APP

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 all of the required forms including the Application, Medical Examination, and Functional Assessment.
2. Submit Military Documentation to verify eligibility.
3. If requested by AFRH or if applicant is aware of cognitive or psychiatric medical history, submit a Mental Health Evaluation. This form is only required if AFRH requests the exam. (A request does not necessarily result in a denial of residency; it is merely a request for additional information.)
4. Submit financial information included in this application along with documentation requested on the pre-admissions checklist. If additional information is required, a member of the business office will contact the applicant.
5. If approved, the admissions officer at the campus selected will call and set up a report date and let you know what to bring with you upon arrival.

If you receive notification 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.

Thank you

AFRH

RETURN APPLICATION TO:

ARMED FORCES RETIREMENT HOME
PUBLIC AFFAIRS OFFICE #584
3700 NORTH CAPITOL ST, NW
Washington, DC 20011-8400
Fax Number: (202) 541-7519
Telephone: (800) 422-9988

Application for Admission

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) and is available at: (ADD LINK WHEN PUBLISHED).

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: (please call first to confirm that a PAO representative is prepared to receive fax)
Public Affairs Office (202) 541-7698 or (202) 541-7551 8am – 5pm EST

Reset Pg1

ARMED FORCES RETIREMENT HOME

Application for Admission

For Employee Use
①②③④①(a)
PAO ☑: _____
Report: _____

Date Submitted: _____ Anticipated Entry: _____

Applicant is a: ☐ Former Member of the Armed Forces ☐ Eligible Spouse of a Retired Veteran

How did you learn about AFRH? (Which publication, referral from someone, etc.)

If either of the statements below is false, please call AFRH to discuss before completing the remainder of this application.

Applicant is able to complete activities of daily living without assistance from others. ◯ TRUE ◯ FALSE

Applicant has never been convicted of a felony. ◯ TRUE ◯ FALSE

Application for: ☐ Gulfport, MS ☐ Washington, DC ☐ If either, 1st Choice: ☐ GP ☐ DC

Applicant was a: ☐ Former Resident ☐ Former Applicant Applied when? _____

At which Location? ☐ Gulfport, MS ☐ Washington, DC Resident when? _____

Reason for decision to discharge from AFRH if you were a resident previously?

☐ family circumstances ☐ financial reasons ☐ medical issues ☐ other reason: _____

Select any of the following statements which are true for the veteran applying:

☐ Retired with 20 or more years of Active Service
☐ Retired Early or from the Guard/Reserves
☐ Veteran is at least 60 years old
☐ Served during wartime (not in a war theater)
☐ Receiving benefits for a service-connected disability
☐ Served in a hostile zone during wartime
☐ Has disability or illness unrelated to military service
☐ Served in a women's component during WWII

PERSONAL PROFILE

Fix Address

First Name	Middle Name	Maiden Name (if applicable)	Last Name

Street	City	State	Zip Code

Social Security Number	Birthdate	Age	Birthplace

Email	Telephone (home/landline)	Telephone (mobile)

☐ **Male** ☐ **Single** ☐ **Widowed** ☐ **Married** ☐ **Both Veteran & Spouse applying together**

☐ **Female** ☐ **Divorced** ☐ **Separated** **Spouse's Name:** _____

Where have you lived most of your life? _____

Participation in any Military Associations? _____

Highest grade level: _____ College experience or degree? _____

Military Profession: _____ Civilian Profession/s: _____

Hobbies/Interests: _____ Community service activities? _____

CONFIRM ELIGIBILITY: ELIGIBILITY FOR QUALIFIED MEMBERS OF THE ARMED FORCES

Persons, MALE or FEMALE, who served as members of the Armed Forces, at least one-half of whose service was not active commissioned service (other than as a warrant officer or limited-duty officer), are eligible to become residents of AFRH:

SELECT PRIMARY FORM OF SERVICE: ☐ Enlisted ☐ Warrant Officer (WO) ☐ Limited Duty Officer (LDO)

PLEASE SELECT ALL OF THE CATEGORIES THAT APPLY:

☐ **CATEGORY 1:** Persons who are 60 years of age or over and were discharged or released from service in the Armed Forces after 20 or more years of active service.

