

AFRH PRE-ADMISSIONS CHECKLIST

Please fax items to (202)541-7519, or mail to: PAO Sherman Bldg.
Armed Forces Retirement Home, 3700 North Capitol St. NW, Washington DC 20011

✓	The following items are needed when submitting your application
	AFRH Application (completed and signed)
	AFRH Medical Examination Form w/PPD (tuberculosis) test results
	AFRH Functional Assessment completed by a licensed occupational or physical therapist
	Copy of final DD-214 (do not send original)
	Medical records release form
	Copy of Medicare A & B Card
	If under 65, proof of medical insurance under qualifying plan
	Proof of Supplemental Health Insurance payment (non-retirees) or TRICARE for Life (front and back copy of military ID)
	Current Supplemental Health Insurance Verification -For 2016, 2017: 3 Consecutive Bank Statements or Annual Provider Statement
	Filed 2016 & 2017 Income Tax Return (If self-prepared proof of electronic submission, IRS Transcript)
	2016 & 2017 DFAS Form 1099 – Military Retirement/Survivors Benefit Plan (if applicable)
	2016 & 2017 OPM Form 1099 – Civil Service Retirement (if applicable)
	2016 & 2017 SSA Form 1099 – Social Security (if applicable)
	2016 & 2017 Form 1099 – Other Retirement/Annuity/IRA (if applicable)
	2016 & 2017 Form 1099 – INT Interest Income /Form 1099 – DIV Dividends (if applicable)
	2016 & 2017 W-2 Wages/Rental Income/Other/W-2G Gambling (if applicable)
	2016 & 2017 DFAS Retiree Account Statement (RAS), if retired military
	Department of Veterans Affairs (DVA) Disability Compensation Verification - Benefits Summary Letter with Percentage rating or DVA letter verifying zero compensation, call 1-800-827-1000 to obtain statement - 3 Consecutive Bank Statements from 2016 & 2017 - Current Bank Statement to verify no increase
	Combat Related Special Compensation (CRSC) (if applicable) - CRSC Statement or 3 Consecutive Bank Statements from 2016
	Alimony/Child Support - Court Order - 3 Consecutive Bank Statements from 2016
The following items are needed when reporting to AFRH	
	Current Last Will and Testament Current Living Will; Durable Power of Attorney for Healthcare Current Durable Power of Attorney for Finance Pre-Paid Pre-Arranged Funeral Plans
	Voided Check for Electronic Funds Transfer of Monthly Resident Fee
	Full name, mailing address, telephone numbers and email addresses for: Emergency Contacts, Next of Kin, Executor & Powers of Attorney
	Vehicle Registration & Insurance and Original Birth Certificate (or copy with raised seal) – if changing state of residency , for vehicle registration and driver’s license if you have a vehicle
	Copy of medical records for last 12 months. Notify us in advance if you receive oxygen therapy.