

Wounded Ill & Injured Referral Worksheet

Toll Free: 800-581-9437

Email: afpc.dpfws.wiicell@us.af.mil

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Member Information (Complete ALL blocks)

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"/>
Unit	<input type="text"/>			Base	<input type="text"/>		
Phone	<input type="text"/>		Home Email	<input type="text"/>			

Unit Commander Information (Mandatory)

CC Rank/Name	<input type="text"/>	Work Email	<input type="text"/>
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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? What are the immediate needs? In your words, describe how the Airman may benefit from enrollment in this program.

AFI 34-1101 Criteria

In accordance with AFI 34-1101, AFW2 enrollment criteria has been reviewed and applicable conditions indicated below.

Check all that apply:

- Referred (or likely to be referred) to IDES for PTSD/TBI
- Identified as SI or VSI on Casualty Report or by medical authority
- ARC returned on Title 10 orders for deployment related condition(s) (Serious/Severe)
- ARC retained more than 6 months on Title 10 medical orders (Serious/Severe)
- Serious/Severe Medical Conditions

Additional Factors To Consider:



Submit completed referral by email to AFW2
afpc.dpfws.wiicell@us.af.mil



Effective Date of Worksheet: 1 Nov 17

Review and Recommendations

Unit Leadership Assessment: (Commander/First Sergeant)

I have reviewed the details of this worksheet and DO DO NOT agree enrollment is warranted

(Initials):

Comments:

(In your own words)

Name Email Date:

Phone DSN SQ/OFC SYM

Medical Case Manager: (check all that apply and provide details in the comments area below)

I have reviewed the details of this worksheet and the airman's medical records and DO DO NOT agree enrollment is warranted

Active case management is required Current conditions impact work performance / activities of daily living Referred to MEB

Frequent inpatient treatment Injuries/Illnesses are deployment related Long term prognosis (explain below) (Initials):

Comments:

(In your own words)

Name Email Date:

Phone DSN SQ/OFC SYM

Recovery Care Coordinator: (check all that apply and provide details in the comments area below)

Active case management is required Current conditions impact work performance / activities of daily living

I have reviewed the details of this worksheet / recovering airman's records and DO DO NOT agree enrollment is warranted

I have interviewed this Airman and they DO DO NOT agree with enrollment (Initials):

Comments:

(In your own words)

Name Email Date:

Phone DSN

AFW2 ARC Cell: (ANG/AFR Only) (check all that apply and provide details in the comments area below)

I have reviewed the details of this worksheet/recovering airman's records and DO DO NOT agree enrollment is warranted

Member is on Medical Continuation Orders (Initials):

Comments:

(In your own words)

Name Email Phone Date:

To Be Completed by AFW2 WII Cell (ONLY)

Relevant Info from MilPDS: (List items such as Combat Awards, Projected DOS/Retirement/PCS, Quality Control Factors, etc.)

AAC 31

AAC 37

VTA / IDES Info: (Include number of referred items, status of PEB w/date, relevant case notes , etc.)

For AFW2 WII Cell - Assignment of Care Management Team

Region

NMCM

RCC

RI Code

Phase of Care

Lead

Enrollment Email Sent

DOD-CMS

WII Cell CM

For AFW2 Use Only - Final Determination

Division Chief Review

Date

Initials

Comments: