

AFRH PRE-ADMISSIONS 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: Submit proof of military eligibility, independent health status, and insurance coverage.

- AFRH APPLICATION FORM** completed and signed by each applicant and all supporting **Military Documentation:**
 - DD-214** must submit a copy of FINAL DD-214 with the TOTAL years of service from all Military Branches
 - Notification of Eligibility for Retired Pay:** Retirement Pay for TERA, Disability, and Guard/Reserves (*as applicable*)
 - SCD/War Theater:** show war theater/hostile fire pay (*on DD214*) or service-connected disability over 50% (*VA Letter*)
 - Beneficiary Spouse:** must submit a copy of the spouse's **Military ID** (*proof of enrollment in DEERS*) and a copy of their **Marriage Certificate** (*proof of being married to the sponsor before the veteran retired from the Armed Forces*)
- AFRH MEDICAL REVIEW FORMS:** (*any incomplete forms will delay processing - please check over forms prior to submission*)
 - Medical Release Form:** Must include all contact information for providers who complete medical/functional exams.
 - Medical Examination Form:** By Primary Care Provider with current **TST** (*Tuberculosis Screening Test*) results.
 - Functional Assessment Form:** Must be completed by a licensed Physical/Occupational Therapist.
- PROOF OF HEALTH INSURANCE:**
 - MEDICARE ID CARD:** Applicants over 65 must be enrolled in both Part A & B. Submit a copy of card (*both sides*)
 - MILITARY ID CARD:** Retired veterans and beneficiary spouses must submit a copy of their own Military ID (*both sides*) as proof of enrollment in a TRICARE Health Plan.
 - HEALTH INSURANCE ID CARD:** A Health Insurance Policy is required for applicants who do not have a TRICARE Health Plan or 100% VA Benefits. Submit a copy of the health insurance ID card (*both sides*)
 - DENTAL/DRUG/VISION INSURANCE ID CARDS:** If available, please submit copies of IDs if you have these policies (*optional*)

REQUIRED FINANCIAL DOCUMENTATION: Submit proof of current income for fee assessment purposes

- DEPT. OF VETERANS AFFAIRS (DVA) COMPENSATION:** **Verification is required for ALL veterans (select 1)**
 - BENEFITS SUMMARY LETTER** with current **Percentage (%) Rating** and compensation; or
 - NO BENEFITS SUMMARY LETTER** verifying **zero compensation (\$0)**
To obtain letter confirming VA Benefits call 1-800-827-1000 or go online www.va.gov to print copy.
- BANK STATEMENTS :** submit bank statements verifying insurance premiums, disability compensation, other taxable & non-taxable income/benefits as well as expenses (*please highlight relevant income if possible*)
 - 2019 2020 2021 (by Apr 15th) : 3 consecutive bank statements from each year (**9 total**)
- FILED INCOME TAX RETURNS FOR 2019 & 2020 (by APR 15th):**
Submit copy of IRS 1040 Tax Returns or proof of non-filing
 - 2019 2020 : IRS 1040 Form - Submit completed Tax Return & proof of electronic filing or an IRS Transcript
 - 2019 2020 : If you haven't filed taxes, you must submit an Official IRS Non-filing Letter/Transcript
To obtain a Transcript or Non-filing Letter submit [Form 4506-T](http://www.irs.gov) available at www.irs.gov or call 800-908-9946
- IRS 1099 & W-2 FORMS:** For ANY income in 2019 & 2020 (by FEB 15th) from these or any other sources (*if applicable*)
All IRS 1099s/W-2 Forms are required whether or not you have filed income taxes
 - 2019 2020 : DFAS Form 1099R - Military Retirement Pay
 - 2019 2020 : SSA Form 1099 – Social Security Benefits
 - 2019 2020 : OPM Form 1099R – Civil Service Retirement / Annuity
 - 2019 2020 : Form 1099R, 1099-INT, 1099-DIV, 1099-MISC, etc.
 - 2019 2020 : Form W-2 Wages, Gambling, Rent, etc.
 - 2019 2020 : Any Other Income Sources (business, profits, investments, alimony, etc.)
- DFAS RETIREE ACCOUNT STATEMENT (RAS):** Verify any compensation from **SURVIVORS BENEFIT PLAN (SBP), COMBAT RELATED SPECIAL COMPENSATION (CRSC), CONCURRENT RETIREMENT DISABILITY PAY (CRDP), OR MILITARY PENSION** - (if applicable)
 - 2019 2020 : Most recent annual DFAS Retiree Account Statement
To obtain call DFAS 800-321-1080 or visit website www.dfas.mil to print most recent statement through myPay
- ALIMONY/CHILD SUPPORT** if applicant is currently responsible for ongoing court ordered support payments
 - Copy of the official Court Orders/Documents, and proof of payments/receipts

