



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 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.



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For Employee Use

1 2 3 4 5 A G W

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			
<input type="checkbox"/> Enlisted Member <input type="checkbox"/> Warrant Officer <input type="checkbox"/> Limited-Duty Officer <input type="checkbox"/> 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		
<input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> ARMY NTL GD <input type="checkbox"/> ARMY RSRV <input type="checkbox"/> AIR FORCE RSRV <input type="checkbox"/> COAST GD RSRV <input type="checkbox"/> MARINE RSRV <input type="checkbox"/> NAVY RSRV <input type="checkbox"/> 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.)
<input type="checkbox"/> RETIREMENT <input type="checkbox"/> 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? N/A *(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.

- I did not file a tax return
I filed for an extension from the IRS
I used a tax program to complete forms and filed electronically
I filled in my tax return (typed/handwritten) and mailed to IRS
My tax returns were prepared by a tax professional
FY 2020 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 of all 1099s, W2s, etc. with the application 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? Yes No
Financial Manager's Name:

2) Do you have a Living Will or an Advance Directive with instructions regarding healthcare should you become incapacitated? Yes No

3) Do you have a Durable Power of Attorney (DPOA) for Finance and Healthcare? Yes No
Name of DPOA Finance:
Name of DPOA Healthcare:

4) Do you have Final Arrangements organized (submit a copy of the arrangements)? Yes No
Funeral Home, or other plan:

5) Do you have any court ordered support obligations (alimony, child support, etc.)? Yes No
Attach copy of any official court orders:

6) Do you have a Last Will and Testament? Yes No
Executor's Name:



ARMED FORCES RETIREMENT HOME Application for Admission

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
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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



ARMED FORCES RETIREMENT HOME
Personal Profile and Survey

For Employee Use
 (G) (W) ① ② ③ ④ ⑤ a
 Report: _____

Name: _____ Anticipated arrival: _____

FAMILY PROFILE AND CONTACT INFORMATION

Provide Family History Profile Information and Emergency Contact Detail. Parental information is required for resident records.

Relationship	First Name	Middle/Maiden	Last Name	Deceased	
Father*:				<input type="checkbox"/> Y	<input type="checkbox"/> N
Mother*:				<input type="checkbox"/> Y	<input type="checkbox"/> N
Spouse:				<input type="checkbox"/> Y	<input type="checkbox"/> N

Relationship	Name	Address	Contact information:
Child 1			
Child 2			
Child 3			

(attach a list if more space is needed)

COMMUNICATIONS:

You may decline or limit permission for AFRH to speak with persons other than yourself, if you wish. To be eligible for admission you must be independent and have the capacity to manage your own personal affairs. If it is acceptable to you that we speak with members of your family or other persons inquiring information on your behalf, please let us know with whom you will allow us to communicate during the application process.

The name(s) listed below are family members, friends, or representatives to whom I grant permission for the Armed Forces Retirement Home to communicate regarding my application, finances, and/or healthcare. Please indicate any legal representatives (i.e.: Power of Attorney, Guardian, Durable Power of Attorney for Healthcare or Finance, etc.).

Relationship (personal/legal)	NAME	CONTACT INFORMATION

Please indicate any limitations to this permission or specific information that you do not wish for AFRH to discuss:

If you are granting/limiting communication with others than yourself, please sign here:	Date



Personal Profile and Survey

How did you hear about AFRH?

Publications/Advertisement	Military Association Meeting / Events / Referrals
<input type="checkbox"/> DFAS Newsletter <input type="checkbox"/> Air Force Afterburner <input type="checkbox"/> Army Echoes <input type="checkbox"/> Coast Guard Retiree Newsletter <input type="checkbox"/> Marine Corps - Semper Fi Newsletter <input type="checkbox"/> Navy Shift Colors <input type="checkbox"/> AFSA Magazine (Air Force SGTs Assn.) <input type="checkbox"/> MOVA DC (Mayor's Office of Veteran Affairs) <input type="checkbox"/> American Legion Magazine <input type="checkbox"/> FRA Today Magazine (Fleet Reserve Assn) <input type="checkbox"/> Graybeards Magazine (Korean War Veterans) <input type="checkbox"/> NCOA Newsletter (Non-Comm Officers Assn) <input type="checkbox"/> Voice of the Enlisted Magazine <input type="checkbox"/> Submariner Magazine <input type="checkbox"/> VFW Magazine (Veterans of Foreign Wars) <input type="checkbox"/> VVA Magazine (Vietnam Veterans of America) <input type="checkbox"/> USA Today Special Veterans Affairs Edition <input type="checkbox"/> The Beacon <input type="checkbox"/> Military Times Magazine <input type="checkbox"/> AFRH Flyer, Brochure, etc.	<input type="checkbox"/> AFSA Air Force Sergeant's Association <input type="checkbox"/> The American Legion <input type="checkbox"/> DAV Disabled American Veterans <input type="checkbox"/> FRA Fleet Reserve Association <input type="checkbox"/> VFW Veterans of Foreign Wars <input type="checkbox"/> VVA Vietnam Veterans of America <input type="checkbox"/> Attended an Event/Tour at AFRH <input type="checkbox"/> Volunteered/Worked at AFRH <input type="checkbox"/> AFRH Employee Referral (by _____) <input type="checkbox"/> AFRH Resident Referral (by _____) <input type="checkbox"/> Referred by the VA (doctor/social worker) <input type="checkbox"/> Referred by a healthcare provider <input type="checkbox"/> Referred by senior citizens group/advisor <input type="checkbox"/> Referred by friend/family member <input type="checkbox"/> Former AFRH Resident/Applicant <input type="checkbox"/> Payroll Deductions (while on Active Duty) <input type="checkbox"/> Live nearby facility <input type="checkbox"/> Internet Search / Website <input type="checkbox"/> Retiree Appreciation Event (at _____) <input type="checkbox"/> Other: _____

If you were referred by someone or attended an event/presentation, please provide more information about how you heard of AFRH so we will be able to give credit for referrals and improve outreach endeavors. THANK YOU!

