

ARMED FORCES RETIREMENT HOME

Application for Admission

Name

Today's Date Expected Date of Entry:

PLEASE COMPLETE THE FOLLOWING STEPS

1. Confirm your eligibility.
2. Complete all forms.
3. Obtain Proof of Service.
4. Mail application to
AFRH
PAO/Marketing #1305
3700 N. Capitol Street, NW
Washington, DC 20011-8400

How did you hear about AFRH?

Check appropriate box for application approval

Gulfport, Mississippi

AFRH-Gulfport



Washington, DC

AFRH-Washington



Both

Phone: **800-422-9988**

admissions@afrh.gov

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Confirm Your Eligibility

Veterans are eligible to become a resident of the AFRH if their active duty service in the military was at least 50 per cent enlisted, warrant officer, or limited duty officer and who are:

YES

PLEASE CHECK ALL THAT APPLY:

- Veterans with 20 or more years of active duty service and are at least 60 years old.
- Veterans unable to earn a livelihood due to a service-connected disability.
- Veterans unable to earn a livelihood due to *non* service-connected disability, and who served in a war theater or received hostile fire pay.
- Female veterans who served prior to 1948.

-
- Applicants must be free of drug, alcohol, and psychiatric problems, and never have been convicted of a felony.
 - Married couples are welcome, but both must be eligible in their own right.
 - At the time of admission applicants must be able to live independently. Specifically, they must be able to take care of their own personal needs, attend a central dining facility for meals and keep all medical appointments. If increased health care is needed after being admitted, assisted living and long term care are available at both campuses.

Have you ever applied to A F R H - Washington? YES NO

A F R H - Gulfport? YES NO

If yes, when?

Have you ever lived at A F R H - Washington? YES NO

A F R H - Gulfport? YES NO

If yes, when were you discharged from AFRH - Washington?

AFRH-Gulfport?

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Personal and Family Information

Full Name
LAST FIRST MIDDLE

Social Security # Military Service #

Address

Phone E-Mail

Place of Birth Date of Birth Age

Are You Male Female Smoker Non-smoker
 Married Single Divorced Separated Widowed

Mother's Full Name Deceased

Mother's maiden Name

Father's Full Name Deceased

Names of Children 1
YOU MAY CONTINUE ON THE REVERSE OF THIS PAGE
2

Where have you lived most of your life?

Highest grade completed in school

Your profession, trade or occupation

List some forms of community service, if any

What are your hobbies?

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Confidential Financial Information

Do you receive:

Military Retirement Pay YES NO

VA Compensation (Disability) YES NO

Percentage % VA Claim #

VA Pension YES NO Amount \$

Social Security Disability YES NO

Disability Condition

Social Security Benefits YES NO

Early Social Security (Age 62) YES NO

Civil Service Annuity YES NO CSA #

Other Income YES NO

Do you file a Tax Return YES NO

Do you manage your own financial affairs YES NO

If no, do you have a conservatorship or guardianship YES NO
If yes, copy required upon admission

Do you have an authorized Power of Attorney YES NO

If yes, copy required upon admission

Do you have Medicare: Part A YES NO

Part B YES NO

Do you have any other medical or supplemental insurance YES NO

If yes, please give company's name

Do you have TRICARE PRIME YES

TRICARE STANDARD YES NONE

TRICARE FOR LIFE YES

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Military Service Information

VERIFICATION OF SERVICE

Include one of the following with your application*

- | | |
|---------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> DD 214 | <input type="checkbox"/> Discharge Certificate |
| <input type="checkbox"/> NAVPERS 563 | <input type="checkbox"/> Military Statement of Service |
| <input type="checkbox"/> WD AGO 53-55 | <input type="checkbox"/> Department of Veterans Affairs Verification Form |

*To obtain proof of service contact:

National Personnel Records Center, 9600 Page Blvd., St. Louis, MO 63132-5300

Date Entered Service

Place of Entry

Date of Separation

Retired

Rank

Discharged

Pay Grade

Last Branch of Service

Place of of Discharge

Did you serve in the following wars?

- | | | |
|--------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> WW I | <input type="checkbox"/> PANAMA | <input type="checkbox"/> DESERT STORM |
| <input type="checkbox"/> WW II | <input type="checkbox"/> VIETNAM | <input type="checkbox"/> IRAQ |
| <input type="checkbox"/> KOREA | <input type="checkbox"/> GRENADA | |

Were you a POW YES NO

Are you a Pearl Harbor Survivor? YES NO

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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 willful attempts to deceive or distort the information in my application may result in disapproval or if discovered after approval, may be reason for discharge from the Armed Forces Retirement Home (AFRH).

APPLICANT'S SIGNATURE

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 applicant did not fill out the application by themselves.

PREPARER'S SIGNATURE

RELATIONSHIP TO
APPLICANT

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

APPLICANT'S SIGNATURE

DATE

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by Title 24, United States Code, Section 412(c). The primary purpose for the information is to determine and verify eligibility for admission to the AFRH. The information is 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.