



WOUNDED WARRIOR

carebeyondduty

Unit Leadership Guide for Supporting Our Wounded Warriors



1 April 2026



*Air Force Wounded Warrior
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Wounded Warrior Vision

"This guide provides leaders with the essential program and benefit information needed to assist our wounded warriors. It contains resources to support them whether they remain in uniform or transition to civilian life." Colonel Betsy Ross, Director, Air Force Wounded Warrior Program, (210) 565-2783.

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About this Guide

The intent of this guide is to provide basic program and benefit information applicable to all levels of leadership and ensure they have the information and resources needed to assist our wounded warriors in uniform or when necessary, smoothly transition them to civilian life. It is evident that recovery care cannot occur in isolation and requires a coordinated team effort. The Air Force Wounded Warrior Program, also known as AFW2, is congressionally mandated to provide care and personalized assistance for Wounded, Ill or Injured Airmen or Guardians. This program helps enhance the relationships between Air Force leaders, supervisors and units, Air Force Medical Services, the Department of Veterans Affairs (VA), and the multitude of outside agencies offering care and assistance to wounded warriors and their families.

Thank you for taking care of our wounded warriors, whether they be an Airman or a Guardian.



Overview

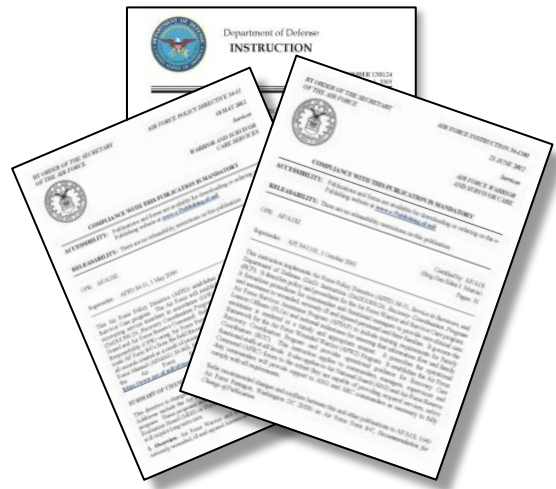
An Air Force Wounded Warrior (AFW2) is an Airman or Guardian who meets one of the following criteria:

- Identified as seriously or very seriously Wounded, Ill, or Injured (WII) on a casualty report.
- Recommended by the medical community as having highly complex medical conditions.
- Is a Purple Heart recipient.
- Has a diagnosis related to Military Sexual Assault (MST).
- Referred to the Integrated Disability Evaluation System (IDES) for Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI).



Air Reserve Components (ARC) criteria is the same to include validation that the injury or illness was service connected and in-the-line-of-duty and/or while on active orders or on medical continuation orders

Governed by DoWI 1300.24, *Recovery Coordination Program*, DAFPD 34-11, *Warrior and Survivor Care Service*, and DAFI 34-1101, *Warrior and Survivor Care*, the Air Force Wounded Warrior Program (AFW2) is designed to assist Air Force and Space Force wounded warriors. AFW2 provides care and assistance from time of injury, treatment, and/or either returned-to-duty (RTD) or has transitioned successfully into civilian life.



No matter where a wounded warrior is located, AFW2 will reach out and support them throughout CONUS and OCONUS. AFW2 provides personalized restorative care to seriously wounded warriors and their caregivers. AFW2's mission is to ensure whether "returned to duty" or "medically separated/retired are well-equipped to manage challenges regardless of their injury or illness. Services are available across the Total Force – Active Duty, Reserve, National Guard, and their families. AFW2 has a saying, "Wounded Warriors over Institution." Simply put, this team serves as Wounded Warrior Advocates!

This guide will walk you through the Recovery Coordination Process (RCP) your wounded, ill or injured Airmen or Guardians will experience. Becoming familiar with this process will ensure you can accurately communicate and follow-up with your wounded warriors. Each Airman or Guardian's Care Management Team (CMT) orchestrates appointments, connecting resources to them and their families, and ensuring complete follow through during the IDES (Medical Evaluation Board (MEB), and Physical Evaluation Board PEB) processes.

Care Management Team

When an Airman or Guardian becomes wounded, ill, or injured, the Care Management Team (CMT) supports both their medical and non-medical needs from the time of injury to reintegration and transition back to military service or civilian life. Recovery Care Coordinators (RCCs) are the voice and face of the Recovery Coordination Process at the installation level. RCCs ensure our wounded warriors get the non-medical support they need to overcome the new challenges they face. The CMT executes the Recovery Coordination Process. Key personnel on the team are:

- Squadron Commander
- Military & Family Readiness Center
- Supervisor
- Transition Case Coordinator (TCC)
- First Sergeant
- Mental Health Counselor
- Recovery Care Coordinator (RCC)
- Nurse Care Manager
- Primary Care Manager (PCM)
- Caregiver
- Medical Case Manager (MCM)
- Physical Evaluation Liaison Officer (PEBLO)
- Family Liaison Officer (FLO)

Additionally, the CMT collaborates with VA medical providers and Federal Recovery Consultants while the wounded warrior is on active duty in a VA facility or if they are transitioning to a VA facility. AFW2 has a VA Consultant on staff to help coordinate complex VA care.

Recovery Care Coordinators (RCCs)

Key Responsibilities of RCC:

- **Guides the Warrior:** Educates the wounded warrior on the Recovery Coordination Process (RCP) and the Integrated Disability Evaluation System (IDES), reducing anxiety and preventing delays.
- **Coordinates Care:** Works closely with the warrior, their medical team, leadership, and the Airman & Family Readiness Center (A&FRC) to find solutions for complex non-medical needs.
- **Keeps Leadership Informed:** Ensures the chain of command is kept up to date on progress and any issues that may arise.
- **Connects to Resources:** Plays a significant role in connecting warriors to the Department of Veterans Affairs (VA) for future healthcare and benefits.

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Location and Availability:

Every installation has an assigned RCC. However, RCCs are responsible for a specific region and may not be physically located on every base. They are often strategically stationed at hospitals and other key locations to best support the highest volume of wounded warriors.

Transition Case Coordinator (TCCs)

The Transition Case Coordinators (TCCs) are part of the CMT and support the RCCs in the field during the phases of care that encompass reintegration/transition and sustainment. The TCC provides assistance with all benefits and entitlements for those wounded warriors transitioning to the civilian sector and helps resolve problems related to benefits and compensation, administrative and personnel paperwork, housing, transportation, and other matters that arise both prior to and during transition.



AFW2 Air Reserve Component (ARC)

ARC TCCs are subject matter experts addresses the unique and complex issues impacting Air Force Reserve or Air National Guard Airmen.

Comprehensive Recovery Plan (CRP)

The CRP, written by the RCC in coordination with the wounded warrior and family, identifies goals and resources they need to achieve them, such as assistive technology, education, employment, and housing. The RCC uses the CRP to guide wounded warriors and their families along their road to recovery, whether that be return to duty or reintegration into the civilian community. They will work with the wounded warrior's chain of command, CMT, and other resources to ensure the Recovery Plan is complete and implemented. As an example, RCCs utilize the CRP to assist with developing a strategy for the following issues:

- Legal and guardianship issues
- Pay and personnel issues
- Invitational Travel Orders
- Lodging and housing adaption
- Education and training benefits
- Commissary and exchange access
- Child and youth care
- Transportation needs
- Transition assistance
- TBI/PTSD support services
- Respite care
- and much more...!

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Needs/Goals/Action Steps - Financial	
Phase of Continuum of Care: Reintegration/Transition	
Domain (Category): Financial	
Category (Needs): SBP - Survivor Benefit Plan	
Requested By: ☒ Client ☐ Family	
Description:	
The Survivor Benefit Plan (SBP) provides financial support to military spouses and/or children when a military member dies while on duty or after retirement. SBP provides eligible beneficiaries with a monthly payment known as an annuity. The recipient of an SBP annuity is referred to as the annuitant. The amount of the SBP benefit is a percentage of retired pay. The percentage depends upon whether the member chooses full or reduced coverage at the time of election (generally at retirement or at 20-year qualification). SBP provides up to 55 percent of a service member's retired pay to an eligible beneficiary upon the death of the member. After the service member passes away, the SBP annuity is paid out monthly to the surviving spouse, or to the child or children of the member. In general, the decision to elect SBP coverage must occur before the date of your military retirement. If you are not married and do not have dependent children at the time you retire, you can enroll in SBP later. Just remember, you must file the SBP election within one year after your marriage or acquisition of a dependent child	
Projected Goal Date: 01 Jan 2026	
Goal:	
Attend a personal one-on-one SBP briefing with an Air Force SBP counselor prior to your retirement date. This is a required briefing	
1. Action:	
Action Description:	Do not depart on PCS or terminal leave until you have received your one-on-one SBP briefing and completed a DD Form 2656. If you are married, your spouse needs to also attend the briefing. The law requires both you and your spouse to be fully informed of the options and effects of the SBP so that you can make an informed decision and so that your spouse will understand the implications of your decision. If you do not complete a DD Form 2656 with a valid SBP election prior to your retirement date, DFAS will establish full automatic spouse and child SBP coverage (even if you are not married/have no dependents). We suggest that you complete the DD Form 2656, including your SBP election, at the conclusion of your one-on-one briefing. If you are married, you may not elect reduced spouse coverage or to decline spouse coverage without your spouse's written consent on the DD Form 2656 after you make the election. The election can be changed at any time prior to your retirement date if you change your mind. However, completing the form at this time leaves "one less thing" you have to remember to do before you retire.
Organization:	Fort Gordon M & FLC
Service/Resource:	https://gordon.armymwr.com/programs/family-advocacy/mflc
Address:	Bldg. 35200, 271 Heritage Park Ln. Fort Gordon, Georgia 30905
Start Date:	02 Oct 2025
Phone:	(706) 791-3579
Status:	Completed
Org. POC:	SBP Counselor
Target Completion Date:	01 Jan 2026
Email:	

Client Name: GRAHAM, GRACE
Last 4 of SSN: 1025

Comprehensive Plan

CONTROLLED UNCLASSIFIED INFORMATION (CUI)

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Recovery Coordination Program

The Air Force Recovery Coordination Program encompasses all the non-medical support to enrolled wounded warriors and their families. The Recovery Coordination Program is designed to organize all available resources in support of family needs when an Airman or Guardian becomes seriously wounded, ill, or injured to include those who have been medically evacuated from the theater. At the same time, the Recovery Coordination Program provides a systematic structure offering assistance, information, and support made available on the family's terms. Families have different needs, so each case must be considered and handled on an individual basis. The Recovery Coordination Program is administered out of the Air Force Wounded Warrior Program (AFW2) office at Air Force Personnel Center (AFPC), Randolph AFB, TX.

Enrollment in the Recovery Coordination Program is based on one of the following conditions:

- Airman/Guardian is identified as Seriously Ill/Injured (SI) (CAT 2) or Very Seriously Ill/Injured (VSI) (CAT 3) on casualty reports.
- Airman/Guardian is diagnosed with highly complex medical conditions (service connected or in-the-line of duty) confirmed by a DOW Medical Authority (examples: Military Sexual Trauma (MST), life threatening illnesses, cancer, chemical exposure, tick-borne diseases)
- Referred to IDES for post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI), and/or MST, etc.),
- Purple Heart recipients are automatically enrolled once identified.
- Air Reserve Component (ARC): Enrollment Criteria for Guard or Reserve personnel is same except requires approved or interim Line of Duty (LOD) determination.

Airmen or Guardians meeting any one of the previous criteria, or whose command determines could potentially benefit from the program, may also be referred from their unit, Medical Case Managers (MCM), local Military and Family Readiness Center (M&FRC) or any other source (including self-referral). A referral can be accomplished by clicking the link on the front of the Air Force Wounded Warrior web page.

The screenshot shows the Air Force Wounded Warrior Program (AFW2) website. A blue arrow points to the 'REFER AN AIRMEN/GUARDIAN' link in the navigation bar. Below the navigation bar, a sample 'Wounded Ill & Injured Referral Worksheet' is displayed. The form includes sections for Member Information, Unit Commander Information, Individual Referring Service Member, and Referral Summary. It also contains a checklist for AFI 34-1101 Criteria and a 'Click All the Basics' section. The form is titled 'Wounded Ill & Injured Referral Worksheet' and includes contact information for AFPC.

AIR FORCE WOUNDED WARRIOR (AFW2) PROGRAM

REFER AN AIRMEN/GUARDIAN OPPORTUNITIES TO SUPPORT AFW2 CALENDAR OF EVENTS

Wounded Ill & Injured Referral Worksheet
Toll Free: 800-581-8427
Email: afpc.dfwes.wic@us.af.mil

Member Information (Complete All Boxes)

Grade: [] Last Name: [] First Name: [] 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: [] Referral 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.

Click All the Basics:

☐ Referred to IDES 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 (ARCs): Must meet criteria above AND in legal status for benefits (injury or illness was service connected and in the line of duty and/or active or reserve medical continuation status).

For Non-ARCs: 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.dfwes.wic@us.af.mil

Save **Cancel**

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In some limited situations, individuals may be enrolled into AFW2 under the Assist process. Criteria being individuals (normally in operational career fields) diagnosed with injury or illness not severe enough to be found unfit for further service by the Medical Evaluation Board (MEB). Examples would be PTSD or other mental health conditions with multiple deployments, combat operations, or witnessing horrific incidents throughout one's career. Service members with complex medical conditions that does not require active case management but would benefit with some type of support. Guard or Reserve personnel with Interim LOD, or terminal illness currently or previously on MEDCON orders or on active-duty orders, and finally Purple Heart recipients who do not require active case management.

Unit leadership is integral to the Recovery Coordination Process. Commanders, First Sergeants, and supervisors have a duty and responsibility to care for wounded warriors and their families. They represent a line of communication for families to ensure their needs are addressed completely as law, directives and customs allow. A wounded warrior's leadership should stay involved in the recovery process in a support role for the wounded warrior and their families. However, medical and non-medical care should be left up to the CMT (specifically, the RCCs, the TCCs and MCMs). AFW2 has no UCMJ authority over enrolled active-duty wounded warriors, as they are still accountable to their unit and the UCMJ. AFW2's job is to provide non-medical care services and does not protect the wounded warrior from being disciplined by their unit. When working with AFW2 staff, wounded warriors must act in a courteous and professional manner.

There are expectations of both the enrolled wounded warrior and AFW2, specifically each must carry out their responsibilities and act in good faith to optimally overcome the challenges the wounded warrior faces. AFW2 staff wounded warriors and wounded warriors will treat each other with courtesy, politeness and kindness always. Relationships which are professional, positive, supportive, and respectful provide the best outcomes for the wounded warrior and caregiver. If at any time the Division Chief, Air Force Wounded Warrior Program has determined the wounded warrior's conduct is outside the boundaries of common decency and is a detriment to the Air Force, AFW2, or other enrolled wounded warriors that person will be inactivated from the program. If this is the case the wounded warrior would make themselves ineligible for additional services and unit leadership would be informed of the actions leading to inactivation. Lastly, while AFW2 has a requirement to enroll our most seriously wounded, ill or injured, wounded warriors may decline services by sending an email to their care representative with their desire to do so.

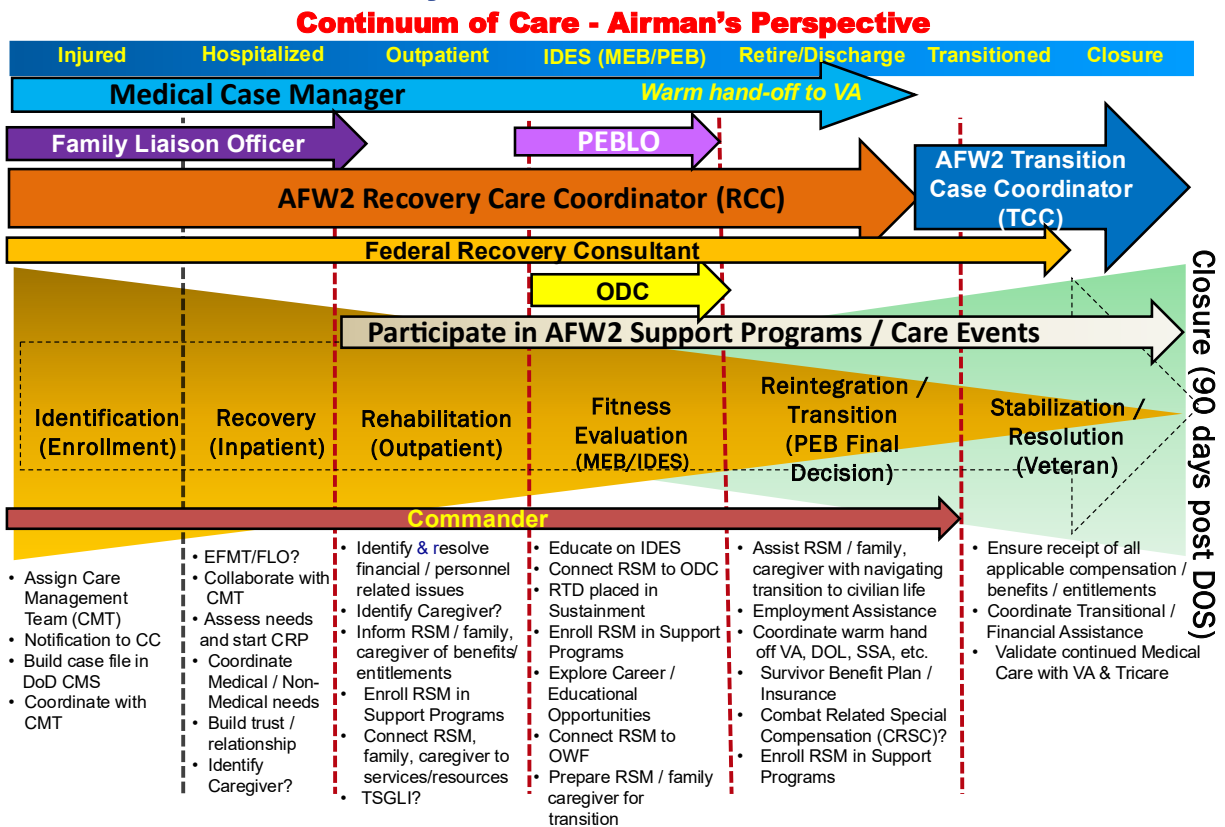
AFW2 uses the term "Airman for Life" somewhat loosely. The program's goal is to provide wounded warriors with the necessary services at the right time so they can successfully recover and move forward with the essential resiliency skills and fortitude to go about their daily lives. The VA is charged with taking over continued long-term support. Once a wounded warrior is permanently separated or retired, AFW2's overall role is very limited.

Enrolled wounded warriors are expected to get involved with their own recovery. They need to ask their AFW2 Care Team questions on how to further participate in all the great support programs AFW2 offers. Wounded warriors are responsible in helping create goals for themselves that are realistic and necessary in helping their overall transition.

7-Phased Continuum of Care

The 7-Phased Continuum of Care encompasses the recovery process for wounded warriors, their family and/or their designated caregivers' needs. Family wounded warriors and caregivers serve an important role in the recovery and transition of a wounded warrior. They provide emotional support, stability and assist the Airman or Guardian in navigating available transition benefits and programs. (See DAFI 34-1101, *Warrior and Survivor Care*)

Recovery Coordination Process



1. IDENTIFICATION:

Wounded, ill or injured Airmen or Guardians who meet the referral criteria are assigned a CMT consisting of a RCC, TCC, and a Medical Case Manager. Coordination with, and notification to the M&FRC, unit leadership, and Family Liaison Officer (FLO) is essential to properly address the needs of the wounded warrior, their family, and/or their caregiver.

Initial medical and non-medical assessments are conducted to determine needs in key areas and to facilitate developing and planning the CRP. The CMT will coordinate prioritized medical and non-medical support and services and develop the coordinated CRP. The assigned care coordinator will provide support to the wounded warrior as appropriate and ensure all personnel policies are advocated for and troubleshoot awards, decorations, and pay issues.

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2. RECOVERY:

The CMT actively advocates for the wounded warrior and monitors the evaluation process, ensures personnel policies are applied as applicable, explores career and education goals, assesses financial wellness, and assists the wounded warrior, family and caregiver in their recovery and/or transition goals.

3. REHABILITATION:

Continue to monitor the wounded warrior, family and caregiver needs. Resolve issues (medical, financial, personnel, logistical, etc.) and assist with locating services and resources as needed. When a wounded warrior is in rehabilitative care and it's determined they are unable to perform full military duty, or unlikely able to do so within a reasonable period, the CMT will coordinate with the wounded warrior, family, and/or caregiver to develop a plan of action for continuance of AF service or transition into the civilian community. The Airman or Guardian will be introduced to the Adaptive Sports Rehabilitation Program (ASRP) and other resiliency programs during this phase.

4. FITNESS EVALUATION:

The Physical Evaluation Liaison Officer and RCC educate the Airman or Guardian on the full spectrum of the IDES process and provide sound policy guidance and direction based on the wounded warrior's goals (additional IDES info on page 15).