Comments:



ARMED FORCES RETIREMENT HOME Personal Profile and Survey

For Employee Use
G W ① ② ③ ④ ⑤ a
Report: _____

Name: _____ Anticipated arrival: _____

- | | | | | |
|-------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Non-Smoker | <input type="checkbox"/> Male | <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Married – Veteran Only Applying |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Female | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Married – Couple Applying |

- In which of the Armed Forces were you a member? _____
- Any Military Associations or Community service? _____
- Where did you live most of your life? Birthplace? _____
- What was your military profession/civilian career? _____
- Do you have any hobbies or special interests? _____

- What is your educational background? Do you have any of the following types of experience?
 High School Community/Trade School College/University Post-Graduate Education

- How does your health compare with others your age?
 Very healthy Fairly healthy Average health Below average health

- Describe what your current living arrangements are:
 Own Home Rent/Lease Retirement Community Living with family member

- Do you currently live in a:
 House Townhouse Apartment Condo Mobile Home
 Other type of home: _____

- Which of the following factors are prompting you to apply for residency at this time? (select three)
 Difficult to maintain Lack of security Healthcare needs Want community
 High cost of living Need entertainment Loneliness Ready to downsize

- Do you have any denominational/religious preferences? _____

- Have you ever applied to AFRH or been a resident here? Yes No

- When determining where you want to live, how important are the following factors?

	Extremely Important	Very Important	Somewhat Important	Not Important
Need to be independent	①	②	③	④
Want to be near friends	①	②	③	④
Want to live near my family	①	②	③	④
Ease of access to medical care	①	②	③	④
Ease of access to shopping	①	②	③	④
Want to lower cost of living	①	②	③	④
Veteran friendly community	①	②	③	④
Want to live in a different climate	①	②	③	④



ARMED FORCES RETIREMENT HOME
Personal Profile and Survey

Name: _____ Anticipated arrival: _____

Location	①	②	③	④
Onsite Amenities	①	②	③	④
Activities/Recreation Therapy	①	②	③	④
Planned Outings/Trips	①	②	③	④
Onsite Dental/Vision Services	①	②	③	④
Onsite Medical Clinic/Pharmacy	①	②	③	④
Transportation to medical care	①	②	③	④
Meal Service (3 daily meals)	①	②	③	④
Ability to Age in Place	①	②	③	④
Physical/Occupational Therapy	①	②	③	④
Social Activities/Services	①	②	③	④
Cleanliness of facility	①	②	③	④
Private room & bathroom	①	②	③	④
Unit features/style	①	②	③	④
Laundry room (no charge)	①	②	③	④
Staff (helpful, friendly)	①	②	③	④
Affordability of advanced care	①	②	③	④
Local attractions	①	②	③	④

14. Please let us know which of the following amenities/services offered at AFRH you find appealing

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Woodworking Shop | <input type="checkbox"/> Art Studio Spaces | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Library | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Puzzle Room |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Resident Bar & Lounge | <input type="checkbox"/> Leatherworking | <input type="checkbox"/> Bocce Ball Court |
| <input type="checkbox"/> Ceramics Studio | <input type="checkbox"/> Shuffleboard | <input type="checkbox"/> Fishing Pond | <input type="checkbox"/> Horseshoes |
| <input type="checkbox"/> Computer Center | <input type="checkbox"/> Theater / Media Center | <input type="checkbox"/> Bingo | <input type="checkbox"/> Corn-Hole Toss |
| <input type="checkbox"/> Canteen / Café | <input type="checkbox"/> Art or Music lessons | <input type="checkbox"/> Auto Hobby Shop | <input type="checkbox"/> Walking Trails |
| <input type="checkbox"/> Chapels | <input type="checkbox"/> Military Celebrations | <input type="checkbox"/> Game Rooms | <input type="checkbox"/> Clubs/ Club Room |
| <input type="checkbox"/> Exercise classes | <input type="checkbox"/> Personal nutritionist | <input type="checkbox"/> Podiatry Services | <input type="checkbox"/> Counseling services |
| <input type="checkbox"/> Dances/Socials | <input type="checkbox"/> Volunteer opportunities | <input type="checkbox"/> PX/NEX | <input type="checkbox"/> Trips to casinos |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Education opportunities | <input type="checkbox"/> Beach Access | <input type="checkbox"/> Salon/Barber |

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** (2022 or 2023 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 TO COMPLETE THE APPLICATION PROCESS WHEN ELIGIBLE FOR RESIDENCY

REQUIRED FINANCIAL DOCUMENTS FOR FEE ASSESSMENT - SEND WITH YOUR APPLICATION

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

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

2022 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 2021 & 2022 (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: 2021 2022 SSA Form 1099

Military Retirement Pay: 2021 2022 DFAS Form 1099R

Pensions/Retirement: 2021 2022 Form 1099R's (OPM, IRA, Pensions)

Investments/Misc. Income: 2021 2022 1099-INT, 1099-DIV, 1099-MISC, etc.

Earned Income: 2021 2022 W-2's, W-2G Gambling, Schedule E Rents, etc.

Other Sources of Income: 2021 2022 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 - SEND WHEN NOTIFIED THAT YOU ARE ELIGIBLE TO SET A REPORT DATE

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.)