

VFW RETIREMENT HOME
13005 N.E. 135th Street
Fort McCoy, Florida 32134
Ph: 352-236-0823 Fax: 352-236-2493
Website: www.vfwretirementhome.flvfw.org

Potential Resident Checklist

Name: _____ Date: _____

DOB: _____ Male Female Social Security No. _____ - _____ - _____

Current Address: _____

Telephone No. _____ Alternate No. _____

Type of Room Desired: Couple _____ Private _____ Roommate _____

Expected Date of Arrival: _____

Height: _____ Weight: _____ Hair Color: _____ Eyes: _____

Doctor: _____

Phone #: _____ Fax #: : _____

ADDRESS: _____

CURRENT DIAGNOSIS AND/OR MAJOR HEALTH PROBLEMS: _____

ALLERGIES: _____

MEDICAL IMPLANTS: _____ BLOOD TYPE: _____

EMERGENCY CONTACT AND PHONE NUMBER: _____

NEXT OF KIN: _____ (*Relationship*) _____

ADDRESS: _____

CONTACT NUMBERS: _____

FUNERAL/PRE NEEDS ARRANGEMENTS: _____

Please include with your Application some form of documentation of overseas service (your discharge/DD214) and a copy of your VFW, Ladies or Men's Auxiliary Membership Card, if available.