Application for Admission

For Employee Use

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Date Submitted: _____ Anticipated Entry: _____

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. Spent most of my service as a warrant officer, limited-duty officer, or enlisted member.

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

Application for: ☐ Gulfport, MS ☐ Washington, DC ☐ If either, 1st Choice: ☐ GP ☐ DC
☐ 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? _____

Applicant Personal Profile

☐ Enlisted Member ☐ Warrant Officer ☐ Limited-Duty Officer ☐ Beneficiary Spouse

Full Name (First, Middle/Maiden, Last)

Street Address Apartment / Unit #

City State Zip Code

Social Security Number Birthdate Age Marital Status

Email Telephone (primary) Telephone (secondary / mobile)

Military Service Information

Branch of Service: Select all Regular, Reserve, and National Guard components in which you served

☐ ARMY ☐ AIR FORCE ☐ COAST GUARD ☐ MARINE CORPS ☐ NAVY ☐ ARMY NTL GD
☐ ARMY RSRV ☐ AIR FORCE RSRV ☐ COAST GD RSRV ☐ MARINE RSRV ☐ NAVY RSRV ☐ AIR NTL GD

Entry into Service: Indicate initial Regular, Reserve, or National Guard component in which you served

Initial Service Branch/Component Location of Entry Date of Entry

Final Separation from Service: Indicate final Regular, Reserve, or National Guard component in which you served

Final Service Branch/Component Location of Separation Date of Separation

Final Status:

Type of Separation Final Pay Grade (E-1 thru O-10) Final Rate/Rank (CPO, TSGT, etc.)

☐ RETIREMENT ☐ DISCHARGE



ARMED FORCES RETIREMENT HOME
Application for Admission

Verification of Military Eligibility

1) Are you a retired service member who is eligible to receive retirement pay from DFAS?

- ☐ Career-Retired from a Regular Component of the military (minimum 20 years of active service)
☐ Guard/Reserve member with sufficient creditable service points to retire (20+ years active and inactive)
☐ Early Retirement Authority (Disability, TERA, RIF, or otherwise)
☐ No, I do not receive military retirement pay from DFAS (Defense Finance and Accounting Service)

2) Do you have a service-connected disability rating from the Department of Veterans Affairs (VA)?

- ☐ No, I do not have a disability/unemployability rating from the VA
☐ Yes, I have a _____% service-connected disability rating from the VA

3) Did you serve during any periods of war declared by Congress? (Select all that apply, write in other locations)

- ☐ NONE ☐ WWII ☐ KOREA ☐ VIETNAM ☐ GULF WAR (DESERT SHIELD/STORM)
☐ AFGHANISTAN ☐ IRAQ ☐ GRENADA ☐ OTHER AREA: _____

a. Did you serve within a declared war theater or hostile waters (listed on DD-214)? ☐ Yes ☐ No

b. Did you receive hostile fire pay or imminent danger pay? ☐ Yes ☐ No

c. Did you serve in combat? ☐ Yes ☐ No

4) Did you ever serve as a full commissioned officer (Pay Grade O-1 or higher)? ☐ Yes ☐ No

5) Did you spend more than half of your military service as a commissioned officer? ☐ Yes ☐ No

6) Do any of the following apply to you? (Select all that apply)

- ☐ PRISONER OF WAR ☐ PEARL HARBOR ☐ WOUNDED WARRIOR PROGRAM

7) Did you receive any of the following service awards/recognition? (Select all that apply)

- ☐ MEDAL OF HONOR ☐ SERVICE CROSS/STAR ☐ PURPLE HEART ☐ N/A
☐ OTHER SERVICE AWARDS ON DD-214: _____

8) Select Military Records provided with your application from the list below: (Select all that apply)