☐ **CATEGORY 1(a):** Spouses may be admitted with sponsor veteran if the spouse was a covered beneficiary at the time of the veteran's retirement, within the meaning of section 1072(5) of title 10, USC.

Note: The spouse of an active-duty Retiree must submit proof of eligibility by providing a copy of the marriage certificate showing that the couple was married at the time of the veteran's retirement after 20 years of ACTIVE service and is a covered beneficiary registered with Defense Enrollment Eligibility Reporting System (DEERS). Beneficiary spouses are not eligible to apply individually without the sponsor.

☐ **CATEGORY 2**: Persons who are 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.

☐ **CATEGORY 3:** Persons who served in a war theater during a time of war declared by Congress or were eligible for hostile fire special pay under section 310 or 351 of title 37, United States Code, and who are determined under rules prescribed by the Chief Operating Officer to be suffering from injuries, disease, or disability.

☐ **CATEGORY 4:** Persons who served in a women's component of the Armed Forces before June 12, 1948 and are determined under rules prescribed by the Chief Operating Officer to be eligible for admission because of compelling personal circumstances.

ALL APPLICANTS MUST ALSO MEET THE FOLLOWING REQUIREMENTS:

- Applicants must never have been convicted of a felony and are subject to a background check.
- Applicants must be honorably discharged or released from military service.
- Applicants with substance abuse or mental health problems are **NOT ELIGIBLE** except upon a judgement and satisfactory determination by the Chief Operating Officer that the Retirement Home is able to accommodate the person's condition and that the person agrees to and abides by such conditions of residency as AFRH may require.
- At the time of admission, all applicants must be **PHYSICALLY AND MENTALLY ABLE TO LIVE INDEPENDENTLY**. Specifically, they must be able to tend to their own personal needs, attend a central dining facility for meals, keep all medical appointments and make reasonable decisions regarding own healthcare, finances, and safety without assistance from others. If an increased level of care is needed after being admitted, assisted living, long term care and memory care are available at both campuses.
- Applicants must maintain acceptable healthcare coverage in order to be eligible for residency. If eligible for Medicare, it is required that residents have Part A, Part B, and Supplemental Coverage. Residents who are not eligible for Medicare must either have a medical insurance plan which covers hospitalization, medical treatments, durable medical equipment, prescriptions, and transportation; or they must have 100% healthcare benefits through the Department of Veterans Affairs. Pharmaceutical insurance is required at upper levels of care. Residents in assisted living, memory support, or long term care will either need to acquire or have prescription coverage in place.

MILITARY SERVICE VERIFICATION

Select all applicable military branches: ☐ USA ☐ USN ☐ USAF ☐ USMC ☐ USCG ☐ USSF

Submit copies of the following documents for verification of military service:

☐ DD-214's (required) ☐ Veterans Affairs Benefit Verification Letter (required)

☐ Discharge Certificate ☐ Military Statement of Service

☐ NAVPERS 563 ☐ WD AGO 53-55

To obtain proof of military service, write to National Personnel Record Center, 1 Archives Dr., St. Louis, MO 63138 or
To request and download your benefit letter or military records, go to www.va.gov to obtain documents through milConnect

☐ *Please check here if your records were damaged in the NPRC fire in 1973 and will be submitting records other than the DD-214 to verify your military eligibility for residency. Records primarily effected were USA 1912-1960 or USAF 1917-1964 with surnames H-Z.*

Legal Name on the DD-214	Military Service Number	DoD ID# / DEERS# (on front of the Military ID)
Initial Branch of Service	**Date of Entry**	**Place of Entry**
Final Branch of Service	**Date of Separation**	**Place of Discharge**
Total ACTIVE Service (all Periods & Forces)	**Active Duty Retired** (20+ years):	**Character of Service:**
YR MO DY	☐ Yes ☐ No	☐ Honorable ☐ Other:
Total INACTIVE Service (Guard/Reserve)	**Retired Reserve/Guard** (20+ years):	**NGR ordered to Active Service or for National Emergency**
YR MO DY	☐ Yes ☐ No	☐ Reason:
Total Commissioned Service (if applicable)	**Final Pay Grade:**	**Final Grade, Rate, or Rank:**
YR MO DY		

Did you serve during a time of war declared by Congress or did you qualify for special hostile fire pay?

☐ WWII 1939-1945 ☐ Korea 1950-1953 ☐ Grenada 1983 ☐ Afghanistan 2001-Present

☐ Iraq 2003-2011 ☐ Vietnam 1955-1975 ☐ Gulf War 1990-1991 ☐ Other: _____

If you served during wartime, how would you describe the nature of your service?

☐ Served in country or declared hostile zone/waters ☐ Served as support (outside of hostile zone)

Where and when? _____

Are you a recipient of any service medals or awards?

☐ Medal of Honor ☐ Silver Star ☐ Bronze Star

☐ Purple Heart ☐ Service Cross ☐ Distinguished Service Medal

☐ Other Awards: _____

Were you a POW? ☐ Yes ☐ No Wounded Warrior Program? ☐ Yes ☐ No

Application for Admission

Name: _____

ELIGIBLE SPOUSE APPLYING FOR RESIDENCY *(skip this section if applying as an individual):*

Did you also serve as an enlisted member of the Armed Forces yourself? ☐ Yes ☐ No

Are you eligible for residency as a veteran in your own right? ☐ Yes ☐ No

Are you applying as the dependent spouse of a veteran with 20 years of active service? ☐ Yes ☐ No

Name of the Veteran sponsor: _____ (on the beneficiary's Military ID)

Beneficiary's DoD ID / DEERS #: _____ (box on front side of Military ID)

Total Active Service time: _____ (exceeds 20 years of active service)

Date of Marriage: _____ (submit Marriage Certificate copy)

Date of Retirement: _____ (verified on sponsor's DD-214)

INSURANCE VERIFICATION – *For All Applicants*

MANDATORY: Every applicant must provide proof of Major Medical Insurance coverage or healthcare benefits: Please provide a **COPY OF ALL OF YOUR INSURANCE ID CARDS** with your application. If you have Tricare – send a copy of your **MILITARY ID** as proof of coverage. If you have VA Benefits, the **SUMMARY OF BENEFITS LETTER** must show that you are qualified for 100% service-connected disability or 100% unemployability rating if using VA benefits in place of supplemental insurance. Persons with less than 100% benefits from the VA will need to have additional insurance to satisfy this requirement. Individuals are responsible for payment of any deductibles, co-pays, and other non-covered costs associated with medical services.

Eligible for Medicare (over age 65): Insurance premium payments for Medicare & Supplements are deductible for AFRH fee assessment

Enrolled in Original Medicare – Mandatory Effective Date: _____ **Premium**

a. ☐ Medicare Part A: hospital insurance

b. ☐ Medicare Part B: medical insurance (ALL applicants eligible for Medicare must enroll in Part B) $_____

Medicare Supplemental (wrap-around) coverage is required for all residents eligible for Medicare: **Premium**

a. Supplemental benefits: ☐ 100% VA Healthcare Benefits for a service-connected disability

b. Supplemental policy: ☐ Medicare Part C / Medicare Advantage or ☐ Medicare Supplement Plan

Insurance Company: _____ $_____

c. Supplemental TRICARE: (Tricare is only available for Military Retirees & their beneficiaries)

☐ Tricare for Life

☐ Tricare Prime/Select/Retired Reserve $_____

☐ Tricare USFHP Family Health Plan (available in DC only)

Medicare Pharmacy Benefits: Please let us know if you already have supplemental pharmacy coverage. You will eventually need to have drug coverage in place if transferred into advanced levels of care (AL, LTC, & MS). **Premium**

**Call your insurer, if you are unsure whether your present coverage will include prescription drugs in the upper levels of care.*

a. ☐ Medicare Part C (Medicare Advantage plans with drugs – MAPD prescription coverage will continue at upper levels) $_____

b. ☐ Medicare Part D (Needed in addition to some insurance plans or when relying on 100% VA Benefits for coverage)

c. ☐ Other insurance: _____

Not Eligible for Medicare (under age 65):

Residents who are not eligible for Medicare are required to have and maintain creditable healthcare insurance which covers hospitalization, medical treatments, durable medical equipment, prescriptions, and transportation at their own expense; or they must have 100% VA Healthcare Benefits.

a. ☐ Tricare Prime/Select/Retired Reserve or ☐ Tricare USFHP Family Health Plan (available in DC only)

b. ☐ Major Medical Insurance (i.e. Private, Federal, RR, employer, etc.) **INSURANCE**

c. ☐ Public Medicaid or Healthcare Market Place Insurance (Obama Care) **COMPANY:**

d. ☐ 100% VA Benefits for service-connected disability (veteran must use VA or DoD/MTF facilities for healthcare)

Other types of healthcare insurance: **Premium**

a. ☐ Dental Insurance Company: _____ $ _____

b. ☐ Vision Insurance Company: _____ $ _____

c. ☐ Other _____ Company: _____ $ _____

FINANCIAL AND OTHER INFORMATION

Disability

Disability Benefits

Do you require a service dog for a disability? ☐ No ☐ Yes: additional information is required

VA Disability benefits awarded for service-connected conditions incurred during active-duty service in the military		AMOUNT / MONTH
☐ Yes ☐ No **VA Service-Connected Disability**	**Percentage Rating:** %	$
VA Disability benefits only available to Military Retirees for service-connected conditions incurred during combat		
☐ Yes ☐ No **CRSC: Combat-Related Special Compensation**		$
Disability benefits only available for low-income disabled veterans who served in wartime (any disability, it doesn't have to be a SCD)		
☐ Yes ☐ No **VA Pension** PLEASE NOTE: This is not the same thing as retirement pay		$
Social Security benefits for individuals who are permanently disabled and no longer able to work (if eligible)		
☐ Yes ☐ No **SSDI: Social Security Disability Benefits**	**Condition:**	$

Income Verification

Income

Submit copies of all 1099s, W-2s, DFAS statements, and Bank Statements		AMOUNT / MONTH
☐ Yes ☐ No **Social Security Benefits**	Early retirement (Age 62)? ☐ Yes ☐ No	$
☐ Yes ☐ No **Military Retirement Pay (DFAS)**		$
☐ Yes ☐ No **Civil Service Retirement/Annuity**	**CSA#:**	$
☐ Yes ☐ No **Other Retirement Income:** IRAs, TSPs, Retirement, Pension, Annuity, etc. PLEASE NOTE: Include RMD (required minimum distribution) if over age 70.5 in retirement income (Annual ÷ 12)		$
☐ Yes ☐ No **Earned Income:** employment, contracts, businesses, or services offered		$
☐ Yes ☐ No **Income from Rental Property, Gambling, or other sources**		$
☐ Yes ☐ No **Investments, Dividends, or other interest income**		$
☐ Yes ☐ No **Other sources of taxable income:**		$
☐ Yes ☐ No **Other sources of non-taxable income:**		$