5. REINTEGRATION/TRANSITION:

In close coordination with the local M&FRC, the CMT works together ensuring the wounded warrior is provided assistance with navigating either their successful reintegration to active duty or their transition to civilian life. The CMT assesses the wounded warrior's needs and adjusts services to ensure the wounded warrior, family, and caregiver are afforded applicable transition services. If a wounded warrior is transitioning to civilian life, the CMT refers them to the M&FRC and coordinates a warm hand-off to outside agencies: Department of Veterans Affairs (VA), Department of Labor (DOL), community resources, etc. This process can be physically and emotionally exhausting for our wounded warriors. Commanders should ensure continued contact and provide assistance wherever needed. Commanders should always offer a retiring wounded warrior a retirement ceremony, including those put on the Temporary Disability Retired List (TDRL).

6. STABILIZATION/RESOLUTION:

Wounded warriors in this phase have separated, or retired and are reintegrating back into the civilian community. Wounded warriors of the CMT will coordinate with the wounded warrior to ensure all applicable entitlements and benefits have been submitted. The CMT will also coordinate transitional financial assistance and troubleshoot any pay account issues. AFW2 will validate with the wounded warrior that the warm hand-off to outside agencies is meeting needs.

7. SUSTAINMENT:

Wounded warriors are placed into Sustainment once they have successfully reintegrated back into their unit as a returned to duty Airman or Guardian. While in sustainment, they will not be receiving active case management but can continue to inquire with their local RCC if they have any needs or if their medical situation

changes. In this phase of care, wounded warriors are still considered enrolled into the program and may participate in any AFW2 Support programs or activities.

8. CLOSURE:

Cases are “closed” once the wounded warrior has received a final disposition (i.e., PDRL, DWS, regular retirement, separation, etc.) and afforded all applicable benefits and entitlements. Normally, a wounded warrior’s case will be terminated NLT 90 days post DOS. Once the case is closed, AFW2 will not provide any additional care management services as responsibility shifts to the Department of Veteran Affairs (VA). With that said, the veteran is still eligible to receive funding to travel and participate in AFW2 Care Event Adaptive Sports and Resiliency activities up to one year post DOS/Retirement.



IDES

IDES is a system used by the Department of War (DOW) and the Department of Veteran Affairs (VA) to evaluate the nature and extent of disabilities affecting service members. The IDES is operated by the Secretaries of the Military Departments and includes medical evaluations to determine if a service wounded warrior should return to duty, separate or retire from military service. When the service wounded warrior is found medically unfit for continued service, the IDES provides a proposed disability rating before the service wounded warrior separates or retires. Medical evaluations through the IDES can be one of the most significant events in the life of a service wounded warrior who incurs a disabling wound, illness, or injury while serving. The overall goal of the IDES is to provide a seamless transition for that Airman or Guardian.

NOTE: When a service member is found medically unfit for continued service, but meets a specific set of criteria, he/she may continue active duty under a Limited Assignment Status (LAS); however, the number of service members retained under Limited Assignment Status is minimal (additional info on page 31).

Medical Evaluation Board / Physical Evaluation Board

When an Airman or Guardian is referred to the IDES, a Physical Evaluation Board Liaison Officer (PEBLO) is assigned to them to ensure the Airman or Guardian’s case file is complete and the case moves forward in a timely manner. As the “go to” person for the Airman or Guardian, the PEBLO provides information about the IDES process, helps manage their expectations, briefs the Airman or Guardian on their MEB and/or PEB results, and their rights. A Military Service Coordinator (MSC) from the VA is also assigned to work directly with the Airman or Guardian. The MSC’s primary role is to assist service members with applying for VA compensation claims within the IDES and to coordinate their medical evaluation appointments. The MSC is the liaison between DOW and VA throughout the IDES process. MSC’s can also assist active-duty personnel with other benefits such as auto or housing grants. Unit leadership should take an active role in ensuring the wounded, ill or injured Airman or Guardian’s MEB and/or PEB is submitted in a timely manner and assist the RCC and the medical team with obtaining any required documents.

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A MEB is an informal board comprised of at least two IDES trained physicians and a medical authority, who are responsible for MEB oversight at the installation level. The MEB determines if an Airman or Guardian has a medical condition that prevents them from reasonably performing the duties of their office, grade, rank, or rating. When the MEB reviews the case and considers the Airman or Guardian's ability to return to duty is questionable, the case is forwarded to a Physical Evaluation Board (PEB).

A PEB, held at AFPC, is comprised of a PEB president, a personnel officer, and a medical officer. The PEB determines if the Airman or Guardian is either "fit" or "unfit" to return to duty. During the PEB process, the Airman or Guardian's case is referred to the VA for a preliminary disability rating. When an Airman or Guardian is found fit to return to duty, they are reintegrated back into military service. When the PEB determines the Airman or Guardian is unfit to return to duty, the Airman or Guardian is referred for transition back to civilian life (normally a medical retirement).

RCCs help family wounded warriors understand the IDES process. Unit leadership should be kept informed during the IDES process and any questions that arise should be directed to the PEBLO.

Office of Disability Counsel (ODC)

General Corps Office of Disability Counsel (ODC) mission is to deliver prompt, professional, independent legal counsel to fit, ready warriors determined to return to the mission and to wounded, ill or injured Airmen and Guardians facing medical retirement or separation. The ODC does not work for the installation chain of command, Medical Treatment Facility, AFPC or the Department of Veteran Affairs. Their sole purpose is to provide free counsel to wounded warriors so they can receive the best possible outcome. Their legal advice and counseling are confidential. They advise the Airman or Guardian on DES appeal options with the Formal Physical Evaluation Board. They fight for service members at administrative hearings and appeals to the Dept. of Veteran Affairs and Secretary of the Air Force (SAF). When individuals immediately contact the six calendar days to make an explain the findings and the on the wounded warrior's the case.

OFFICE OF DISABILITY COUNSEL

555 E. Street West, Bldg. 663
JB SA-Randolph, TX 78150
Tele (210) 565-0739 /DSN 665-0739
Toll Free 1-855-MEB-JAGS
afloaja.disabilitycounsel@us.af.mil
www.facebook.com/officeofdisabilitycounsel



A medical separation or retirement from service does not have to be done alone. The Judge Advocate



receive their results from the Board (IPEB) they should ODC because they only have election. The ODC will appeal options available based specific goals before preparing

Supporting Warriors in Distress

Support to wounded warriors, whether they have physical or invisible wounds, or are combat or non-combat is an inherent obligation of command, especially those who are in distress. It is imperative that leaders at all levels take the time to get to know their wounded warriors as unit leadership represents the first line of communication for warriors and families to ensure their needs are addressed as completely as possible. Leaders at all levels must promote an environment of healthy and adaptive behaviors, foster the Wingman culture, and encourage responsible help-seeking behavior and not tolerate any actions that prevent wounded warriors from responsibly seeking help or professional care.

Air Force Handbook 1, *Airman*

Although the information is intended to be of a general nature, the *Air Force Handbook 1, Airman* provides readily accessible and practical guidance that can orient wounded warriors in stressful situations toward potential supportive actions. Throughout the handbook, there is a strong emphasis on prevention. Leaders are encouraged to maintain vigilance for potential stressors and to take immediate action to mitigate negative impact before it occurs. The Handbook also serves to strengthen everyone's effectiveness at recognizing distressed personnel by providing brief overviews of a wide range of potential stressors as well as any symptoms the Airman or Guardian may display. Leaders should understand AFW2 is NOT a preventative care program. Rather they only enroll those who have already been diagnosed with very seriously wounded, ill or injured wounded warriors.

Air Force Resilience

The Department of the Air Force Integrated Resilience (<https://www.resilience.af.mil>) is dedicated to helping our forces and families find the resources and support they need to succeed and thrive in all aspects of military life. Resiliency, mental and physical health, spirituality, positive relationships – those are the qualities for which we strive for in ourselves and others. Air Force Integrated Resilience is looking for ways to improve our tools, training, communication and initiatives for the warrior. On their website you can get help with a crisis, be informed to help yourself or others, learn about/build resilience and find additional resources such as Medical Mental Health Quick Guides, Personal or Family Quick Guides, Safety Quick Guides and Career & Work-Related Quick Guides on topics such as:



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MEDICAL MENTAL HEALTH QUICK GUIDES

Anxiety and Nervousness
Concussion
Death of Someone Close or Unit Member
Deployment Stressors
Depression
Following Up With Distressed Personnel
Medical Problems
Post-Traumatic Stress Disorder PTSD
Potentially Traumatic Incidents
Psychiatric Hospitalization
Suicidal Behaviors

PERSONAL OR FAMILY QUICK GUIDES

Financial Pressures
Legal Problems and Investigations
Relationship or Marital Problems
Special Family Needs
Thriving Airmen and Families

CAREER & WORK RELATED QUICK GUIDES

Assignment and PCS Stressors
Work-Related Stressors
Support During Administrative Separation
Mental Health & Your Career Stigma FAQ

SAFETY QUICK GUIDES

Alcohol or Drug Abuse
Separation or Retirement
Sexual Assault
Sexual Harassment
Unintentional Injury
Violence Harassment Assault
Domestic/Family
Violence Harassment Assault Work Related

MOBILE APPS ARE A GREAT RESOURCE TO HELP MAINTAIN YOUR RESILIENCY



ThinkUp
Build self-improvement and develop motivation



Motivation
Get daily quotes to help keep a positive mindset



I Am
Daily affirmations help rewire our brains, build self esteem and change negative thoughts



#Mindful
This is like getting a text from a good friend telling you how much you're appreciated



Daylio Journal
Self care bullet journal with goals

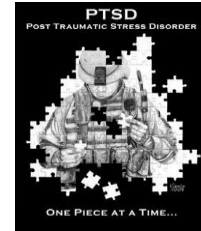


MyLife Meditation
Learn to meditate and be more mindful

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Mental Health

The local Medical Treatment Facility's (MTF) Mental Health Flight has a variety of experienced and credentialed professionals for mental health care. Patient care uses evidence-based practice and research proven interventions to empower Airmen and Guardians. Wounded warriors seeking help for deployment-related PTSD can be treated through the Mental Health Clinic. Commanders should seek out information through their MTFs for help on the best ways to assist their wounded warriors.



Installation Chapel Team

Religious Ministry Teams, chaplains and religious programs give spiritual, moral, and emotional care to wounded warriors and their family wounded warriors.

Military Family Life Consultants (MFLCs)

Military Family Life Consultants work directly with M&FRC staff and act as a liaison with the local community to provide behavioral health support services including one-on-one individual support to wounded warriors and their families. The Military Family Life Consultant is available for casual, even spontaneous outreach opportunities for discussing issues experienced within the military community.

Defense Suicide Prevention Office (DSPO)

Defense Suicide Prevention Office strives to foster a climate that encourages wounded warriors to seek assistance for life's challenges. Note, they do not provide crisis services. (<https://www.dspo.mil/>)

Military/Veterans Crisis Line

This service connects Veterans in crisis and their families and friends with qualified, caring Veterans Affairs responders through a confidential, toll-free hotline, online live chat and text messaging service.



 Dial 988 then Press 1

 Chat

or Text 838255

Vets4Warriors

Vets4Warriors – This program is designed to provide 24/7 confidential, stigma-free peer support by Veterans to Active Duty, National Guard and Reserve service members, Veterans, Retirees, and their families/caregivers. (1-855-838-8255; (<http://www.vets4warriors.com>))



Homeless Vets

Homeless Vet Hotline (877-24-3838)

Real Warriors Campaign

The Real Warriors Campaign is a multi-media public awareness campaign designed to encourage help-seeking behavior among service members, Veterans and military families coping with invisible wounds. The campaign is an integral part of the Department of War's overall effort to encourage warriors and families to seek appropriate care and support for psychological health concerns. This site features articles and resources for both wounded warriors and their families, and has outlets on social media, message boards, mobile site and live chat. (<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign>)



Vet Centers

Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional counseling to eligible veterans, active-duty service members, including National Guard and Reserve components, and their families. Readjustment counseling is offered to make a successful transition from military to civilian life or after a traumatic event experienced in the military. Individual, group, marriage, and family counseling is offered in addition to referral and connection to other VA or community benefits and services. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief, and transition after trauma. Vet Centers also offer Bereavement and Military Sexual Trauma counseling. Call the Vet Center Call Center at 877-927-8327 to determine where the nearest Center is located to you. (<https://www.vetcenter.va.gov/>)

Warriors Heart

Warriors Heart provides treatment to adult men and women who are seeking inpatient treatment for chemical dependency, alcohol abuse, and co-occurring psychological disorders relating to PTSD or the psychological disorders relating to PTSD or the psychological effects of mild traumatic brain injury. Contact number is (888) 598-4987. 24/7 support is available. (<https://www.warriorheart.com>)



First Dawn Recovery

At both First Dawn Recovery and Desert Winds Recovery Center, this organization provides trauma-informed, evidenced based treatment for our nation's heroes struggling with substance abuse disorders, PTSD, and co-occurring mental health challenges. Their intimate, specialized programs ensure each veteran receives personalized care in a supportive environment. Call (702) 903-9847, (<https://pinnaclebhs.com/our-programs/first-dawn-recovery/>)



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TACP Foundation

The TACP Foundation offers core programs designed to support, honor, and empower the TACP community. Each program addresses a critical need, ensuring that no TACP is left behind, whether on active duty, transitioning to civilian life, or supporting the families of the fallen. (<https://tacpfoundation.org/>)

Help for Heroes

The Help for Heroes Program is designed to meet the recovery needs of active-duty wounded warriors, veterans, first responders and other high-risk frontline professionals dealing with trauma-related disorders including PTSD, MST, combat operational stress, substance abuse, suicidal and homicidal ideation, depression and anxiety. It also has a women's inpatient treatment program designed exclusively to meet the recovery needs of female active duty or those in veteran status. (<https://helpforheroes.com/>)



Brain Injury Rehabilitation Service



As a collaborative interdisciplinary team, our mission is to provide exceptional, comprehensive, and outcomes-driven brain injury rehabilitation to wounded warriors, family wounded warriors, and retirees. Their vision is to be the best brain injury rehabilitation program within the Department of War. Located at Brooks Army Medical Center (BAMC), they can be contacted at (210) 916-8537 or (210) 916-8693.

Shepherd Center – TBI Program

SHARE Military Initiative is for military veterans, wounded warriors, and first responders who are ready to accept help and healing for their daily struggle with traumatic brain injuries and mental health concerns. “Traumatic brain injury (TBI) significantly increases the risk of suicidal ideation (SI) and behaviors due to neurobiological changes, cognitive impairments, and emotional dysregulation.”



Non-Medical Considerations

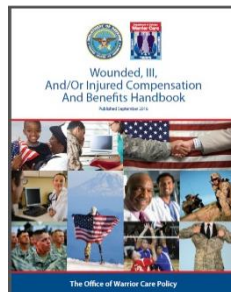
It is important to understand all the benefits, compensation, programs, and resources that may be available to your wounded warriors.

Wounded, Ill, or Injured Compensation and Benefits Handbook

This handbook is a quick reference guide for

wounded, ill or injured service members and their loved ones during rehabilitation to reintegration. This handbook was designed to provide information on:

- Recovery resources
- DOW pay and allowances
- Compensation and benefits



- Medical care
- Disability Evaluation System
- Reintegration into civilian life

The Handbook was compiled in cooperation with the VA, DOL, Health and Human Services, and Department of Education along with the Social Security Administration, and the military services. This guide is available at: (<http://warriorcare.DOWlive.mil/benefits/compensation-and-benefits/>)

Special Compensation for Assistance with Activities of Daily Living (SCAADL)

SCAADL is a monthly compensation to a service wounded warrior whom has been certified by a DOW or Department of Veterans Affairs (VA) licensed physician to need assistance from another person(s) to perform the personal functions required with activities of daily living (ADLs) and/or supervision and protection and in the absence of such assistance from a person(s), the service wounded warrior would require hospitalization, in nursing home care, or other residential institutional care. The service wounded warrior is highly unlikely to return to duty or will most likely be medically separated or retired from the military. This program is voluntary. This compensation is taxable and is not retroactive.

Pay and Allowance Continuation (PAC)

Pay and Allowance Continuation may allow the continued payment of certain pay and allowances (with the exception of Family Separation Allowance) by the Department of the Air Force to any Airmen/Guardians (Active, Guard or Reserve) who, in the line of duty, incurs a wound, illness or injury while serving in a combat operation or a combat zone, while also serving in direct support of combat operations in a designated imminent danger pay area or while exposed to a documented hostile fire event (regardless of location), and is hospitalized for treatment of the wound, illness or injury. To qualify, wounded warriors must be treated as inpatient upon evacuation from the theater/incident and may continue Pay and Allowance Continuation when subsequent outpatient treatment is provided for the same medical condition. Pay and Allowance Continuation is a monthly entitlement and is not prorated. Pay and Allowance Continuation entitlement will start

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on the first day of the month when the Airman/Guardian becomes eligible for Pay and Allowance Continuation, and it will terminate on the last day of the month when it is determined the Airman is no longer eligible to receive Pay and Allowance Continuation.

Combat Zone Tax Exclusion (CZTE)

To qualify for the CZTE, Airmen/Guardians must be hospitalized for treatment of an illness or injury incurred while serving in a combat zone. In all cases of hospitalization for CZTE a memorandum confirming dates of hospitalization is required.

Traumatic Service Members' Group Life Insurance (TSGLI)

TSGLI provides traumatic injury coverage to all service members covered under the SGLI program. It provides short-term financial assistance to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. TSGLI provides tax-free, lump-sum payments in increments of \$25,000, up to \$100,000, depending on the extent of the Service wounded warrior's loss. TSGLI is not only for combat injuries, it also provides insurance coverage for on or off duty injuries.



Wounded Warrior Pay Issues

Wounded Warrior Pay Management Team is available to assist AFW2 staff with pay and benefit issues identified by enrolled wounded warriors. For retiree pay issues, AFW2 is considered a Retiree Services Office (RSO) as well as a Branch of Service Personnel. As such, AFW2 authorized personnel have access to DFAS Retired Pay Direct Call Phone line when trouble shooting initial retiree pay issues. Information regarding pay and benefits can be found in the DOW Office of Warrior Care Policy publication entitled the *Wounded, Ill, and/or Injured Compensation And Benefits Handbook* (<http://warriorcare.DOWlive.mil/benefits/compensation-and-benefits/>).

Medical Travel

Invitational Travel Orders (ITOs) are government-funded orders that provide for travel to and from the hospital, and cover lodging costs, meals, and incidental expenses. Emergency Family Medical Travel (EFMT), provided as ITOs, can authorize up to three people designated by an Airman or Guardian to travel to a medical facility while the patient is receiving official treatment but must be identified as necessary by the primary medical authority. EFMT must be recommended by the Commander of the local medical treatment facility treating the Airman/Guardian and submitted to the Air Force Casualty Division for final approval. For EFMT, the following rules apply:

- Very Seriously Injured (VSI) / Seriously Injured (SI): Designated individuals may be provided with one round-trip between the designated individual's home and medical facility in any 60-day period.
- Not Seriously Ill/Injured (NSI): Designated individuals are authorized a 30-day maximum stay providing the following conditions are met: (1) the wounded warrior must be in a hospitalized status; (2) the injury must have occurred in a combat zone or combat operation; and (3) the medical facility must be in the U.S.

Non-Medical Attendant (NMA) Pay and Tracking

A Non-Medical Attendant (NMA) is an individual who is designated by a wounded, ill or injured Airman or Guardian to assist him/her with activities of daily living. The NMA must be authorized by the attending physician or surgeon, approved by the senior MTF Commander, and coordinated with the local patient travel office for someone to serve as an NMA. The wounded warrior is authorized as an initial NMA for up to 180 days, extensions are possible.

Special Considerations for ARC Members

Incapacitation (INCAP) Pay

The purpose of INCAP Pay is to authorize pay and allowances (less any civilian earned income) to those wounded warriors who are not able to perform military duties because of an injury, illness or disease incurred or aggravated in the line of duty; or to provide pay and allowances to those wounded warriors who are able to perform military duties but experience a loss of earned income as a result of an injury, illness or disease incurred or aggravated in the line of duty (37 U.S.C. § 204). (See DAFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*.)

Medical Continuation (MEDCON)

The purpose of MEDCON is to authorize medical and dental care for wounded warriors who incur or aggravate an injury, illness, or disease in the line of duty and to provide pay and allowances while they are being evaluated, treated for or recovering from a service-connected injury, illness or disease. Air Reserve Component wounded warriors may be entitled to MEDCON when they are unable to perform military duties due to an injury, illness or disease incurred or aggravated while serving in a duty status (See DAFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*).

Air Reserve Component (ARC)

Air Reserve Component (ARC) Cell addresses the unique and complex issues affecting Air Force Reserve or Air National Guard Bureau Airmen.

Programs & Resources

Military & Family Readiness Centers (M&FRC)

M&FRCs are base-level conduits to assist wounded warriors and their families with a myriad of support functions. M&FRCs provide services in Transition and Relocation Assistance, Personal Financial Readiness, Personal and Work-Life, Spouse Employment, Air Force Aid Society Assistance, Key Spouse, and Volunteer Assistance.



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Key Spouse

Part of the M&FRC portfolio is the Commander's Key Support Program, orchestrated by your unit's leadership. The program incorporates new readiness, resource and connectedness objectives designed to help commanders meet the needs of the modern family. Key Spouses are a focal point for information and support for families in your unit. Key spouses are in a great position to assist you with pulling resources together to assist the wounded, ill or injured Airmen or Guardians and their families with additional help not otherwise offered in a formalized program.

<https://www.afpc.af.mil/Portals/70/documents/KEY%20SUPPORT/Commander's%20Key%20Support%20Program%20Desk%20Guide%20April%202025%20%20Final.pdf?ver=ONSecpGF7BJYAfzuOC-bLw%3d%3d>

Transportation Security Administration (TSA) Military Severely Injured Joint Support Operations Center (MSIJOC)

TSA, along with the DOW created this program to assist wounded warriors and their families while traveling. The benefits of this program include expedited screening and curbside-to-gate service. This program is available to all wounded warriors and their families traveling through any airport. To take part in the program, wounded warriors or their RCCs may contact TSA, at (855)787-2227, with details of the itinerary once flight arrangements are made with the airline.

- Toll-free contact number is available Monday through Friday from 8 a.m. to 11 p.m. (EST/EDT) and weekends and holidays 9 a.m. to 8 p.m. (EST/EDT)
- E-mail is also available: TSA-ContactCenter@tsa.dhs.gov

National Resource Directory (NRD)

The National Resource Directory (NRD) is a website for wounded warriors, Veterans, caregivers, and their families, providing access to services and resources at the national, state and local levels. It supports recovery, rehabilitation, and community reintegration on topics such as benefits and compensation, education and training, employment, health, homeless assistance, housing, and travel among others. The Directory also includes a highlighted section on specific resources for families and caregivers. RCCs are the focal point for this program with more than 17,500 programs at their fingertips through the National Resource Directory. RCCs will, upon request, coordinate and contact the programs on behalf of the wounded warrior to initiate the discussion or service. (www.nationalresourcedirectory.gov)

Helping Wounded, Ill or Injured

The installation's fitness center has specialized fitness equipment and training available to assist any wounded warrior of the base community who may not be able to use conventional exercise machines due to an injury or disability. Commanders and supervisors should learn what is available on your installation to encourage squadron wounded warriors and their families of this benefit.

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Warrior Care Month



In 2008, the Secretary of Defense designated November as Warrior Care Month with the intent of informing wounded warriors of the military, their families, and communities about the programs and initiatives provided by Department of War Warrior Care programs. Throughout the month of November, the Office of Warrior Care Policy and all the Wounded Warrior programs will highlight various programs, activities and stories of recovery and personal triumphs. Warrior Care Month is not only about what is being done for our Nation's wounded, ill or injured service members, but also about what they do for us, how they continually give back to our communities, their families and this great Nation they have sacrificed so much to protect.

At the discretion of the base commander, Recovery Care Coordinators (RCCs) can contact/organize and bring the installation's active duty wounded warriors together for a meet and greet in a formal or informal setting w/ base leadership teams. This practice is highly encouraged during Warrior Care Month. Installation support for such an event is highly encouraged and always appreciated.

Defense Center of Excellence (DCoE) Resource Catalog

This DOW resource is a one-stop shop for psychological health and TBI products and programs for wounded warriors, Veterans, families and health care providers. The types of resources included in the catalogue are clinical recommendations and support tools, educational materials, product fact sheets and mobile applications. Consult your Airman or Guardian's medical team before referring them to any DOW Mental Health programs. (<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence>)

Caregiver Resource

There may not be a better one stop listing of wounded warrior care resources than what's provided in the DOW's Military Caregiver Support Directory. While its purpose is to provide available resources to the caregivers of wounded warriors it truly is a must have for the wounded warrior, caregiver and those who support and provide assistance to them. This resource is designed to provide information in a manner that enables one to quickly identify many of the available resources which address one's particular needs and requirements. (<https://nrd.gov/misc/crdDownload>)



Air Force Aid Society

Air Force Aid is the official charity of the Air Force. Most importantly they can provide emergency assistance for wounded warriors when unexpected financial emergencies arise with no-interest loans or grants. These financial assistance programs help meet immediate financial emergency needs and help make a positive step toward a lasting financial solution.

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Air & Space Forces Association (Financial Assistance Grants)

Not all wounded Airmen and Guardians are eligible for continued financial support from the DAF following their retirement. By design, AFA's Wounded Airmen & Guardians Program exists to fill these gaps and ensure all the rehabilitative and quality-of-life needs of our wounded warriors can be met. AFA offers Financial Assistance grants to eligible wounded warriors and caregivers that can be used to cover a variety of needs from short-term rent and utility payment to pre-loaded gas cards. Grants can also help cover the cost of adaptive equipment to help wounded warriors rehabilitate through adaptive sports.

In emergency situations, AFA's Wounded Airmen & Guardians Program can approve and process financial assistance grants within 24 hours. They act quickly when they need to, such as paying an electric bill the same day so the wounded warrior's family will not be negatively affected. All financial assistance grants are provided directly to the bill collector or vendor with no checks being cut directly to wounded warriors. All financial assistance grant requests must be coordinated through AFW2 RCC or TCC. Once it has been validated that the need cannot be met by the Department of the Air Force, the Veterans Administration, Air Force Aid Society, or other key agencies, the AFW2 Region Lead submits a grant request to AFA's Wounded Airmen & Guardians Program. All financial assistance grant requests go before AFA's Wounded Airmen & Guardians Program Committee. The committee performs an ethics review, reviews the applicant's budget for long-term sustainability, approves or denies the request, and determines the level of support the grant will cover.

AFW2 Support Programs



Recovering Airman Mentorship Program (RAMP)

AFW2's Recovering Airman Mentorship Program (RAMP) objective is to motivate recovering wounded warriors by helping them develop one-on-one relationships with their peers who are farther along in the recovery process. These mentors are excellent resources for wounded warriors, who motivate by sharing their real-life experiences. Mentors are not care providers; they are the voice of experience who truly understand what the wounded warrior is going through. Mentors are a listening ear, one who understands and provides straight answers to personal and challenging questions. The program offers a recovering wounded warrior a wingman they can call on request. Caregivers may also benefit from the program by being paired with a caregiver mentor who understands their individual needs and is well-versed in navigating the transition assistance environment.

AFW2's Recovering Airman Mentorship Program (RAMP)



Adaptive Sports Program (ASP)

AFW2's Adaptive Sports Program provides rehabilitative/competitive athletic activities to all wounded warriors to improve their physical and mental quality of life.



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Ambassador Program

AFW2's Ambassador Program trains wounded warriors at CARE Events and workshops how to professionally tell their personal story and how AFW2 helped in their recovery to showcase resiliency in recovery to audiences across the Air Force and Space Force. Being able to put words to individual experiences allows wounded warriors to endure their journey and heal. When addressing Air Force or Space Force audiences, AFW2 Ambassadors capitalize on the opportunity to create change and impact one's perspective. Educating leadership about the AFW2 program is key to helping ensure current and future Airmen and Guardians are informed about resources available to them during a time of need.



Caregiver & Family Support Program (CFSP)

Caregivers are the unsung heroes of wounded warriors. AFW2 provides them with training, skills, and tools to help positively affect their environment. The AFW2 Caregiver and Family Support Program (CFSP) works directly with the Recovery Care Team, Peer Support Coordinators, Department of Veterans Affairs Caregiver Support Program, and M&FRC staff to ensure support services are provided based on individual and family needs. Through a variety of venues to include the Regional Warrior CARE Events, caregivers learn skills to help positively impact their role as a caregiver. Caregivers learn to enlist the help of other family wounded warriors and friends, how to enjoy personal time away from a loved one without guilt and learn about the multitude of resources and assistance available.

The AFW2 CSP hosts periodic caregiver call-in town hall meetings for caregivers of wounded warriors. During the caregiver call-in, there is a brief presentation on a relevant topic such as: post-traumatic stress disorder/traumatic brain injury, final/retired/ VA compensation, entitlements, benefits, SCAADL, mentorship, caregiver support, IDES process, employment assistance, communication/outreach, and participation in adaptive/rehabilitative sports. After the presentation, AFW2 Subject Matter Experts (SMEs) are available to answer questions and address issues. This valuable forum allows AFW2 staff to connect with caregivers to answer/address questions and concerns and provide timely information. Lastly, this is another great opportunity for caregivers to share their own experiences with each other.



Employment Initiative Program (EIP)

AFW2's EIP provides support to care management teams and transitioning wounded warriors. The EIP Program equips, encourages, and empowers recovering wounded warriors and caregivers in the development and achievement of employment goals in the civilian community. Participants receive personalized coaching and guidance to ensure positive management of career changes, building effective ways forward and taking charge of their post-military lives. For more information, please contact AFPC.DPFWS.EIT@us.af.mil.



Community Programs

Creates a unified effort to promote and connect wounded warriors and their loved ones with community-based events, growth opportunities, resources, and services. It focuses on developing a network of organizations to meet the needs of our AFW2 population. We are continually expanding the network by engaging with the over 46,000 Veteran Support Organizations (VSOs) nationwide. Through our objectives of outreach, education, and assistance, the AFW2 population will find resources to meet most of their needs. Community Programs provide “Featured Events” with the focus of introducing the AFW2 population to each other and Veteran Service Organizations in their respective community.

Resiliency Program

The Resiliency Program is designed to offer a range of restorative workshops to help develop independence and confidence. Wounded warriors who participate in the Resiliency Program workshops will learn how to apply skills in their daily lives to improve the social, mental, and spiritual pillars of resiliency.

RESILIENCY TRACK WORKSHOPS



ART WITH A PURPOSE

CELEBRATE THE ARTIST IN YOU! LEARN HOW TO EMBRACE YOUR CREATIVE SIDE WHILE LEARNING DIFFERENT ART FORMS AND MEDIUMS. BE FREE TO CREATE.



SPIRITUAL WELLNESS

AS A PILLAR OF THE COMPREHENSIVE AIRMAN FITNESS, MAINTAINING INDIVIDUAL SPIRITUALITY IS A PRIMARY COMPONENT FOR YOUR OVERALL WELL-BEING.



RESILIENCY THROUGH LAUGHTER

EXPERIENCE RESILIENCY THROUGH COMEDY AND CONNECTEDNESS THAT WILL STRENGTHEN YOUR IMMUNE SYSTEM AND BOOST YOUR MOOD.



MOTIVATIONAL SPEAKER

LEARN THE BENEFITS OF RESILIENCY THROUGH OUR SPEAKER AS HE PROVIDES TOOLS FOR EVERYDAY USE



IMPROV TO IMPROVE

ENRICH YOUR LIFE WITH THE POWER OF LAUGHTER. PROMOTE SOCIAL & PERSONAL GROWTH BY LEARNING THE SKILLS OF APPLIED IMPROVISATION AND COMEDY.



WRITE TO RECOVERY

LEARN ABOUT THE RESILIENCY PROPERTIES OF RELIEVING STRESS AND ANXIETY BY CRYSTALIZING YOUR THOUGHTS, EMOTIONS, & FEELINGS THROUGH JOURNALING.



FOCUS THROUGH PHOTOGRAPHY

FOCUS YOUR WORLD WITH THE PERSPECTIVE OF PHOTOGRAPHY. DISCOVER ITS BENEFITS ON THE MIND, NEW WAYS OF THINKING & VIEW LIFE DIFFERENTLY.



ROCK TO RECOVERY

GROW THROUGH THE INFLUENCE OF MUSIC. DISCOVER YOUR INNER ROCK STAR & RELEASE STRESS BY PLAYING A VARIETY OF INSTRUMENTS & LYRIC-WRITING.

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CARE Events

CARE Events feature AFW2 support programs: Caregiver Support, Adaptive Sports, Ambassador Program, Recovering Airman Mentorship (RAMP) Program, and Resiliency. Personalized support is provided by AFW2 through four annual regional Warrior CARE Events, integrating all support programs into one platform to strengthen mental, physical, spiritual and social well-being of enrolled wounded warriors and caregivers.



Adaptive Sports and Resiliency Program workshops play a large role at CARE Events. They are an integral part of AFW2. Their mission is to motivate and encourage wounded warrior participation in introductory, rehabilitative, and competitive adaptive sports and resiliency programs. Participation in these programs support recovery, strengthen resilience, and enhance physical, emotional, and psychological quality of life throughout the continuum of care of wounded warriors and their caregivers. Resiliency workshops are offered to introduce wounded warriors to programs that enhance coping skills, mood regulation, and communication in a group setting. The programs include music, art and other workshops designed to help wounded warriors find positive ways to relax and reduce stress. Introductory Adaptive Sports modify the way traditional sports are offered to meet each wounded warrior's abilities. Examples of adaptive sports at Regional Warrior CARE events or through Community Programs offered through benevolent organizations and VA may include:



Archery (Compound/Recurve)	Rock Climbing/Hiking (Community Program)	Swimming (50m Free, 50 m Back, 100m Free)
Cycling (Upright/Recumbent/Hand Cycle)	Scuba Diving (Community Program)	Track (100m, 200m, 400m, 1600m)
Equine (Community Program)	Shooting (Air Rifle/Pistol – Skeet/Trap)	Wheelchair Basketball (Team Sport)
Field (Discus/Shotput – Standing/Sitting)	Sitting Volleyball (Team Sport)	Wheelchair Rugby (Team Sport)
Fishing/Hunting (Community Program)	Snow Sports (Community Program)	Yoga
Golf (Community Program)	Surfing (Community Program)	

The benefits of physical activity for wounded warriors include lower blood pressure, weight management, and enhancement of the rehabilitative process. In addition, adaptive sports and activities provide a social support system with individuals facing similar situations.

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The holistic benefits of these programs for wounded warriors include increased resilience, hope, and enhanced recovery. Participation reduces stress, improves quality-of-life for the wounded warrior, strengthens their personal relationships, and may lead to decreased need for medication or negative coping mechanisms. In addition, CARE events offer a social support system of individuals facing similar situations that allows wounded warriors to focus on their role on a team, contribute to the team's overall success, build confidence, and establish and redefine their abilities versus focusing on their disabilities. The social connections created through the CARE events become strong bonds for most attendees and are often the first lifeline used when a wounded warrior or caregiver needs support or encouragement.



Annual Air Force Wounded Warrior Competitive Events

AFW2 executes the annual Air Force Trials which is where wounded warriors participate in a week-long adaptive sports competition (archery, cycling, shooting, sitting volleyball, swimming, track and field, wheelchair basketball, wheelchair rugby, indoor rowing, and resiliency programs). The purpose of the Air Force Trials is for each competitor to achieve their personal best and further establish their competitive or recreational adaptive sports goals. This is also their opportunity to be selected to represent the Air Force at the DOW Warrior Games, a competition for wounded, ill or injured service members, hosted by a rotational branch of service and supported by the Department of War and community partners. The Office of the Secretary of Defense's (OSD) Office of Warrior Care Policy (WCP) provides oversight and support for the Adaptive Sports and Reconditioning programs for all services. The Office of Military Community and Family Policy provides oversight and policy for the DOW Warrior Games and the Invictus Games.



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Warrior Games

Created in 2010, the DOW Warrior Games is an annual Paralympic-style competition designed to showcase the resilient spirit of our nation's wounded, ill or injured service members and veterans from all branches of the military.



Athletes representing teams from the Air Force, Army, Marine Corps, Navy/Coast Guard, and Special Operations Command compete for gold, silver and bronze medals in archery, cycling, field, shooting, sitting volleyball, swimming, track, and wheelchair basketball. The Warrior Games is an opportunity to demonstrate support for military wounded warriors, and their families who have sacrificed greatly on behalf of our nation.



Following a visit in 2013 to the US based Warrior Games, Prince Harry was inspired to create an expanded international version. The inaugural Invictus Games took place in London in the fall of 2014 and attracted more than 450 competitors from 13 nations. The second Invictus Games took place in May 2016 in Orlando, Florida and built on the excitement of the London Games with more than 500 competitors from 15 nations. Each Invictus Games brings in over 500 competitors from over 15 nations

compete in various sports to include: archery, athletics, indoor rowing, powerlifting, road cycling, volleyball, wheelchair basketball, wheelchair tennis, wheelchair rugby, swimming, and a sponsored driving challenge.



Staying in Uniform

Limited Assignment Status (LAS)

Some wounded warriors found physically unfit by a PEB can serve on AD in Limited Assignment Status with limitations and controls over their assignments. According to AFI 36-3212, retention in this status depends upon the “type and extent of the wounded warrior's physical defect or condition, the amount of medical management and support needed to sustain the wounded warrior on AD,

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the physical and assignment limitations required, the years of service completed, and the Air Force need for the grade and specialty.” Per AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, the number of wounded warriors retained in Limited Assignment Status will be held to an absolute minimum.

Temporary Disability Retired List (TDRL)

If an Airman or Guardian has completed a VA reevaluation after going on TDRL, for the same condition they were MEB'd; the AF TDRL office can use the VA reevaluation and be sent to IPEB. An Airman or Guardian will be placed on TDRL when the wounded warrior has a condition that meets the requirements for a disability retirement, but the disability has not sufficiently stabilized to accurately assess the permanent degree of disability. TDRL personnel are required by law to undergo physical examinations at least once every 12 months. TDRL Airmen or Guardians can remain on that list for up to three years providing the condition has not stabilized IAW the IPEB. If, after going on TDRL, an Airman or Guardian has completed a VA reevaluation for the same unfitting conditions identified by the Physical Evaluation Board (PEB), the AF TDRL office can use the VA reevaluation and be sent to Air Force PEB.

Fitness Testing

All Airmen or Guardians are expected to adhere to testing requirements as outlined in AFI 36-2905, *Fitness Program*, based on their medical profile. RCCs and wounded warriors' leadership should ensure the Unit Fitness Program Manager and the medical staff have appropriately marked the wounded warrior's physical fitness profile for accurate testing. Airmen or Guardians who are pending an MEB or PEB may not be reassigned, PCS or placed in TDY status until the MTF determines medical disposition. Instruction on limitations can be found in DAFI 36-2110, *Assignments*.

Non-Rated Periods

In some cases, supervisors at all levels should consider whether a “Non-Rated Period” evaluation is appropriate. When an Airman or Guardian's disability prevents them from performing at the same level they once had before the illness or injury, then it may be very reasonable to consider the Non-Rated Period option. See AFI 36-2406.

Step 1: Provider will initiate recommendation for unrated period to CC on AF Form 469

Step 2: Unit CC or Civilian Director approves request (does not have to be in writing). The presumption will be in favor of the Airman requesting the non-rated period.

Step 3: Rater will not consider, nor comment on, the Airman's performance during the non-rated period.

Step 4: Using the AF Form 707, enter the following: "Airman is not rated for this period: (date) through (date). No comments authorized IAW AFI 2406 in Sections IV, V, and VI of the AF Form 707."

Note: Sexual Assault victims (unrestricted reports only) may apply or should be considered for non-rating periods. The Airman will submit the request using the memorandum format located in AFI 36-2406 to his/her unit commander/equivalent for approval. The unit commander or director will determine the non-rated period. It is prohibited to include comments on any correspondence relating to or regarding the wounded warrior's filing of a report of sexual assault, receiving support

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services, and/or participating in the investigation process and/or judicial proceedings. Additionally, commanders should be aware that IAW DAFI 36-3003, commanders can authorize up to 30 days of convalescent leave for Airmen and Guardians who are survivors of sexual assault.

Reporting Identifiers (RI)

The Air Force developed a set of specific personnel policies for those Airmen/Guardians who suffered a serious combat related injury or illness. To identify wounded warriors eligible for these policies, the AFW2 reporting identifiers are:

RI 9W000 (enlisted)/92W0 (officers) Combat Wounded Warrior. The initial assignment of this RI is provided solely for identifying wounded warriors who have suffered a combat-related illness or injury. This RI will be applied and updated in Military Personnel Data System (MilPDS) initially by Air Force Wounded result of combat.

RI 9W100 (enlisted)/92W1 (officers) Assist Enrollee. An Airman or Guardian who has likely been returned to duty, and whose diagnosis is less severe not requiring MEB or DES nor active case management but needs some level of support to increase resiliency. Normally approved for individuals assigned to operational career fields, first responders, and those who have deployed multiple times.

RI 9W200 (enlisted)/92W2 (officers) Combat Wounded Warrior with Exemptions. This RI provides exceptions to some personnel policies (e.g., promotion, evaluation, assignment, and professional military education exemptions, etc.) for wounded warriors who sustained very serious combat-related injuries, severely disabling illnesses, or loss of cognitive abilities. The RI does not confer any other combat related benefit or entitlement. Combat related RI re-evaluation requirement. Wounded warriors awarded reporting identifier 9W200 /92W2 will be reviewed annually, no later than the anniversary date of the previous medical certification.

A DoW medical authority (primary care manager or mental health provider) must confirm that the injury or illness is combat related for award of the 9W200 or 92W2 RI prior to the Physical Evaluation Board final decision. After receiving the confirmation from the medical authority, Air Force Wounded Warrior leadership will make the final decision on award of the RI.

When the Review In Lieu Of (RILO) or medical evaluation process determines to return the wounded warrior to duty, those Airmen or Guardians previously awarded RI 9W200/92W2 will change to 9W000/92W0. In a return to duty status, combat injured or ill Airmen can be considered for 9W200/92W2 only when they have active medical assignment limitation codes.

RI 9W300 (enlisted)/92W3 (officers) Non-combat Wounded Warrior: The initial designation of this RI is provided solely for the purpose of identifying wounded warriors enrolled in AFW2 with non-combat related illnesses or injuries.

Leadership Guide for Supporting our Wounded Warriors

Community College of the Air Force (CCAF)

of enrollment at the time of their separation or retirement. No degree programs can be started after separation.

