



WOUNDED WARRIOR

carebeyondduty

A Unit Leadership Guide for Supporting Our Wounded, Ill or Injured



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Leadership Guide for Wounded, Ill or Injured Airmen or Guardians

Warrior Care Directory (1-800-581-9437, wounded.warrior@us.af.mil)			
TITLE	DSN	COMM	EMAIL
Chief, Air Force Warrior and Survivor Care Branch (A15)	222-4522	(703) 692-4522	
Chief, Warrior Care Division (DPFW)	665-2783	(210) 565-2783	
Chief, Warrior Support Branch	665-4413	(210) 565-4413	
Chief, Non-Medical Care Branch	665-4967	(210) 565-4967	
Contract Program Manager	665-4931	(210) 565-4931	
Enrollment/Travel Team/Hero Miles Program Manager	665-5021	(210) 565-5021	afpc.dpfws.wiicell@us.af.mil
Empowerment in Transition Program	665-0731	(210) 565-0731	afpc.dpfws.eit@us.af.mil
RAMP Program Manager	665-4605	(210) 565-4605	afpc.dpfws.ramp@us.af.mil
Caregiver Program Manager	665-5326	(210) 565-5326	afpc.dpfws.caregiver@us.af.mil
Outreach & Ambassador Program Manager	665-2481	(210) 565-2481	afpc.dpfw.ambassadorworkflow@us.af.mil
Communications Program Manager	665-2117	(210) 565-2117	afpc.dpfw.commandmktg@us.af.mil
Adaptive Sports Program Manager	665-2808	(210) 565-2808	afpc.dpfw.adaptedsportsworkflow@us.af.mil
Community Programs Program Manager	665-3998	(210) 565-3998	afpc.dpfw.afw2communityprgm@us.af.mil
Wellness & Resiliency Section Lead	665-5629	(210) 565-5629	afpc.dpfw.wellnessteam@us.af.mil
Special Compensation for Assistance with Activities of Daily Living (SCAADL)	665-0991	(210) 565-0991	afpc.dpfw.scaadl@us.af.mil
Strategic Analysis & Standardization Cell (SASC) Program Manager	665-1402	(210) 565-1402	afpc.dpfw.afw2stratanalysis@us.af.mil
Airman for Life (A4L) and Quality Assurance Program Manager	665-2554	(210) 565-2554	afpc.dpfw.a4l@us.af.mil
TRAC Program Manager	665-2323	(210) 565-2323	afpc.dpfw.afw2tdrl.cell@us.af.mil
TRAC Team Lead	665-4976	(210) 565-4976	afpc.dpfw.afw2tdrl.cell@us.af.mil
ARC Gov PM	665-2739	(210) 565-2739	
ARC Team Lead	665-2740	(210) 565-2740	
NW/PACAF Regional Team Lead	665-0680	(210) 565-0680	
SW Regional Team Lead	665-1427	(210) 565-1427	
NC Regional Team Lead	665-5539	(210) 565-5539	
SC Regional Team Lead	665-5539	(210) 565-5539	
NE & USAFE Regional Team Lead	665-1555	(210) 565-1555	
SE Regional Team Lead	665-2921	(210) 565-2921	
VA Federal Recovery Consultant	665-2921	(210) 565-2921	



Wounded Warrior Vision

We will provide well-coordinated & personalized support to wounded, ill or injured Total Force recovering service members (RSM) and their Caregivers and families. The program will advocate for the member to ensure accessibility and minimize delays and gaps in medical and non-medical service. We will use a 7 Phase Continuum of Care that runs from the initial identification through recovery and rehabilitation to reintegration back into active duty or transition to retirement or separation. The Continuum of Care allows us to anticipate needs of the member and to connect them with resources to assist them as needed. The goal is to provide a refined, simplified transition back to duty or into civilian life, ensuring recovering service members are well-equipped to manage challenges because of their wounds, injuries or illnesses.

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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. This guide will ensure you have the information and resources needed to assist our Wounded, Ill or Injured Airmen or Guardians. 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 was instituted in 2005 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 and the multitude of outside agencies which offer care and assistance to our Wounded, Ill or Injured Airmen or Guardians and their families.

The purpose of this guide is to give you a snapshot of readily available resources to keep our Wounded, Ill or Injured Airmen or Guardians in uniform or when necessary, smoothly transition them to civilian life. It is important to understand all the programs and benefits our Wounded, Ill or Injured may be entitled to, especially with their rapid change in lifestyle. This guide only introduces you to some of the many benefits and programs available to the Wounded, Ill or Injured Airmen or Guardians; therefore, it is important to follow-up with the contacts listed in this guide to assist in making the most of these programs.

Thank you for taking care of our Wounded, Ill or Injured Airmen or Guardians and their families!

AIR FORCE WOUNDED WARRIOR (AFW2) PROGRAM

Search Air Force Wounded Warrior

HOME ABOUT CASE MANAGEMENT SUPPORT PROGRAMS UPCOMING EVENTS MEDIA CONTACT US

CARE EVENT

AFW2 IS HERE TO HELP

OUR MISSION

WOUNDED WARRIOR
care beyond duty

[View on dvidshub.net](#)

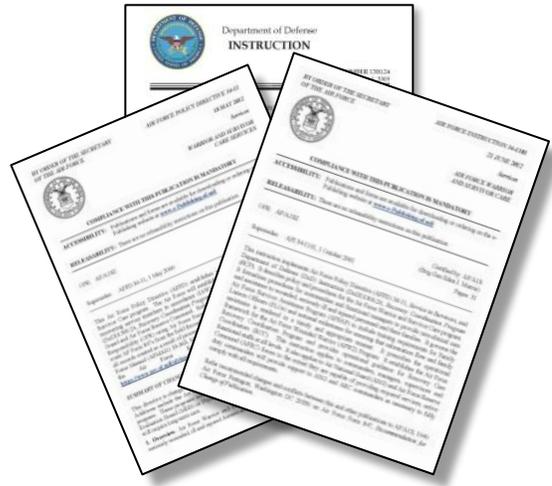
REFERRAL

Anyone can refer an Airman and Guardians into the AFW2 program; download the form by clicking the button below then save the form as a PDF to your computer. Complete the first page of the form and send [here](#). You will also find the email address for delivery at the bottom of page 1 of the form.

Overview

An Air Force Wounded Warrior is any seriously or very seriously Wounded, Ill or Injured Airman or Guardian identified on a casualty report, or recommended by the medical community as having highly complex medical conditions. Also included are Purple Heart recipients, Airmen who have been referred to the Integrated Disability Evaluation System (IDES) for post-traumatic stress disorder, traumatic brain injury, unrestricted Military Sexual Trauma survivors or other severe mental health conditions. Air Reserve Components (ARC) criteria is 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 DoDI 1300.24, *Recovery Coordination Program*, AFPD 34-11, *Warrior and Survivor Care Service*, and DAFI 34-1101, *Warrior and Survivor Care*, the Air Force Wounded Warrior (AFW2) Program is designed to assist our Wounded, Ill or Injured Airmen/Guardians. Air Force Wounded Warrior provides care and assistance from the time of injury until treatment is complete. The program also supports Wounded, Ill or Injured Airmen or Guardians as they begin the transition either back to their AF job or into civilian life.



No matter where a Wounded, Ill or Injured Airman or Guardian is located, the Air Force Wounded Warrior Program (AFW2) will reach out and support them throughout CONUS and OCONUS (Regional map on page 13). AFW2 provides personalized restorative care to seriously Wounded, Ill or Injured Airmen, Guardians and their caregivers. They support them throughout their transformation, whether that is “return to duty”, or separation/retirement as an “Airman for Life” 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, “Airmen over Institution”, simply 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, Ill or Injured Airmen/Guardians. Each Airman or Guardian’s Care Management Team (CMT) will do all of the work: orchestrating appointments, connecting resources to them and their families and ensuring complete follow through during the IDES, including through the Medical Evaluation Board (MEB), and Physical Evaluation Board (PEB) processes.



Care Management Team (CMT)

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 point 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, Ill or Injured Airmen or Guardians get the non-medical support they need to create the life they want. The CMT executes the Recovery Coordination Process on behalf of the Wounded, Ill or Injured Airmen or Guardians. Key personnel on the Care Management Team are:

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

Additionally, the CMT collaborates with VA medical providers and Federal Recovery Coordinators while the member is on active duty in a VA facility or if they are transitioning to a VA facility.