- ☐ DD-214 Certificate of Release or Discharge from Active Duty*
☐ Military Statement of Service or Verification of Service Letter from the VA
☐ NAVPERS-563 or WD AGO 53-55
☐ Guard/Reserve Member Discharge Certificate
☐ Notification of Eligibility for Retired Pay (NERP 20 Year Letter)
☐ NGB Form 22 Report of Separation from the National Guard Board
☐ NGB Form 23 Retirement Points Summary Statement
☐ Retirement Orders / Reserve Retirement Eligibility Benefits Letter
☐ Other: _____

NOTE: All veteran applicants must submit final DD-214 or other official military records as proof of military eligibility. Additional records may be requested as evidence of service in a war theater, hostile fire pay, or retired pay. Candidates applying as the beneficiary spouse of a military retiree, must show proof of enrollment in DEERS.



ARMED FORCES RETIREMENT HOME
Application for Admission

Health Insurance Requirements

- 1) **Are you enrolled in Medicare?** *(Required for all applicants over age 65 – submit Medicare ID Card)*
☐ No, under age 65 ☐ Medicare Part A ☐ Medicare Part B Effective Date: _____
- 2) **Do you have a Medicare Supplemental Insurance Policy? If so, select type:** ☐ Yes ☐ No
☐ Medicaid
☐ Medicare Advantage Company Name: _____
☐ Medigap Plan (Plan F, G, N, etc.) *(Submit Insurance ID Card)*
- 3) **Are you enrolled in a TRICARE Plan?** *(For Retired Military & Beneficiary Spouses – submit Military ID Card)*
☐ TRICARE for LIFE ☐ TRICARE Prime/Select ☐ NO, not eligible for TRICARE
☐ TRICARE Retired Reserve ☐ US Family Health Plan
DoD ID# _____ (This number is located on the Military ID Card)
- 4) **Do you normally receive healthcare services from a VA doctor, clinic, or hospital?** ☐ Yes ☐ No
Please Note: Veterans who have less than a 100% VA Rating must submit proof of an active HEALTH INSURANCE POLICY to satisfy the coverage requirements for AFRH
- 5) **If you are not eligible for Medicare, do you have a Major Health Insurance Policy?** ☐ Yes ☐ No
☐ Private or Employer Health Insurance Company Name: _____
☐ Medicaid or Healthcare Marketplace Policy *(Submit Insurance ID Card)*
- 6) **Do you have dental insurance?** Company Name: _____ ☐ Yes ☐ No
- 7) **Do you have prescription coverage?** Company Name: _____ ☐ Yes ☐ No

NON-TAXABLE INCOME – FOR FEE ASSESSMENT

- 1) **Do you receive compensation from the VA for a service-connected disability?** ☐ Yes ☐ No
\$ _____ per month (2022) *(Submit VA Award Letter)*
- 2) **Do you receive a VA Pension from the Department of Veterans Affairs?** ☐ Yes ☐ No
Only disabled wartime veterans who meet specific financial limitations will qualify for a VA Pension.
\$ _____ per month (2022) *(Submit VA letter with Pension Eligibility)*
- 3) **Do you have Social Security Disability Income / Supplemental Security Income (SSDI/SSI)?** ☐ Yes ☐ No
\$ _____ per month (2022) *(Submit SSDI/SSI Award Letter)*
- 4) **Do you receive Combat-Related Special Compensation (CRSC) or Concurrent Retirement and Disability Payments (CRDP) in addition to your regular retirement pay from DFAS?** ☐ Yes ☐ No
\$ _____ per month (2022) *(Submit DFAS Retiree Account Statement)*
- 5) **Do you receive any government benefits or non-taxable income from any other sources?** ☐ Yes ☐ No
\$ _____ per month (2022) Source: _____



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TAXABLE INCOME – FOR FEE ASSESSMENT