Per Public Law, any enrolled Air Force wounded warrior may continue to participate in their current degree program



Service Dogs



Recovering Airmen or Guardians who have medical conditions that clinically require the assistance of a service dog for activities of daily living, as authorized by DOWI 1300.27, *Guidance on the Use of Service Dogs by Service Members*, or who, on a physician's or therapist recommendation are recommended to have a service dog may utilize service dogs on Air Force installations. Authorized service dogs may be used on Air Force installations by all service members and their family, regardless of service component or duty status. A service dog is defined by 42 U.S.C. § 12101 et seq, Americans with Disabilities Act (ADA), as any dog trained to provide support to individuals with physical, cognitive or psychological disabilities.

Unit Commanders participate in CMT suitability assessments to recommend or non-recommend an Airman/Guardian be assigned a service dog. During this assessment they document recommendations, along with any recommended restrictions on the use of a service dog.

The CMT weighs all matters deemed appropriate in the wounded warrior's specific circumstances and provides pertinent information to facilitate the primary care manager's decision to recommend or non-recommend a service dog.

In accordance with the Americans with Disabilities Act, it is unlawful to ask about a service wounded warrior's disability, require medical documentation, special identification card or training documentation for the dog or ask that the dog demonstrate performing its work or task. When it is not clear what service a service dog provides, the disabled wounded warrior is not required to answer questions other than: "Is the service dog required because of a disability," and "What work or task has the dog been trained to perform." It is prohibited to confirm eligibility for use of a Service Dog with either the service wounded warrior's chain of command or medical provider.

Leadership Guide for Supporting our Wounded Warriors

Government Housing Inspections

Facility inspections ensure support for wounded warriors and their families when the recovering service wounded warrior has been wounded or injured or has an illness that prevents him or her from providing that support. As part of the Fiscal Year 2008 National Defense Authorization Act, installation Inspector Generals (IG) are required to inspect government provided facilities which house patients on medical hold. To ensure compliance with DOW standards, inspectors will use the checklist located at the end of Attachment 8, AFI 90-201 when performing the wounded, ill or injured base housing inspection.

Commanders are ultimately responsible for ensuring appropriate steps are taken to meet wounded warrior needs. The goal is to ensure individual government owned housing units (on-base housing units, dormitory rooms, and Temporary Lodging Facilities) meet needs based upon the recovering service wounded warrior's medical condition(s). In addition to the scheduled wounded, ill or injured inspection, the recovering service wounded warrior's commander will perform a pre-occupancy inspection of the residence (or as soon as possible if notification is not timely enough to allow an inspection before the recovering service wounded warrior physically occupies the government owned housing or if the recovering service wounded warrior occupied the residence prior to receiving recovering service wounded warrior status). On a monthly basis, AFW2 RCCs keep each installation IG apprised of Air Force wounded warriors living in any type of government quarters, i.e., dorms, on-base contracted housing, TLFs, or DOW lodging quarters.

Wounded Warrior Childcare



Air Force combat related wounded warriors enrolled in AFW2 with RI of 9W200/92W2/92W0 have childcare priority benefits at on-base Child Development Centers (CDCs). The mission of Installation CDCs is to provide childcare to support the personnel and the mission of the DOW, to include combat related wounded warriors.

"The highest priority for full-time care shall be given to qualifying children from birth through age 12 years of age of combat-related wounded warriors, child development program direct care staff, single or dual active-duty Military Service Members, single or dual DOW civilian employees paid from APF and NAF, surviving spouses of military wounded warriors who died from a combat related incident, and those acting in loco parentis on behalf of the eligible patrons. Apart from "combat- related wounded warriors", ALL eligible parents or caregivers residing with the child are employed outside the home."

Supporting the Caregivers of Wounded, Ill or Injured Airmen or Guardians

Wounded Warrior Listings

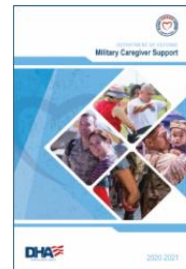
The question AFW2 often gets from commanders is “How do I find out who my wounded warriors are in my unit, my group, or my wing?” The answer is commanders at all levels, their command staffs and both base level and command level DSAs (formally known as Personnel Systems Management (PSMs)) can identify enrolled wounded warriors.

The BLSDM Commander Management Roster and Alpha Roster both have columns which identify 2AFSC, 3AFSC and 4AFSC where the appropriate RI 9W/92W (wounded warrior) is identified. Additionally, MAJCOM or installation/base level DSA's can pull designated DISCOVER products allowing easy access to rosters containing all wounded warriors within their purview.

Any questions pertaining to this message should be addressed to AFW2 Data Management Section at 210-565-4860.

Caregiver Resource

Caregivers are paramount in the care and support of our wounded warriors. They deal with significant life changes, taking care of themselves while caring for, supporting, and diving into unknown territory for resources and processes in which their new wounded warriors are required to partake. The Caregiver Resource Directory is designed to help empower caregivers with information from more than 300 different resources and programs from government and nonprofit organizations just for them. (<http://warriorcare.DOWlive.mil/caregiver-resources/>)



VA Caregiver Support

The VA has trained professionals who help find services and support avenues for wounded warriors and their caregivers. They provide general services to include caregiver support, medical resources for TBI and PTSD, and assistance in staying organized with tips and resources to alleviate specific burdens.

National Caregiver Support Line

This Support Line, (855) 260-3274, is open Monday to Friday, 8 am to 10 pm (ET), and Saturday, 8 am to 5 pm (ET). Licensed clinical social workers are available to discuss issues and resources for wounded warriors and their caregivers. (<http://www.caregiver.va.gov>)

Primary Family Caregiver's Stipend

This VA program's stipend is paid directly to the primary family caregiver based on care level and a GS-04 pay scale for the local area where the veteran resides. There is a specific eligibility criteria and certifications required to receive this benefit on a tiered basis depending on the amount and degree of personal care services provided. Special Compensation for Assistance with Activities of Daily Living (SCAADL), covered on page 21, is the DOW program for caregivers and has its own criteria and requirements.

Transition Planning

For wounded warriors, ensuring a successful transition and reintegration enables them to lead a full and rewarding life that meets personal recovery and transitional goals. Proactive transition planning is important to ensure gaps are identified prior to separation or retirement from service. A matrix of transition services which lists the various programs available can be found at: <https://www.DOWtap.mil/>.



Survivor Benefit Plan (SBP), Reserve Component Survivor Benefit Plan (RC-SBP) and Retired Serviceman's Family Protection Plan (RSFPP)

Survivor Benefit Plan and Retired Serviceman's Family Protection Plan provide eligible beneficiaries with a form of benefit called an "annuity." An annuity is a monthly payment for the lifetime of the beneficiary. The amount of the benefit is a percentage of your retirement benefit based on your election.

Transition Assistance Program (TAP)

The redesigned Transition Assistance Program (TAP) was initiated by the Veterans Opportunity to Work Act of 2011. The Veterans Employment Initiative requires that four mandates be completed by all military personnel before separating or retiring. The Airman or Guardian contacts the local M&FRC to first schedule the pre-separation counseling and to receive detailed information on other available transition services. TAP services delivered will be adjusted to meet needs of the wounded warrior and caregiver, either during a one-on-one or group session.

Combat-Related Special Compensation (CRSC)

Combat-Related Special Compensation (CRSC) is a non-taxable special compensation for combat-related disabilities. To qualify for CRSC, the service wounded warrior must be entitled to and/or receiving military retired pay, be rated at least 10 percent for a qualifying condition by the VA, waive VA pay from retired pay, and file a CRSC application with the service wounded warrior's Branch of Service. More information can be found at the DFAS CRSC website: <https://www.dfas.mil/retiredmilitary/disability/crsc.html>.

Leadership Guide for Supporting our Wounded Warriors

Operation Warfighter (OWF)

Operation Warfighter (OWF) is a federal agency internship program to allow transitioning recovering service members to develop and practice newly assessed and identified work skills in a non-military work environment. The main objective of OWF is to place recovering service members in supportive work settings that positively impact their recovery. The program represents an opportunity to facilitate recovering service members development and employment readiness by providing assistance with resume building, exploring employment interests, and developing job skills through internship opportunities. Command elements should strongly consider OWF applications that come across their desk. Allowing this group of wounded warriors to participate strengthens their confidence and gives them as many opportunities as possible to increase the likelihood of their success before they transition into the civilian community.

Education and Employment Initiative (E2I)

Education and Employment Initiative is a DOW program that assists wounded warriors early in their recovery process. By identifying their skills and matching them with the education and career opportunities that will help them successfully transition to civilian life. The program's regional coordinators, individuals who work with the wounded, ill or injured service members to identify skills, career opportunities that match those skills, and determine educational requirements for a desired career path, are located throughout the United States.

Verification of Military Experience and Training (VMET)

This program provides validation of a Service wounded warrior's identity and record for the purpose of furnishing certification or verification of any job skills and experience acquired while on active duty that may have application to employment in the civilian sector.

(<https://milconnect.dmdc.osd.mil/milconnect/public/faq/Training-VMET>)

VetJobs

VetJobs (vetjobs.org) is a 501c3 non-profit who provides no-cost one-on-one full service for all service members and their families. They don't just help candidates find meaningful employment, rather they also offer training, credentialing, resume assistance, and interview prep, all at no-cost to candidates or employers. VetJobs can be contacted at 877-696-7226 or email: askus@vetjobs.org.



Tricare Health Plans and Eligibility

- Only those who were traditionally retired and Active Duty medically retired are eligible for cover age. Those who were Discharged with or without benefits are not eligible to receive coverage.
- Only those National Guard and Reservist who have 20 satisfactory years of service or were medically retired
- Continues through the length of being on the Temporary Disability Retired List

Leadership Guide for Supporting our Wounded Warriors

Health Plans Available (Options) –

- Tricare Prime (to include Prime Remote, Overseas, Remote Overseas)
 - Can include all eligible dependents if enrolled within 90 days of the DOS
 - Uses a Military or Network Provider (commonly referred to as “PCM”)
 - Must be referred to a specialist by the PCM
 - Accepts copayment and files all claims
 - Out of pocket payment for the plan depending on SM only or + Family
 - Must be enrolled in coverage of no more than 90 from DOS or wait for a qualifying life events (QLE) or annual open enrollment. No exceptions. (For a complete list of QLEs search: <https://tricare.mil/LifeEvents/QLE>)
 - If the separating Active-Duty service wounded warrior plans on transitioning to coverage under their active-duty spouse, they only have 90 days to do it or must wait until another QLE or annual open enrollment.
- Tricare Select (to include Overseas)
 - Retired (even medically) for SM and if family wounded warriors if desired
 - Free to make appointments with any Tricare -authorized provider without PCM
 - Appointments not for primary or specialty care may need prior authorization
 - Simple to use, just present retired military ID as proof of coverage
 - Out of pocket includes annual OP deductible, Co-pay
 - Great for continuity of care with provider who wasn't in Tricare network which the service wounded warrior
 - Must be enrolled in coverage no more than 90 from DOS or wait for a qualifying life event or annual open enrollment. No exceptions.
- Tricare Direct
 - Coverage a SM falls into when they didn't enroll in within 90 days of their DOS
 - Service wounded warrior and dependents are medically covered only at military medical treatment facilities on a space available only
 - Does not receive a PCM
- Transitional Assistance Management Program (TAMP)
 - Allows Tricare Prime coverage to continue for up to 180 days without cost under specific circumstances (see link below)
 - Cannot be rolled into a continuation of plan after 90 days from DOS
 - After 180 days all former service members and their dependent's benefits will end including children
 - Extended Care Health Option, can continue to receive care in some cases beyond age limits
 - Dependent family wounded warriors have been enrolled in EFMP

Department of Veterans Affairs (VA)

Some of the previous features experienced in eBenefits have been moved to VA.gov. Veterans, service members, wounded warriors, their family wounded warriors, and their authorized caregivers can research, access, and manage their benefits and personal information. (<https://www.va.gov>.)