Recovery Care Coordinators (RCCs)

The primary mission of the Recovery Care Coordinator (RCC) is to facilitate, monitor, and ensure access of care and resources for the Wounded, Ill or Injured Airmen or Guardians and their families to allow for a smooth transition from immediate hospital recovery to long-term adaptability and care. RCCs work with the member and their medical team ensuring the chain of command is kept apprised of updates and any issues which may arise. They educate and guide the member through the Recovery Coordination Process and IDES processes. The RCC's goal is to prevent unnecessary delays, reduce anxiety, and obtain accurate and responsive information and services for the Wounded, Ill or Injured Airmen or Guardians while ensuring the best possible outcome. RCCs are a tremendous asset for the member and their family and they can also act as force multipliers for your unit and the entire CMT. RCCs work closely with Wounded, Ill or Injured Airmen



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or Guardians, their leaders, A&FRC, and the medical staff to offer multi-vector solutions to the complex non-medical needs required by our Wounded, Ill or Injured Airmen or Guardians, while coordinating around their medical needs. Every installation has an assigned RCC; however, the RCC may not be primarily located on the installation. Each RCC is responsible for a region and is strategically stationed at hospitals and other locations where a high volume of Wounded, Ill or Injured Airmen or Guardians are being treated (See Recovery Care Coordinator Regional Map on Page 13).

Non-Medical Care Managers (NMCMs)

The Non-Medical Care Managers (NMCM) are part of the CMT and

support the RCCs in the field during the phases of care that encompass reintegration/transition and sustainment. The NMCM provides assistance with all benefits and entitlements for those Airmen transitioning back into the civilian sector and helps resolve problems related to benefits and compensation, administrative and personnel paperwork, housing and transportation, prior to and during transition, and other matters that arise. NMCMs play a significant role in assisting Airmen by connecting them with the Department of Veteran Affairs for future health care and benefits/compensation.

Air Reserve Component Cell (ARC)

Guard Bureau Airmen.

ARC Cell NMCMs address the unique and complex issues affecting Air Force Reserve or Air National

Temporary Retired Airman's Care (TRAC)

and assistance for Airmen placed on the Temporary Disability Retired List (TDRL). See more on page 26.

Provides continuous support, advocacy,

Comprehensive Recovery Plan (CRP)

Comprehensive Recovery Plan (CRP), written by the RCC in coordination with the Airman or Guardian's and family, identifies goals and the resources they need to achieve them, such as assistive technology, education, employment, and housing. The RCC uses the plan to guide Wounded, Ill or Injured Airmen or Guardians and their families along the road to recovery, rehabilitation and return to duty or reintegration into the civilian community. They will work with the Wounded, Ill or Injured Airman or Guardian's chain of command, CMT, and other resources to ensure the Recovery Plan is complete and implemented. As an example, the RCCs and NMCMs 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...!





Caregiver Support



Employment Readiness



Recovery Care Coordinator



Adaptive Sports

Recovery Coordination Process

The Air Force Recovery Coordination Process encompasses all of the non-medical support to enrolled Wounded Warrior Airmen and their families. The Recovery Coordination Process 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 Process provides a systematic structure which offers 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 Process is administered out of the Air Force Wounded Warrior Program (AFW2) office at Air Force Personnel Center (AFPC), Randolph AFB, TX.

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Enrollment in the Recovery Coordination Process is based on one of the following conditions: the Airman or Guardian is identified as Seriously Ill/Injured (SI) (CAT 2) or Very Seriously Ill/Injured (VSI) (CAT 3) on casualty reports, Airmen or Guardian with highly complex medical conditions (service connected or in-the-line of duty) confirmed by a DoD Medical Authority (examples: Military Sexual Trauma (MST), life threatening illnesses, cancer, chemical exposure, tick-borne diseases) or those referred to IDES for post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI), and/or MST, etc.) Air Force Purple Heart recipients are automatically enrolled once identified. Airmen who meet 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 Airman and Family Readiness Center (A&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 (www.woundedwarrior.af.mil). It only takes about 5 minutes to refer an Airman or Guardian. The IDES process is outlined in AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation* (See Medical Evaluation Board/Physical Evaluation Board section on page 14).



Unit leadership is integral in the Recovery Coordination Process. Commanders, First Sergeants, and supervisors have a duty and responsibility to care for the Wounded, Ill or Injured Airmen or Guardians of their unit and their families. They represent a line of communication for families to ensure their needs are addressed as completely as law, directives and customs allow. An Airman or Guardian's leadership should stay involved in the recovery process in a support role for the Airmen and their families; however, medical and non-medical care should be left up to the CMT (specifically, the RCCs, the NMCMS and MCMs). It probably doesn't need to be said but enrolled active duty wounded warriors are still accountable to their unit and the UCMJ. AFW2's job is to provide non-medical care services and in no-way protects the wounded warrior from being disciplined by their unit.

Expectations of both the enrolled wounded warrior and AFW2 is a two-way street, meaning it carries responsibilities and acting in good faith by both AFW2 staff members and the Airmen or Guardians enrolled in the program. AFW2 staff members and wounded warriors will treat each other with courtesy, politeness and kindness at all times. Relationships that our professional, positive, supportive and respectful provides the best outcomes for the wounded warrior and caregiver.

AFW2 uses the term "Airman for Life" somewhat loosely. The program's goal is to provide wounded warriors the necessary services at the right time so they can successfully recover, move-forward with the necessary resiliency skills and fortitude to go about their daily lives. Because the

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Department of Veteran Affairs is charged with taking over continued long-term support, AFW2's overall role is very limited once an individual is permanently separated or retired.

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 of 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. Additionally because being enrolled in AFW2 is voluntary, a wounded warrior at any time can opt out by simply sending an email to their AFW2 representative with their desire to do so.

7-Phased Continuum of Care

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

1. IDENTIFICATION:

Wounded, Ill or Injured Airmen or Guardians who meet the referral criteria are assigned a CMT consisting of a RCC, NMCM, and a Critical Case Manager. Coordination with, and notification to the A&FRC, Unit Leadership, and Family Liaison Officer (FLO) is essential to properly address needs of the Airman or Guardian, their family, and/or their caregiver.

Initial medical and non-medical assessments are conducted in order 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 NMCM will provide support to the Airman or Guardian as appropriate and ensure consideration for all personnel policies are advocated for as well as troubleshoot awards and decorations and pay issues.

2. RECOVERY:

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

3. REHABILITATION:

Continue to monitor the Airman or Guardian, family and caregiver needs. Resolve issues (medical, financial, personnel, logistical, etc.) and assist with locating services and resources as needed. When an Airman or Guardian 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 of time, the CMT will coordinate with the Airman or Guardian, 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) 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

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process and provide sound policy guidance and direction based on the Airman or Guardian's goals (additional IDES info on page 14).

5. REINTEGRATION/TRANSITION:

In close coordination with the local A&FRC, the CMT coordinates to ensure the Airman or Guardian is provided assistance with navigating either their successful reintegration to active duty or their transition to civilian life. The CMT assesses the Airman Guardian's needs and adjusts services to ensure the Airman or Guardian, family, and caregiver are afforded applicable transition services. If the Airman or Guardian is transitioning to civilian life, the CMT refers them to the A&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 on our Airmen. Commanders should ensure continued contact and provide assistance wherever needed. Commanders should always offer a retiring Airman or Guardian a retirement ceremony, including those put on the temporary disability retired list.

6. STABILIZATION/RESOLUTION:

Airmen or Guardian in this phase have returned to duty, separated, or retired and are reintegrating either back into the military or into the civilian community. Members of the CMT will coordinate with the Airman or Guardian to ensure all applicable entitlements and benefits have been submitted. The CMT will also coordinate transitional financial assistance and troubleshoot any pay account issues. Air Force Wounded Warrior will validate with the Airman or Guardian that the "warm hand-off" to outside agencies is meeting needs.

7. SUSTAINMENT:

In this phase, Airmen have successfully reintegrated, achieved stability, and have been made fully aware of all applicable benefits and entitlements. Air Force Wounded Warrior will complete a final needs assessment to ensure all remaining concerns are identified.



IDES

The IDES is a system used by the Department of Defense (DoD) 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

member should return to duty, separate or retire from military service. When the Service member is found medically unfit for continued service, the IDES provides a proposed disability rating before the Service member separates or retires. Medical evaluations through the IDES can be one of the most significant events in the life of a Service member who incurs a disabling wound, illness, or injury while serving. The overall goal of the IDES is to provide a seamless transition for the Service member.



