Wounded III & Injured Referral Worksheet

Toll Free: 800-581-9437 Email: afpc.dpfws.wiicell@us.af.mil Confidentiality Notice: The information contained in this worksheet is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This worksheet is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this worksheet is strictly prohibited and may subject you to criminal or civil penalties. If you have received this worksheet in error, please contact the sender immediately and delete this worksheet and any attachments from any computer.

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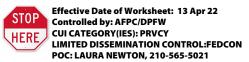
Member Information (Complete ALL blocks)										
Grade	Last Name First Name MI									
SSN	Component			AFSC	Marita	al Status				
Unit		Ва	ise							
Phone		Home Email								
Unit Commander Information (Mandatory)										
CC Rank/Name				Work Email						
Individual Referring Service Member										
Referred By:					Referee Type:					
Email:					Phone:					
	e Member's current condition? t are the immediate needs?	In your words, de	scribe how	the Airman						
AFI 34-1101 Criteria										
In accordance with AFI 34-1101, AFW2 enrollment criteria has been reviewed and applicable conditions indicated below.										
Check all that ap										
Referred (or <u>likely</u> to be referred) to IDES for PTSD/TBI										
Identified as SI or VSI on Casualty Report or by medical authority										
_	re Medical Conditions									
Other Conside										
For Members of	the Air Reserve Components	(ARC): Must meet c	riteria abov	e AND in lega	al status for benefit	ts (injury or il	Iness was			

STOP

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

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

service connected and in-the-line of duty and/or while on active orders or medical continuation orders)



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: SQ/OFC SYM Phone DSN 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 Current conditions impact work performance / activities of daily living Referred to MEB Active case management is required (Initials): Frequent inpatient treatment Injuries/Illnesses are deployment related Long term prognosis (explain below) **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: Effective Date of Worksheet: 13 Apr 22 Phone DSN Controlled by: AFPC/DPFW **CUI CATEGORY(IES): PRVCY**

LIMITED DISSEMINATION CONTROL:FEDCON POC: LAURA NEWTON, 210-565-5021

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 w	orksheet and recovering Airman/G	uardian's records and DO	DO NOT agree enrollme	nt is warranted				
Members' condition must be service	e connected and in the line of duty	while on active orders or on me	dical continuation orders(Initia	ls):				
Comments: (In your own words)								
Name	Email		Phone	Date:				
	To Be Complete	d by AFW2 WII Cell (ONLY)					
	mbat Awards, Projected DOS/Reitems, status of PEB w/date, rele	evant case notes , etc.)						
Fo	r AFW2 WII Cell - Assig	nment of Care Mana	agement Team					
Region RI Code	NMCM Phase of Care		ead					
Enrollment Email Sent	DOD-CMS		WII Cell CM					
Comments:								
	For AFW2 Use C	Only - Final Determin	nation					
Enrollment Section Lead		Date	Initials					
Comments:								

Effective Date of Worksheet: 13 Apr 22
Controlled by: AFPC/DPFW
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LIMITED DISSEMINATION
CONTROL:FEDCON
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