



# ARMED FORCES RETIREMENT HOME

## Application for Admission

Today's  
Date \_\_\_\_\_

Expected  
Entry Date \_\_\_\_\_

**How did you hear about the AFRH?**

PLEASE COMPLETE THE FOLLOWING STEPS

1. Confirm your eligibility
2. Complete all forms (Application, Medical, Functional)
3. Submit the following:
  - DFAS Retiree Statement
  - VA Benefit letter (or e-benefit)
4. Mail application to  
AFRH  
PAO/Marketing #584  
3700 N. Capitol Street, NW  
Washington, DC 20011-8400

Check appropriate box  
for application approval

Gulfport, Mississippi

AFRH-Gulfport

Washington, DC

AFRH-Washington

Phone: 800-422-9988  
[admissions@afrh.gov](mailto:admissions@afrh.gov)

Both



# 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.

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- 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 AFRH Washington?  YES  NO

AFRH Gulfport?  YES  NO

If yes, when? \_\_\_\_\_

Have you ever lived at AFRH Washington?  YES  NO

Gulfport?  YES  NO

If yes, when were you discharged  
from Washington? \_\_\_\_\_

from Gulfport? \_\_\_\_\_

Full Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

Mother's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Names of Children \_\_\_\_\_

Names of other children \_\_\_\_\_

Where have you lived most of your life? \_\_\_\_\_

Highest grade completed in school? \_\_\_\_\_

Hobbies? \_\_\_\_\_

Your profession, trade or occupation? \_\_\_\_\_

**Do you receive? (If yes, attach a copy)**

Military Retirement Pay  YES  NO

VA Compensation (Disability)  YES  NO

Percentage \_\_\_\_\_%

VA Pension  YES  NO \$\_\_\_\_\_amount

Social Security Benefits  YES  NO

Disability  YES  NO \_\_\_\_\_condition

Retirement  YES  NO

Civil Service Annuity  YES  NO \_\_\_\_\_CSA#

Other income \_\_\_\_\_

Do you file a tax return?  YES  NO

Do you manage your own financial affairs?  YES  NO

Do you have a conservatorship?  YES  NO  
If yes, attach a copy.

Do you have a Power of Attorney?  YES  NO  
If yes, attach a copy.

Do you have Medicare Part A?  YES  NO

Part B?  YES  NO

Supplemental coverage?  YES  NO \_\_\_\_\_name

Do you have TRICARE Prime?  YES  NO

Do you have TRICARE Standard?  YES  NO

Do you have TRICARE For Life?  YES  NO

**Include one of the following for verification of military service:**

DD214

Discharge Certificate

NAVPERS 563

Military Statement of Service

WD AGO 53-55

Veterans Affairs Verification Form

To obtain proof of service, contact: National Personnel Record Center, 9600 Page Blvd., St. Louis, MO 63132

Date of service entry \_\_\_\_\_

Place of entry \_\_\_\_\_

Date of separation \_\_\_\_\_

Retired Rank \_\_\_\_\_

Discharged Pay Grade \_\_\_\_\_

Last branch of service \_\_\_\_\_

Place of discharge \_\_\_\_\_

Did you serve in any wars? Check all that apply.

WWII  PANAMA  DESERT STORM

KOREA  GRENADA  IRAQ

VIETNAM  AFGHANISTAN  OTHER

Were you a POW?  YES  NO

Are you a Pearl Harbor Survivor?  YES  NO

# 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.

**ARMED FORCES RETIREMENT HOME  
PAO/Marketing # 584  
3700 N Capitol Street  
NW  
Washington, DC 20011-8400**

**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 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 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.

Your signature below further acknowledges that upon approval and prior to move in to the AFRH a background check will be conducted on you to ensure that you have never been convicted of a felony.

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

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of signature \_\_\_\_\_

If you have any questions or concerns regarding this memorandum, please contact us at the following number: 800-422-9988 (option 1).