

CUI

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)

Grade	<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 Service Member's current condition? Does the Service Member have a combat injury, PTSD, TBI or a complex medical condition? What are the immediate needs? In your words, describe how the Airman/Guardian 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 IDCS for PTSD/TBI
- ☐ Identified as SI or VSI on Casualty Report or by medical authority
- ☐ Serious/Severe Medical Conditions
- ☐ Other Considerations:

For Members of the Air Reserve Components (ARC): Must meet criteria above AND in legal status for benefits (injury or illness was service connected and in-the-line of duty and/or while on active orders or medical continuation orders)

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



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



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

CUI

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 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 ☐ 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)

☐ I have reviewed the details of this worksheet and recovering Airman/Guardian's record before making the following recommendation:

RCC Recommendation:

(RCC initials):

☐ 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:

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 and recovering Airman/Guardian's records and ☐ DO ☐ DO NOT agree enrollment is warranted

☐ Members' condition must be service connected and in the line of duty while on active orders or on medical continuation orders (Initials):

Comments:

(In your own words)

Name Email Phone Date:

To Be Completed by AFW2 WII Cell (ONLY)

Relevant Info Retrieved from Military Records:

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

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

AAC 31 AAC 37

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

Comments:

For AFW2 Use Only - Final Determination

Enrollment Section Lead Date Initials

Comments: