

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