Veterans still need to use VA/DOW eBenefits to access certain features and benefits. Other applications can now be found on VA.gov.

- Use VA/DoW eBenefits to:
 - Purchase Care Health Benefit Forms
 - Specially Adapted Housing (SAH) Grant (requires DS Logon)
 - Contact information and VA/DOW Email Address Updates
 - Representative for VA Claims Search
 - VA Letters for Dependents
 - Compensation Exam Appointment Calendar
 - VA Prescription Refills
 - VA Medical Messaging
 - My HealthVet Resources
 - VA Medical Records
 - Weight Management Questionnaire
 - Military Personnel File
 - myPay
- Use VA.gov to:
 - Disability Compensation / Claim Status
 - Add or Remove Dependent
 - Pension Exam Appointment Calendar
 - Pension Benefits
 - Education Benefits (Montgomery GI Bill and Post-9/11 GI Bill)
 - Certificate of Eligibility for Home Loan
 - Veteran Readiness and Employment Benefits
 - VGLI Policy Management
 - VA Health Care
 - Burial Benefits
 - Direct Deposit and Contact Information Update
 - My VA Appointments
 - Release medical records to VA
 - Upload supporting documents for a submitted claim
 - VA Letters for Veterans
 - Hearing aid batteries and Accessories
 - Order Prosthetic Socks
 - Airborne Hazards and Open Burn Pit Registry
 - Appeal Status for Compensation, Education, Health Care, Insurance, Pension and Housing

Center for Women Veterans (CWV)



The CWV mission is to monitor and coordinate VA's administration of health care, benefits, services, and programs for women Veterans. This program serves as an advocate for cultural transformation and to raise awareness of the responsibility to treat women Veterans with dignity and respect to #BringWomenVeteransHome2VA.

DOD SkillBridge



The DOW SkillBridge program is an opportunity for service members to gain valuable civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of service. DOW SkillBridge connects transitioning wounded warriors with industry partners in real-world job experiences. (<https://skillbridge.osd.mil/index.htm>)

For wounded warriors, DOW SkillBridge provides an invaluable chance to work and learn in civilian career areas. For industry partners, DOW SkillBridge is an opportunity to access and leverage the world's most highly trained and motivated workforce at no cost. Wounded warriors participating in DOW SkillBridge programs continue receiving their military compensation and benefits, while industry partners provide civilian training and work experience.

Installation and unit commanders who have wounded warriors about to transition from active duty, bridge the gap between their end of service and the beginning of their civilian careers with the DOW SkillBridge participation. Commanders ease this military-to-civilian transition period for their wounded warriors when they permit SkillBridge participation with trusted employers.

Service members can be granted up to 180 days of permissive duty to focus solely on training full-time with approved industry partners after their chain of command, field grade commander, provides written authorization and approval. These industry partners offer real-world training and in-demand work experience while having the opportunity to evaluate the service wounded warrior's suitability for future employment.

VA Pre-Discharge Program

The Benefits Delivery at Discharge program allows service members to submit a claim for disability compensation between 180 to 90

days prior to separation, retirement, or release from active duty or demobilization. VA needs a minimum of 90 days to complete the medical exam process (which may involve multiple specialty clinics) prior to separation from service. <https://benefits.va.gov/BENEFITS/benefits-delivery-discharge-program.asp>



Am I eligible to use the BDD program?

You may be eligible for the BDD program if you meet all of these requirements.

All of these must be true:

- You're a service member on full-time active duty (including a member of the National Guard, Reserve, or Coast Guard)
- You have a known separation date
- Your separation date is in the next 180 to 90 days
- You're available to go to VA exams for 45 days from the date you submitted your claim
- You can provide a copy of your service treatment records for your current period of service when you file your claim

Veteran Readiness & Employment (VR&E)

This service is available to assist service-connected veterans with an employment barrier to find suitable careers. Program counselors work with eligible individuals to help reach their specific employment goals. This is accomplished by developing a personalized rehabilitation plan following on the five tracks (<https://www.benefits.va.gov/vocrehab/>):

- **Reemployment:** Whenever possible, VR&E helps Veterans return to work with a former employer by supporting the employer's efforts to provide accommodations that enables the Veteran to continue along the same or similar career path.
- **Rapid Access to Employment:** VR&E helps veterans who are ready to enter the workforce, find, apply for and secure suitable jobs. VA may provide professional job placement assistance, job accommodations and other specialized support.
- **Self-Employment:** VR&E may aid Veterans, who have limited access to traditional employment and have the skill and interest to start a business, by helping to analyze the proposed business plan and providing training on how to market and operate a small business.
- **Employment through Long-Term Services:** For veterans who require additional skills or training to find competitive, suitable employment, Veteran Readiness and Employment will provide assistance, which may include education benefits, on-the-job training, work study, apprenticeships or other job preparation programs to help them to obtain appropriate employment.

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- **Independent Living:** Some veterans may be unable to return to work, but with assistance from VR&E, they can lead a more independent life. VA helps them with access to community-based support services, the use of assistive technologies and accommodations and independent living skills training. For additional information, visit <https://www.va.gov/careers-employment/vocational-rehabilitation/programs/independent-living/>
- **My HealthVet** – This website, <https://www.myhealth.va.gov/index.html>, is VA’s online personal health record. It was designed for Veterans, active-duty service members, their dependents and caregivers. My HealthVet helps you partner with your health care team. It provides opportunities and tools to make informed decisions and manage your health care.
- **PACT Act** – The PACT Act is a new law that expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. The PACT Act adds to the list of health conditions that we assume (or “presume” are caused by exposure to these substances. This law helps the VA provide generations of Veterans and their survivors with care and benefits they’ve earned and deserve. For more info call 800-698-2411 (TTY: 711). You can file for claim at: <https://www.va.gov/disability/file-disability-claim-form-21-526ez/introduction>

**Refer feedback and recommended changes to this guide to Mr. Scott Wilson, AFPC/DPFWM, 210-565-4967, scott.wilson.42@us.af.mil.

Getting Our Airmen or Guardians to Stay Connected

Air Force Wounded Warrior (AFW2)

www.woundedwarrior.af.mil



Facebook Page

www.facebook.com/airforcewoundedwarrior



Instagram

<http://instagram.com/afw2>



National Resource Directory

www.nrd.gov



Military OneSource
Wounded Warrior Resource Call Center
1-800-342-9647



Veterans Crisis Line
Dial 988 then Press “1”
Text: 838255



DCOE Outreach Center
(PTSD and Psychological Health)
1-866-966-1020



Suicide Prevention
1-800-273-TALK (8255)



VA Homeless Programs
(877) 4AID-VET (877-424-3838)



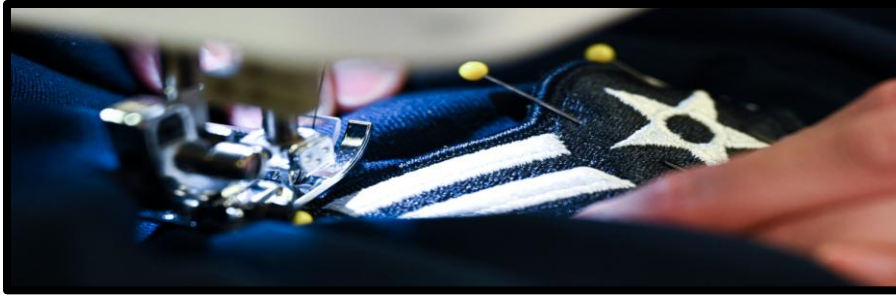
Wounded Warrior Project
888.WWP.ALUM (997.2586)



<https://www.woundedwarriorproject.org/programs/wwp-registration>

Acronyms

AFPC	Air Force Personnel Center
DAFPD	Air Force Policy Directive
AFW2	Air Force Wounded Warrior
CMT	Care Management Team
CRP	Comprehensive Recovery Plan
CRSC	Combat-Related Special Compensation
DCoE	Defense Center of Excellence
DSPO	Defense Suicide Prevention Office
DOL	Department of Labor
E2I	Education and Employment Initiative
FLO	Family Liaison Officer
IDES	Integrated Disability Evaluation System
INCAP	Incapacitation
ITO	Invitational Travel Orders
LAS	Limited Assignment Status
LOD	Line of Duty
MCM	Medical Case Manager
MEB	Medical Evaluation Board
MEDCON	Medical Continuation
MFLCs	Military & Family Life Consultants
MSIJC	Military Severely Injured Joint Support Operations Center
M&FRC	Military & Family Readiness Center
MTF	Military Treatment Facility
NMA	Non-Medical Attendant
NRD	National Resource Directory
NSI	Not Seriously Ill/Injured
OSD	Office of Secretary of Defense
OWF	Operation Warfighter
P2P	Peer-to-Peer
P&R	Personnel & Readiness
PAC	Pay and Allowance Continuation
PCM	Primary Care Manager
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PECD	Promotion Eligibility Cutoff Date
PTSD	Post-Traumatic Stress Disorder
RCC	Recovery Care Coordinator
RAMP	Recovering Airmen Mentorship Program
RCP	Recovery Coordination Process
RC-SBP	Reserve Component Survivor Benefit Plan
RI	Reporting Identifier
RSFPP	Retired Serviceman's Family Protection Plan
RTD	Returned to Duty
SBP	Survivor Benefit Plan
SCAADL	Special Compensation for Assistance with Activities of Daily Living
SI	Seriously Ill/Injured
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
TCC	Transitional Case Coordinator
TDRL	Temporary Disability Retired List
TSGLI	Traumatic Service wounded warrior's Group Life Insurance
VA	Veterans Affairs
VMET	Verification of Military Experience and Training
VSI	Very Seriously Ill/Injured
WCP	Warrior Care Policy



WOUNDED WARRIOR
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