## Wounded III & Injured Referral Worksheet

Toll Free: 800-581-9437 Email: afpc.dpfws.wiicell@us.af.mil Confidentiality Notice: The information contained in this worksheet is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This worksheet is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this worksheet is strictly prohibited and may subject you to criminal or civil penalties. If you have received this worksheet in error, please contact the sender immediately and delete this worksheet and any attachments from any computer.

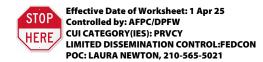
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		Member infor	mation (Co	mpiet	e ALL bio	CKS)				
Grade	Last Name		First Name							
SSN	Cor	nponent			AFSC	Mar	ital Status			
Unit			Base							
Phone		Home Ema	ail							
Unit Commander Information (Mandatory)										
CC Rank/Name				v	Vork Email					
		Individual R	eferring Se	ervice	e Membe	er				
Referred By:						Referee Type:				
Email:						Phone:				
Referral Summary (Describe Nature of Injury or Illness)										
		t condition? Does the Se ite needs? In your wor				• •		•		
AFI 34-1101 Criteria										
		V2 enrollment criteria ha	s been reviev	ed an	d applicab	le conditions indi	ated below.			
Check all that ap	oply:									
Referred (or <u>li</u>	ikely to be referred)	to IDES for PTSD/TBI								
☐ Identified as S	SI or VSI on Casualty	Report or by medical au	thority							
Serious/Sever	re Medical Condition	ons								
Other Consid	erations:									
		omponents (ARC): Must duty and/or while on act					fits (injury or	illness was		

STOP HERE

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

For Non-AGR, a completed LOD is required. A copy of the LOD may be emailed to AFW2 at the below email address.



## **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: SQ/OFC SYM Phone DSN Medical Review: (check all that apply and provide details in the comments area below) I have reviewed the details of this worksheet and recovery Airman/Guardian's medical records and DO NOT agree enrollment is warranted Current conditions impact work performance / activities of daily living Referred to MEB Active case management is required Frequent inpatient treatment Injuries/Illnesses are deployment related Long term prognosis (explain below) (Initials): **Comments:** (In your own words) Date: Name **Email** Phone DSN SQ/OFC SYM Recovery Care Coordinator: (check all that apply and provide details in the comments area below) I have reviewed the details of this worksheet and recovering Airman/Guardian's record before making the following recommendation: (RCC initials): RCC Recommendation: I have interviewed service member and they DO DO NOT agree with enrollment Current conditions impact work performance / activities of daily living of the service member **Comments:** (In your own words) Name **Email** Date: Effective Date of Worksheet: 1 Apr 25 Phone DSN Controlled by: AFPC/DPFW **CUI CATEGORY(IES): PRVCY** CUI

LIMITED DISSEMINATION CONTROL:FEDCON POC: LAURA NEWTON, 210-565-5021

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 w	orksheet and recovering Airman/G	uardian's records and DO	DO NOT agree enrollme	nt is warranted				
Members' condition must be service	e connected and in the line of duty	while on active orders or on me	dical continuation orders(Initia	ls):				
Comments: (In your own words)								
Name	Email		Phone	Date:				
	To Be Complete	d by AFW2 WII Cell (	ONLY)					
	mbat Awards, Projected DOS/Reitems, status of PEB w/date, rele	evant case notes , etc.)						
Fo	r AFW2 WII Cell - Assig	nment of Care Mana	agement Team					
Region RI Code	NMCM Phase of Care		ead					
Enrollment Email Sent	DOD-CMS		WII Cell CM					
Comments:								
	For AFW2 Use C	Only - Final Determin	nation					
Enrollment Section Lead		Date	Initials					
Comments:								

Effective Date of Worksheet: 1 Apr 25 Controlled by: AFPC/DPFW CUI CATEGORY(IES): PRVCY LIMITED DISSEMINATION CONTROL:FEDCON POC: LAURA NEWTON, 210-565-5021