



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

1. In which of the Armed Forces were you a member? \_\_\_\_\_
2. Any Military Associations or Community service? \_\_\_\_\_
3. What was your primary military profession or job? \_\_\_\_\_
4. Did you have any civilian or other career? \_\_\_\_\_
5. Do you have any hobbies or interests? \_\_\_\_\_
6. 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
7. How does your health compare with others your age?  
☐ Very healthy   ☐ Fairly healthy   ☐ Average health   ☐ Below average health
8. Describe what your current living arrangements are:  
☐ Own Home   ☐ Rent/Lease   ☐ Retirement Community   ☐ Living with family member
9. Do you currently live in a:  
☐ House   ☐ Townhouse   ☐ Apartment   ☐ Condo   ☐ Mobile Home  
☐ Other type of home: \_\_\_\_\_
10. 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
11. Do you have any denominational/religious preferences? \_\_\_\_\_
12. Have you ever applied to AFRH or been a resident here?   ☐ Yes   ☐ No
13. 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



## 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        |

Name: \_\_\_\_\_ Anticipated arrival: \_\_\_\_\_

## FAMILY PROFILE AND CONTACT INFORMATION

Please provide your next of kin or emergency contact information.

Relationship	Full Name	(include both middle & maiden names as applicable)	*name is required for identification purposes & record keeping
Father*:			<input type="checkbox"/> Deceased
Mother*:			<input type="checkbox"/> Deceased
Spouse:		None	<input type="checkbox"/> Deceased

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. ).

Legal Representatives (with Power of Attorney), Guardian, Durable Power of Attorney, Not Healthcare or Financial Proxy)		
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



Co-Applicant: \_\_\_\_\_ Anticipated arrival: \_\_\_\_\_

**FAMILY PROFILE AND CONTACT INFORMATION**

Please provide your next of kin or emergency contact information.

Relationship	Full Name (include both middle & maiden names as applicable)	*name is required for identification purposes & record keeping
Father*:		<input type="checkbox"/> Deceased
Mother*:		<input type="checkbox"/> Deceased
Spouse:		None <input type="checkbox"/> Deceased

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