

## Wounded Ill & Injured Referral Worksheet

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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 IDES 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](mailto:afpc.dpfws.wiicell@us.af.mil)



Effective Date of Worksheet: 1 Jan 22

# 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)

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

I have reviewed the details of this worksheet and recovering Airman/Guardian'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

Effective Date of Worksheet: 1 Jan 22

**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**

Division Chief Review  Date  Initials

**Comments:**