Financial Management

$$ Mgmt

Do you manage your own financial affairs?	☐ Yes ☐ No	Do you file income tax returns?	☐ Yes ☐ No
Do you have a Living Will/Advance Directive?	☐ Yes ☐ No	Last two tax returns filed:	
Do you have pre-arranged pre-paid Funeral Plans?	☐ Yes ☐ No	IRS Filing status? ☐ Individual ☐ Joint/Head of Household	
Do you have a Conservator, Power of Attorney, or Guardian for your affairs?	☐ Yes ☐ No	Do you have any ongoing legal obligations such as a divorce or otherwise?	☐ Yes ☐ No
Do you have a Last Will and Testament?	☐ Yes ☐ No	Any court ordered support payments?	$

Automobile Insurance:

If you intend to bring a vehicle with you to AFRH, it is required that all residents maintain registration, automobile insurance, and current driver's license in order to be issued a parking permit or to drive on campus. Once you move to AFRH, you will need to update your residency on each of these documents.

Do you intend to bring a vehicle with you to AFRH if accepted as a resident? ☐ Yes ☐ No

Driver's License # _____ State: _____ Insurance Company: _____

CONTACT INFORMATION AND FAMILY PROFILE

Please submit copies of documents with your application if you have a POA or other guardianship in place.

Legal Representative	NAME	CONTACT INFOMATION
Power of Attorney (POA):		
Financial Power of Attorney:		
Healthcare Power of Attorney:		
Conservator / Guardian:		
Executor of Estate		

Relationship	First	Middle and Maiden Name (if applicable)	Last	
Father				☐ Deceased
Mother				☐ Deceased
Spouse				☐ Deceased

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

(attach a list if more space is needed)

The name(s) listed below are family members or friends to whom I grant permission for the Armed Forces Retirement Home and its representatives, using their best judgment, to verbally discuss my application, finances, and/or healthcare and grant them permission to disclose information that is relevant to my application.

Relationship	NAME	CONTACT INFOMATION

Please indicate any information that you do not wish for AFRH to discuss with the aforementioned persons:

Signature of the Applicant	Date

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 intentional incorrect information or omission in my application may result in disapproval or if discovered after approval, may be reason for discharge from the Armed Forces Retirement Home (AFRH).

Signature of the Applicant	Date

I hereby authorize the release of my military and medical records from any civilian or U.S. Government source to the AFRH.

Signature of the Applicant	Date

Anyone (other than the applicant), who has assisted in the preparation of this application must also sign below. A second signature is necessary if the applicant did not fill out the application by themselves.

Name of the person assisting: _____

Relationship to the applicant: _____

Preparer/Assistant's Signature	Date

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by Title 24, United States Code, and Section 412(c). The primary purpose for the information is to determine and verify eligibility for admission to the AFRH. The information is given on a voluntary basis, but failure to provide the information requested may result in denial of admission. The information provided will be used by AFRH employees and authorized representatives and may be disclosed as permitted by law outside the AFRH.

MEMORANDUM OF ACKNOWLEDGEMENT

Thank you for submitting your application to the Armed Forces Retirement Home. For AFRH to process your application, you must acknowledge your understanding that residency is contingent on your ability to live independently in our dormitory settings. The signed memorandum is required for your application to be considered in order for it to be forwarded to the admission board.

It is important that you understand that part of the application includes an evaluation of your ability to live independently. We reserve the right to deny admission if you are deemed unable to do so. For this reason, we strongly encourage all applicants visit the AFRH prior to admission to ensure our community fits your needs. Furthermore, it is imperative that the medical examination and functional assessment forms included in the application process are filled out and they reflect the true level of your ability to live independently.

By signing this acknowledgement, you indicate your understanding that the conditional approval of your application is not the final determination of acceptance for residency at AFRH. Final approval for admission is predicated on AFRH's decision to admit you when reporting to live at AFRH. AFRH reserves the right to delay or deny admission to the Home if it is determined that you are not able to live independently, if admission may present a risk to the community, or for any other reason.

Your signature below further acknowledges that upon approval and prior to becoming a resident, AFRH will conduct a background check on you to ensure that you have never been convicted of a felony.

