

## AFRH PRE-ADMISSIONS CHECKLIST

Please fax items to (202)541-7519, or mail to: PAO Sherman Bldg.  
Armed Forces Retirement Home, 3700 North Capitol St. NW, Washington DC 20011

✓	<b>The following items are needed when submitting your application</b>
	AFRH Application (completed and signed)
	AFRH Medical Examination Form w/PPD (tuberculosis) test results
	AFRH Functional Assessment completed by a licensed occupational or physical therapist
	Copy of final DD-214 (do not send original)
	Medical records release form
	Copy of Medicare A & B Card
	If under 65, proof of medical insurance under qualifying plan
	Proof of Supplemental Health Insurance payment (non-retirees) or TRICARE for Life (front and back copy of military ID)
	Current Supplemental Health Insurance Verification -For 2017, 2018: 3 Consecutive Bank Statements or Annual Provider Statement
	Filed 2017 & 2018 Income Tax Return (If self-prepared proof of electronic submission, IRS Transcript)
	2017 & 2018 DFAS Form 1099 – Military Retirement/Survivors Benefit Plan (if applicable)
	2017 & 2018 OPM Form 1099 – Civil Service Retirement (if applicable)
	2017 & 2018 SSA Form 1099 – Social Security (if applicable)
	2017 & 2018 Form 1099 – Other Retirement/Annuity/IRA (if applicable)
	2017 & 2018 Form 1099 – INT Interest Income /Form 1099 – DIV Dividends (if applicable)
	2017 & 2018 W-2 Wages/Rental Income/Other/W-2G Gambling (if applicable)
	2017 & 2018 DFAS Retiree Account Statement (RAS), if retired military
	Department of Veterans Affairs (DVA) Disability Compensation Verification <ul style="list-style-type: none"> <li>- Benefits Summary Letter with Percentage rating or DVA letter verifying zero compensation, call 1-800-827-1000 to obtain statement</li> <li>- 3 Consecutive Bank Statements from 2017 &amp; 2018 – any 3 months</li> <li>- Current Bank Statement to verify no increase in percentage - 7 bank statements total</li> </ul>
	Combat Related Special Compensation (CRSC) (if applicable) <ul style="list-style-type: none"> <li>- CRSC Statement or 3 Consecutive Bank Statements from 2018</li> </ul>
	Alimony/Child Support <ul style="list-style-type: none"> <li>- Court Order</li> <li>- 3 Consecutive Bank Statements from 2018</li> </ul>
	<b>The following items are needed when reporting to AFRH</b>
	Current Last Will and Testament Current Living Will; Durable Power of Attorney for Healthcare Current Durable Power of Attorney for Finance Pre-Paid Pre-Arranged Funeral Plans
	<b>Voided Check for Electronic Funds Transfer of Monthly Resident Fee</b>
	Full name, mailing address, telephone numbers and email addresses for: Emergency Contacts, Next of Kin, Executor & Powers of Attorney
	Vehicle Registration & Insurance and Original Birth Certificate (or copy with raised seal) – <b>if changing state of residency</b> , for vehicle registration and driver's license if you have a vehicle
	Copy of medical records for last 12 months. Notify us in advance if you receive oxygen therapy.