

Wounded Ill & Injured Referral Worksheet

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Member Information

| | | | | | | | |
|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|----------------------|
| Rank | <input type="text"/> | Last Name | <input type="text"/> | First Name | <input type="text"/> | MI | <input type="text"/> |
| SSN | <input type="text"/> | Component | <input type="text"/> | AFSC | <input type="text"/> | Marital Status | <input type="text"/> |
| Organization/Base | <input type="text"/> | | | | | | |
| Phone | <input type="text"/> | <input type="text"/> | Home Email | <input type="text"/> | | | |

Unit Commander Information (Mandatory)

| | |
|-----------------------------|----------------------|
| CC Rank/Name and Work Email | <input type="text"/> |
|-----------------------------|----------------------|

Individual Referring Service Member

| | | | |
|--------------|----------------------|---------------|----------------------|
| Referred By: | <input type="text"/> | Referee Type: | <input type="text"/> |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |

Referral Summary (Describe Nature of Injury or Illness)

What is the Airman's current condition? Does the Airman have a combat injury, PTSD, TBI or a complex medical condition? In your words, describe how the Airman can benefit from enrollment in the Air Force Wounded Warrior Program.