If notified by AFRH that your application has been approved, please submit the following information to the AFRH prior to your scheduled report date: **Submit Later**

- Covid-19 Test and Vaccine Record (if received):** All applicants must test negative for Covid-19 and follow all guidelines prior to admission. Specific instructions will be included with the Admissions Agreement.
- Voided Check** for Electronic Funds Transfer (EFT) of Monthly Resident Fee (EFT is required for fee payment)
- Current Last Will and Testament**
- Durable Power of Attorney (POA) for Healthcare**
- Living Will/Advance Directive**
- Durable Power of Attorney (POA) for Finance**
- Pre-Paid Funeral Arrangements**
- Emergency Contacts, Next of Kin, Executor & Powers of Attorney:** Full names, addresses, phone numbers, emails, etc.
- Medical Records** for the last 12 months (digital format is accepted). Notify us in advance if you receive oxygen therapy.
- REAL ID-compliant ID** or driver's license, vehicle registration & automobile insurance. Bring official documentation to update the state of residency on your ID or driver's license and for registering your vehicle (if bringing a vehicle to AFRH).
The REAL ID Act establishes minimum security standards for license issuance and production and prohibits Federal agencies from accepting for certain purposes (such as flying on a commercial flight) driver's licenses and identification cards from states not meeting the Act's minimum standards. For more information about REAL ID requirements and whether or not your current ID meets these established guidelines please go to the following websites:
Washington, DC: <https://dmv.dc.gov/page/real-id-faqs> or Gulfport, MS: <https://www.dhs.gov/real-id/mississippi>

CONTACTS FOR FINANCIAL DOCUMENTS FOR AFRH BUSINESS CENTER

REQUIRED DOCUMENTS		DESCRIPTION	HOW TO OBTAIN IF MISSING
MIL	DD214	MILITARY RECORDS DD214, NGB22, NERP, ETC.	NATIONAL PERSONNEL RECORDS CENTER 1 Archives Dr., St. Louis, MO 63138 NPRC Toll Free: 1-866-272-6272 www.va.gov/records/get-military-service-records
	INCOME	TAXES	1040
Any 1099's			Social Security, Interest, All sources of Retirement Income including DFAS Contact the Issuer: 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 Contact your employer for this information
VA		Any Benefits (for new applicants)	Determination Letter and if applicable provide the statement of benefits received Veterans Affairs (VA): 1-800-827-1000 or www.va.gov/records/download-va-letters/
EXEMPT	MISC.	Stipend – AFRH	Payment from AFRH for volunteering time at the home NOT NEEDED
		Capital Gain/Loss (Form 8949)	Gains or Losses reported on IRS Form 8949 IRS: 1-800-829-1040 (or call your tax preparer for this information)
		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
DEDUCTIONS	MEDICAL	Medicare Part A	Hospital Insurance: Most individuals receive Part A at age 65 (after paying 10 years of Medicare Taxes) Contact for more information: 1-800-633-4227 (1-800-MEDICARE)
		Medicare Part B	Medical Insurance: Must enroll at age 65 (premium-based) Cost can be found on Social Security 1099 Contact for more information: 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-connected disabled, any health or dental insurance premiums may be deducted (provide 3 consecutive monthly bank statements) Contact your bank or other Financial Institution
	MISC.	Child/Spousal Support	Must provide a copy of the court order as well as proof of payment (such as Letter from Court, Bank statement/transaction) Contact the Court and your bank or other Financial Institution