

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
- 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 Oct 20

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 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

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 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: