

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 Last Name First Name MI

SSN Component AFSC Marital Status

Unit Base

Phone Home Email

Unit Commander Information (Mandatory)

CC Rank/Name Work Email

Individual Referring Service Member

Referred By: Referee Type:

Email: Phone:

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



Effective Date of Worksheet: 13 Apr 22
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)

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

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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:

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