Note: When a Service member is found medically unfit for continued service, but meets a specific set of criteria, he/she may continue on 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 25).

Medical Evaluation Board / Physical Evaluation Board

When an Airman or Guardian is referred to the IDES, a Physical Evaluation Board Liaison Officer 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 Physical Evaluation Liaison Officer (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 VA Coordinator'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 DoD and VA throughout the IDES process. 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.

An MEB is an informal board comprised of at least two IDES-trained physicians and a medical authority, who is responsible for MEB oversight. The MEB determines if an Airman or Guardian has a medical condition that will prevent him/her 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 return to duty within a year questionable, the case is forwarded to a Physical Evaluation Board (PEB).

A PEB 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.

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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.

RCCs help family members understand the IDES process. Unit leadership should be kept informed during the IDES process and any questions that arise should be directed to the Physical Education Board Liaison Officer (PEBLO).

Supporting Airmen in Distress

Support to our Wounded, Ill or Injured Airmen or Guardians, especially those in distress, is an inherent obligation of command. It's imperative that leaders at all levels take the time to get to know their Airmen as unit leadership represent the first line of communication for Airmen 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 Airmen from responsibly seeking help or professional care.

Airman's Guide to Assisting Personnel in Distress Wingman

Although the information is intended to be of a general nature, the Airman's Guide to Assisting Personnel in Distress can provide readily accessible and practical guidance that can orient Airmen to stressful situations and potential supportive actions. Throughout the Airman's Guide, 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 Guide also serves to strengthen each individual's effectiveness at recognizing distressed personnel by providing brief overviews of a wide range of potential stressors as well as any symptoms the Airman may display.

The Air Force Medical Service website also has resources for specific "Topics in Distress" to include:

- Alcohol and Drug Abuse
- Depression
- TBI
- Anxiety
- Domestic Abuse and Child Maltreatment
- Sexual Assault
- Potentially Traumatic Incidents
- Suicidal Behaviors



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- PTSD
- Work-Related Violence

(<https://www.airforcemedicine.af.mil/>)

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 your Airman or Guardian. Airmen or Guardians 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, Ill or Injured Airmen or Guardians.



Installation Chapel Team

Religious Ministry Teams, Chaplains and religious programs give spiritual, moral and emotional care to Wounded, Ill or Injured Airmen or Guardians and their families.

Military Family Life Consultants (MFLCs)

Military Family Life Consultants work directly with A&FRC staff and act as a liaison with the local community to provide behavioral health support services including one-on-one individual support to Airmen or Guardians 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 Service members to seek assistance for life's challenges. (<http://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 chat and text messaging service. (1-800-273-8255, Press 1; <http://www.veteranscrisisline.net>)
- **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>)



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 Defense's



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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 Airmen or Guardians 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>)

Non-Medical Considerations

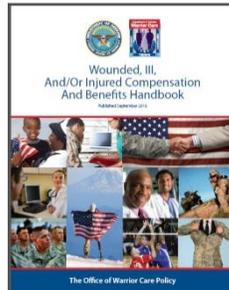
It is important to understand all the benefits, compensation, programs, and resources that may be available to your Wounded, Ill or Injured Airmen or Guardians.

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
- DoD 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.dodlive.mil/benefits/compensation-and-benefits/>)

Benefits & Compensation

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

This benefit provides monthly compensation to eligible Airmen or Guardians who have a permanent catastrophic illness or injury that was incurred or aggravated in the line of duty. Without the designated caregiver's non-medical care and assistance, the Airman or Guardian would require hospitalization, nursing home care, or other residential institutional care as certified by a DoD- or VA-licensed physician. This benefit is taxable and is not retroactive, with few exceptions.

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 Air Force to any Airman (Active, Guard or Reserve) who, in the line of duty, incurs a wound, illness or injury while serving in a

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combat operation or a combat zone, while 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, Airmen or Guardians must be treated as an 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 on the first day of the month when the Airman 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 (See DAFI 34-1101, *Warrior and Survivor Care*).

Combat Zone Tax Exclusion (CZTE)

To qualify for the CZTE Airmen 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 member's loss. TSGLI is not only for combat injuries, it also provides insurance coverage for on or off duty injuries.