- 1) **Did you file tax returns for the past 2 years or will you file by April 15, 2022?** ☐ Yes ☐ No
Submit copies of your Tax Return, Transcript, or IRS non-filing letter with your application.
- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> I did not file a tax return | <input type="checkbox"/> FY 2020 | <input type="checkbox"/> FY 2021 |
| <input type="checkbox"/> I filed for an extension from the IRS | <input type="checkbox"/> FY 2020 | <input type="checkbox"/> FY 2021 |
| <input type="checkbox"/> I used a tax program to complete forms and filed electronically | <input type="checkbox"/> FY 2020 | <input type="checkbox"/> FY 2021 |
| <input type="checkbox"/> I filled in my tax return (typed/handwritten) and mailed to IRS | <input type="checkbox"/> FY 2020 | <input type="checkbox"/> FY 2021 |
| <input type="checkbox"/> My tax returns were prepared by a tax professional | <input type="checkbox"/> FY 2020 | <input type="checkbox"/> FY 2021 |
- 2) **Were there any dependents or joint filers included on your tax returns?** ☐ Yes ☐ No
Note: Tax documents may be required to separate income from different individuals.
- ☐ I filed a joint return with my spouse
☐ I filed as a widow/widower (deceased's income was included on the tax return)
☐ I filed as head of household with dependents
- 3) **Check all types of taxable income that apply:** *(submit copies even if you do not file taxes)*
- ☐ Social Security Income reported on SSA-1099
☐ Military Retirement Income reported on DFAS-1099
☐ Civil Service Annuity, Rail Road Retirement, or other Government Pension (OPM-1099, RRB-1099, etc.)
☐ Individual Retirement Account (IRA), Pension, or other Annuity reported on 1099Rs
☐ Earned Income (work, gambling, rental income, etc.) reported on 1099-Misc, W-2s, etc.
☐ Court Ordered Income (alimony, support payments, court settlements, etc.)
☐ Investment Income (interest, dividends, capital gains, business profits, etc.)
☐ Other: _____

Financial Management and Legal Affairs

- | | |
|---|--|
| 1) Does a Conservator, Power of Attorney, or Guardian manage your financial affairs?
<i>Financial Manager's Name:</i> _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Do you have a Living Will or an Advance Directive with instructions regarding healthcare should you become incapacitated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Do you have a Durable Power of Attorney (DPOA) for Finance and Healthcare?
<i>Name of DPOA Finance:</i> _____
<i>Name of DPOA Healthcare:</i> _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Do you have Final Arrangements organized (submit a copy of the arrangements)?
<i>Funeral Home, or other plan:</i> _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Do you have any court ordered support obligations (alimony, child support, etc.)?
<i>Attach copy of any official court orders:</i> _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Do you have a Last Will and Testament?
<i>Executor's Name:</i> _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |



ARMED FORCES RETIREMENT HOME
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Accommodations

1) Do you have a service dog? If so, the Service Animal Policy will be issued to the applicant. <i>Please note: Pets, companion animals, and emotional support animals are not accepted according to the AFRH service animal policy. AFRH requires prior notification of qualified service animals.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Will you need special accommodations for any of the following disabilities? <input type="checkbox"/> Limited Mobility <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are you able to walk without assistance? If so, approximately how far are you able to walk? <input type="checkbox"/> Very Limited <input type="checkbox"/> Between Rooms <input type="checkbox"/> Within Building <input type="checkbox"/> Between Buildings <input type="checkbox"/> Not Limited	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are you able to manage community transportation without assistance? <input type="checkbox"/> Independent Driver <input type="checkbox"/> Bus / Public Transportation <input type="checkbox"/> Accompanied by caregiver/family	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Do you use any of the following mobility devices on a regular basis? <input type="checkbox"/> Cane <input type="checkbox"/> Walker/Rollator <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Powered Mobility Device	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Do you need outside support to manage any of the following tasks or personal affairs? <input type="checkbox"/> Health/Medication Management <input type="checkbox"/> Financial/Legal Affairs <input type="checkbox"/> Laundry/Light Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

APPLICANT'S SIGNATURE	DATE

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

APPLICANT'S SIGNATURE	DATE

Anyone (other than the applicant), who has assisted in the preparation of this application must also sign below.

