

## 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

NAME:

DATE:

**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 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 a VA service-connected disability rating

☐ **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  
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 15<sup>th</sup>): 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](http://www.irs.gov) or call **800-908-9946**

**IRS 1099 & W-2 FORMS:** For **ANY** income in 2020 & 2021 (by FEB 15<sup>th</sup>) 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](http://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 for 2020 or 2021, 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](http://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 or 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 <a href="http://www.irs.gov/individuals/get-transcript">www.irs.gov/individuals/get-transcript</a>
		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 <a href="http://www.va.gov/records/download-va-letters/">www.va.gov/records/download-va-letters/</a>
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 other 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 other Financial Institution
		Supplemental Health Insurance	If 100% service related disabled, any health or dental insurance premiums may be deducted (provide 3 consecutive monthly bank statements)	Contact your bank or other Financial Institution
	MISC.	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