

ARMED FORCES RETIREMENT HOME

Application for Admission

Name (Last Name, First Name, Middle Initial) _____

Today's Date _____

Expected Date of Entry _____

How did you hear about the AFRH?

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

Gulfport, Mississippi

Washington, DC

Phone: 800-422-9988
admissions@afrh.gov

Check appropriate box for application approval

- AFRH-Gulfport
- AFRH-Washington
- Both

Name (Last Name, First Name, Middle Initial)

The Premier Retirement Community for Retired Veterans

ARMED FORCES RETIREMENT HOME Application for Admission Confirm Your Eligibility

Persons eligible to be residents are persons 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 the Retirement Home:

PLEASE CHECK ALL THAT APPLY

- Persons who are 60 years of age or over; and were discharged or released from service in the Armed Forces under honorable conditions after 20 or more years of active service.

- Persons who are determined under rules prescribed by the Chief Operating Officer to be incapable of earning a livelihood because of a service-connected disability incurred in the line of duty in the Armed Forces.

- Persons who served in a war theater during a time of war declared by Congress or were eligible for hostile fire special pay and were discharged or released from service in the Armed Forces under honorable conditions; and are determined under rules prescribed by the Chief Operating Officer to be incapable of earning a livelihood because of injuries, disease, or disability.

- 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.

- 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? _____

From A F R H - Gulfport? _____

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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 (Send copy) YES NO
Part B (Send copy) 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 (Send copy) YES
TRICARE STANDARD (Send copy) 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 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.



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MEMORANDUM OF ACKNOWLEDGEMENT

Thank you for submitting your application to the Armed Forces Retirement Home, the finest retirement community in the world. 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 admissions board.

It is important that you understand that part of the application review 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 that they reflect the true level of your ability to live independently.

By signing this acknowledgement, you indicate your understanding the conditional approval of your application is not the final determination of acceptance for residency at AFRH. Final approval is predicated on your ability to live independently.

Once your application is approved, we will work towards scheduling your arrival at the Home, or we will place your name on a waiting for the Washington, DC or Gulfport, MS, facility, as you prefer.

Printed Name

Signature

Date of signature

If you have any questions or concerns regarding this memorandum please contact us at 800-422-9988 (prompt 1).