Printed Name: _____ Relationship to Applicant: _____

PREPARER'S SIGNATURE	DATE



ARMED FORCES RETIREMENT HOME

Application for Admission

Dear Applicant:

Thank you for submitting your application to the Armed Forces Retirement Home (AFRH). For AFRH to process your application, you must acknowledge your understanding that your residency is contingent on your eligibility for services and your ability to live independently in our dormitory setting at the time of admission. The signed memorandum is required for your application to be forwarded to the Admissions Board for consideration.

It is important that you understand that part of the application includes an evaluation of your level of independence and ongoing health conditions. For this reason, it is imperative that the medical examination and any other medical review forms required during the application process are completely filled out and that they reflect any ongoing physical, psychiatric, and cognitive health conditions as well as the true level of your ability to live independently. Acceptance is predicated upon the ability of AFRH to accommodate the applicant's conditions to include the safety and well-being of the individual as well as the members of the community. ***AFRH is not an acute care facility, skilled nursing home, rehabilitation center, or mental health facility.*** Furthermore, we strongly encourage all applicants to visit the AFRH prior to admission to ensure our community fits your needs.

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. 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.

The Armed Forces Retirement Home reserves the right to refuse admission if it is determined the applicant requires services or accommodations which are either currently unavailable or not offered at AFRH; or, if admission presents a risk of harm to the community or the individual. Appeals may be submitted in writing to the AFRH Chief Operating Officer for review and consideration.

MEMORANDUM OF ACKNOWLEDGEMENT

By signing this acknowledgement, I indicate my understanding that the conditional approval of my application is not the final determination of acceptance for residency at AFRH. I also understand that AFRH will conduct an examination upon arrival to assess my health status and level of independence. Final approval for admission is predicated on AFRH's decision to admit me when I report to live at AFRH. If at any point, my admission is delayed or denied by AFRH; alternative arrangements are the sole responsibility of the applicant.

My signature below further acknowledges that prior to becoming a resident, AFRH will conduct a background check on me to ensure that I have never been convicted of a felony.

APPLICANT'S SIGNATURE	DATE

AFRH APPLICATION 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

AFRH APPLICATION FORM & MILITARY DOCUMENTATION: Verify that you have answered **ALL** questions before submitting the form and enclosed a copy of your military records (DD214, Retirement Letter, Separation Forms, Military ID Card, any other pertinent records which confirm your military eligibility)

- ☐ **Application Form** (2021 or 2022 Version)
- ☐ **Military Records/DD-214's:** Final DD-214 [Also may need to send: Other DD-214s, Certificates, Orders, Records, etc.]

OPTIONAL DOCUMENTS REQUIRED FOR CERTAIN CATEGORIES OF APPLICANTS:

- ☐ **Category 2:** Proof of service-connected disability rating from the Department of Veterans Affairs
- ☐ **Category 3:** Proof of service in a War Theater or Hostile Fire Pay – [listed on DD-214 or other Military Records]
- ☐ **Category 5:** Proof of Non-Regular Retirement [Early/NGR] – NERP Letter, NGB 22, Certificate, DFAS Letter, Orders, etc. Veterans who retire early (i.e. RIF/TERA/Disability) or who have 20y+ of creditable service (Active + Guard/Reserve Time) and have reached retirement age will need to submit the NERP: Notification of Eligibility for Retired Pay
- ☐ **Beneficiary Spouse:** (Submit both) ☐ Marriage Certificate ☐ Proof of enrollment in DEERS (ID Card)

AFRH MEDICAL REVIEW FORMS/LEVEL OF CARE EVALUATION:

Verify that your providers have answered **ALL** questions before submitting the forms, blank questions will delay review. Medical Review Forms/Test Results are valid for a period of **12 months** from the date given. Couples will need to submit medical review forms for each person.