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 chosen. 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.

Signature of the Applicant	Date

If you have any questions or concerns regarding this memorandum, please contact Armed Forces Retirement Home Public Affairs Office at 800-422-9988 option 1 or write to:
3700 North Capitol St. PAO#584, Washington, DC 20011-8400

Entry Survey

Name: _____ Anticipated arrival: _____

1. How does your health compare with others your age?

☐ Very healthy ☐ Healthier than most ☐ Average health ☐ Below average health

2. Describe what your current living arrangements are:

☐ Homeowner ☐ Rent/Lease ☐ Retirement Community ☐ Living with family member

3. Do you currently live in a:

☐ House ☐ Townhouse ☐ Apartment ☐ Condo ☐ Mobile Home

☐ Other type of home: _____

4. 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 lifestyle

☐ High cost of living ☐ Ready to downsize ☐ Loneliness ☐ Want more entertainment

5. Have you ever applied to a retirement community before? ☐ Yes ☐ No

6. Have you ever applied to AFRH or been a resident here? ☐ Yes ☐ No

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

Clear

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

8. How important are the following factors when choosing a retirement community?

	Extremely Important	Very Important	Somewhat Important	Not Important
Location	○	○	○	○
Onsite Amenities	○	○	○	○
Activities/Recreation Therapy	○	○	○	○
Planned Outings/Trips	○	○	○	○
Onsite Dental/Vision Services	○	○	○	○
Onsite Medical Clinic/Pharmacy	○	○	○	○

Entry Survey

Name: _____ Anticipated arrival: _____

Transportation to medical care	◯	◯	◯	◯
Meal Service (3 daily meals)	◯	◯	◯	◯
Ability to Age in Place	◯	◯	◯	◯
Physical/Occupational Therapy	◯	◯	◯	◯
Social Activities/Services	◯	◯	◯	◯
Cleanliness of facility	◯	◯	◯	◯
Private room & bathroom	◯	◯	◯	◯
Unit features/style	◯	◯	◯	◯
Laundry room (no charge)	◯	◯	◯	◯
Staff (helpful, friendly)	◯	◯	◯	◯
Affordability of advanced care	◯	◯	◯	◯
Local attractions	◯	◯	◯	◯

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

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

10. Do you have any comments or other suggestions you would like to include?

_____

_____

_____

Thank you for taking the time to complete this survey.

Medical Disclosure Form

MEDICAL INFORMATION DISCLOSURE FORM:

Patient's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Healthcare provider/s information:

Primary care : _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Other provider : _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I grant my permission to disclose information to:

☐ Armed Forces Retirement Home
3700 Capitol Street, NW
Washington, DC 20011

Attn: Admissions
Public Affairs Office #584
Tel: 202-541-7922 Fax: 202-541-7519

Specific information to be disclosed:

☐ Medical Records covering the last 12 months

☐ Patient history and office notes

☐ Insurance records

☐ Billing records

☐ Drug, Alcohol or Substance Abuse records

☐ Mental Health records

☐ HIV/AIDS-Related Information and test results

I understand that release of this information is provided on a voluntary basis in accordance with the Privacy Act Statement Authority: 10 U.S.C 136; 24 U.S.C. 401 (see the following page for a complete version of the Privacy Act) to determine and verify eligibility for admission to the Armed Forces Retirement Home. I understand that I may revoke this authorization at any time by giving written notice to AFRH at the aforementioned address. I also understand the revocation of this authorization will not affect any action taken by AFRH in reliance on this authorization prior to receipt of a written revocation. I acknowledge that failure to provide any required information may result in the delay or denial of admission to the Armed Forces Retirement Home.

Signature	Date

Medical Disclosure Form

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) and is available at: (ADD LINK WHEN PUBLISHED).

DISCLOSURE: Voluntary; however, failure to provide the required information may result in the delay or denial of admission.