REQUIRED FORMS:

- ☐ **Medical Release Form:** ☐ Must fill in the provider's phone number and fax number on the release
- ☐ **Medical Examination Form:** ☐ Negative TB Test Result ☐ Medications and Vaccination Records

ADDITIONAL MEDICAL ASSESSMENTS

MAY BE REQUESTED by AFRH in order to determine **ELIGIBILITY** or **LEVEL OF CARE** after the Medical Examination has been review by the AFRH Medical Review Team – You will be notified directly if these are required:

- ☐ **Forms for Outside Providers:** ☐ Functional Assessment ☐ Mental Health Evaluation
- ☐ **AFRH Medical Assessments:** ☐ In-Person Onsite Evaluation ☐ Virtual Onsite Interview

PROOF OF HEALTH INSURANCE COVERAGE: *Submit Copy Of Both Sides Of All ID Cards*

Couples will need to submit proof of insurance coverage for each person.

- ☐ **MEDICARE ID CARD AGE 65+:** ☐ N/A ☐ MEDICARE PART A ☐ MEDICARE PART B
- ☐ **TRICARE/MILITARY ID CARD:** ☐ N/A ☐ RETIREE ID CARD ☐ BENEFICIARY SPOUSE ID CARD
- ☐ **HEALTH INSURANCE ID CARD:** ☐ N/A COMPANY: _____

NOTE: ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK TO VERIFY THEY HAVE NO FELONY CONVICTIONS

FAX TO: **202-541-7519**
MAIL TO: **ARMED FORCES RETIREMENT HOME**
ATTN: PUBLIC AFFAIRS/ADMISSIONS BOX #584
3700 N CAPITOL ST NW
WASHINGTON, DC 20011

DOCUMENTS NEEDED WHEN MOVING INTO THE ARMED FORCES RETIREMENT HOME

REQUIRED FINANCIAL DOCUMENTS FOR FEE ASSESSMENT

FILED INCOME TAX RETURNS FOR LAST 2 FISCAL YEARS (by APR 15th): Select one of the following forms for each year

- ☐ **2020 Tax Return:** ☐ Full Form 1040 (tax professional or e-filed) ☐ IRS Transcript ☐ Non-filing Letter from IRS
☐ **2021 Tax Return:** ☐ Full Form 1040 (tax professional or e-filed) ☐ IRS Transcript ☐ Non-filing Letter from IRS

To obtain a Transcript or an Official IRS Non-filing Letter submit [Form 4506-T](#) available at www.irs.gov or call **800-908-9946**

IRS 1099 & W-2 FORMS: For **ANY** income in 2020 & 2021 (by FEB 15th) from these or any other sources (*as applicable*)

MUST Submit IRS Income Forms for the past 2 years with your Tax Return/Transcript or IRS Non-Filing Letter (if you don't file)

- ☐ **Social Security Benefits:** ☐ 2020 ☐ 2021 SSA Form 1099
☐ **Military Retirement Pay:** ☐ 2020 ☐ 2021 DFAS Form 1099R
☐ **Pensions/Retirement:** ☐ 2020 ☐ 2021 Form 1099R's (OPM, IRA, Pensions)
☐ **Investments/Misc. Income:** ☐ 2020 ☐ 2021 1099-INT, 1099-DIV, 1099-MISC, etc.
☐ **Earned Income:** ☐ 2020 ☐ 2021 W-2's, W-2G Gambling, Schedule E Rents, etc.
☐ **Other Sources of Income:** ☐ 2020 ☐ 2021 Businesses, Profits, Capital Gains, Govt. Benefits, Alimony, etc.

DEPT. OF VETERANS AFFAIRS COMPENSATION/BENEFITS: **Verification is mandatory for EVERY veteran.**

Call **1-800-827-1000** (*automated line*) and ask the VA to fax a copy directly to AFRH or download letter at www.va.gov

- ☐ **2022 BENEFITS SUMMARY LETTER:** ☐ ____% SCD PERCENTAGE RATING & COMPENSATION **OR** ☐ **OFFICIAL NO BENEFITS LETTER / \$0 COMP**

VERIFY DEDUCTIONS FOR FEE ASSESSMENT PURPOSES (OPTIONAL DOCUMENTATION)

If any of the following deductions would apply to you, please submit proof of payment as described.

- ☐ **DFAS Retiree Account Statement** – call 800-321-1080 or request most recent DFAS statement by going to www.dfas.mil and follow instructions to access your **myPay** account to verify DFAS dental, CRSC, CRDP, etc.
☐ **INSURANCE paid out-of-pocket:** Tricare Prime, Dental, Medicare Part B/D premiums: submit 3 bank statements to verify
☐ **Court ordered support payments/Alimony:** provide court documentation and 3 bank statements to verify payments

CHECK-IN DOCUMENTS

LEGAL DOCUMENTS & MEDICAL RECORDS: Submit the following items to the Admissions Office prior to admission.

Note: You will not be able to register as a resident unless you have been assigned an official **REPORT DATE**.

- ☐ Advance Directive or Living Will
☐ Durable Powers of Attorney: DPOA for Healthcare and DPOA for Finance
☐ Current Last Will and Testament
☐ Pre-arranged funeral/burial plans
☐ Copy of your medical records for the last 12 months (digital format is accepted)
☐ Notify AFRH in advance if you receive oxygen therapy

REGISTRATION INFORMATION: Please bring the following items with you at the time of admission to AFRH.

- ☐ Voided Check for Electronic Funds Transfer (EFT) of Monthly Resident Fee (EFT is required for fee payment)
☐ Emergency Contacts, Next of Kin, Executor & Powers of Attorney: Full names, addresses, phone numbers, emails, etc.
☐ REAL ID-compliant ID or driver's license. Bring official documentation to update the state of residency on your ID
☐ Vehicle registration & automobile insurance (if bringing a vehicle to AFRH)

CONTACTS FOR FINANCIAL DOCUMENTS FOR AFRH BUSINESS CENTER

REQUIRED DOCUMENTS			DESCRIPTION	HOW TO OBTAIN IF MISSING
INCOME	TAXES	1040	Tax Return or Transcript (for the Last 2 tax years)	IRS: 1-800-829-1040 www.irs.gov/individuals/get-transcript
		Any 1099's	Social Security, Interest, All sources of Retirement Income including DFAS	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, Gambling, or other sources	Contact your employer for this information
	VA	Any Benefits (required for all new applicants)	Current letter or statement verifying whether the veteran is receiving any disability benefits or compensation from the Dept. of Veterans Affairs.	Veterans Affairs (VA): 1-800-827-1000 Automated line www.va.gov/records/download-va-letters/
EXEMPT	MISC.	Stipend – AFRH	Payment from AFRH for volunteering time at the home	NOT NEEDED
		Capital Gains/Losses	One-time exemption for Gains or Losses reported to the IRS for the sale of your primary residence	IRS: 1-800-829-1040 (or contact your tax preparer)
		Interest	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 Financial Institution for 1099-INT
DEDUCTIONS	MEDICAL	Medicare Part A	Hospital Insurance: Most individuals receive Part A automatically at age 65	1-800-633-4227 (1-800-MEDICARE)
		Medicare Part B	Medical Insurance: Can be found on Social Security 1099	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 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 Financial Institution
	MISC.	Court Ordered Support Payments	If you pay alimony or child support, you must provide the court orders and proof of ongoing payments	Contact legal representative or the court for orders and provide statements/receipts verifying payments to the parties concerned

Publish Date: 4/20/22

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: **(202) 541 - 7519**

PHONE: Public Affairs Office (202) 541-7922 x 1 to leave a message or (202) 541-7743 8am – 5pm EST
(Please call the office to confirm that a PAO representative is available to retrieve faxes.)