TSGLI provides



Wounded Warrior Pay Issues

A Wounded Warrior Pay Management Team is available to assist AFW2 staff with pay and benefit issues identified by enrolled wounded warriors. Information regarding pay and benefits can be found in the DoD Office of Warrior Care Policy publication entitled the *Wounded, Ill, and/or Injured Compensation And Benefits Handbook* (<http://warriorcare.dodlive.mil/benefits/compensation-and-benefits/>).

Medical Travel

Invitational Travel Orders (ITOs) are government-funded orders that provide for travel to and from the hospital, lodging costs, meals, and incidental expenses. Emergency Family Medical Travel (EFMT), provided as Invitational Travel Orders, can authorize up to three persons designated by an Airman to travel to a medical facility while the Airman 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 and submitted to the Air Force Casualty Division for final approval. For Emergency Family Medical Travel, the following rules apply:

- Very Seriously Injured (VSI) / Seriously Injured (SI): Designated individuals may be provided one round-trip between the designated individual's home and medical facility in any 60-day period.

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- Not Seriously Ill/Injured (NSI): Designated individuals are authorized a 30-day maximum stay providing the following conditions are met: (1) the member 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 Attendant must be authorized by the attending physician or surgeon, approved by the senior MTF Commander, and coordinated with the local patient travel office for one to serve as a NMA. The member is authorized 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 members 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 members 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 members 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 members 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

Airman & Family Readiness Centers (A&FRC)

A&FRCs are the base-level conduits to assist Wounded, Ill or Injured Airmen or Guardians and their families with a myriad of support functions. A&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.



Key Spouse

Part of the A&FRC portfolio is the Key Spouse Program, orchestrated by your unit's leadership. 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 family with additional help not otherwise offered in a formalized program.

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

TSA, along with the DoD created this program to assist Service Members and their families while traveling. The benefits of this program include expedited screening and curbside-to-gate service. This program is available to all recovering Wounded, Ill or Injured Airmen or Guardians and their families traveling through any airport. To take part in the program, Wounded, Ill or Injured Airmen or Guardians (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, Ill or Injured Airmen, Guardians, 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 member 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 member of the base community who may not be able to use conventional exercise machines due to an

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injury or disability. Commanders and supervisors should learn what is available on your installation to encourage squadron members and their families of this benefit.

Wounded Warrior Care Month



In 2008, the Secretary of Defense designated November as Warrior Care Month with the intent to inform members of the military, their families and communities about the programs and initiatives provided by the Department of Defense Warrior Care programs. Throughout the month of November, the Office of Warrior Care Policy and all of the Service's 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.

Defense Center of Excellence (DCoE) Resource Catalog

This DoD resource is a one-stop shop for psychological health and TBI products and programs for Service members, 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 DoD Mental Health programs.

Airman for Life (A4L)

Airman for Life is an Air Force Wounded Warrior initiative that provides Wounded Warrior enrolled veterans placed in a permanent discharge status (not on the Temporary Disability Retired List) an opportunity to join a closed social media platform where they can obtain referral resources, specialized information, be inspired, and communicate with one another or AFW2 staff who monitor the site. Programs like this one further continue to connect Wounded, Ill & Injured Airmen or Guardians with each other and their AFW2 family.



AFW2 Support Programs

Recovering Airman Mentorship Program (RAMP)

AFW2's Recovering Airman Mentorship Program (RAMP) goal is to motivate recovering Airmen or Guardians 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 recovering Airmen or Guardians, who motivate through sharing their real-life experiences. Mentors are not care providers; they are the voice of experience who truly understand what the member 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 Airman or Guardian a wingman they can call on upon request. Spouses may also benefit from the program by being paired with a spousal mentor who understands their individual needs and is well-versed in navigating the transition assistance environment.

Adaptive Sports Program (ASP)

AFW2's Adaptive Sports Program provides rehabilitative/competitive athletic activities to all WWII Airmen or Guardians to improve their physical and mental quality of life. See much more on page 23.

Ambassador Program

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



Caregiver Support

Caregivers are the unsung heroes. AFW2 provides them the training, skills and tools to help positively affect their environment. The Air Force Wounded Warrior Caregiver and Family Support Program (CFSP) works directly with the Recovery Care Team, Peer Support Coordinators, Department of Veterans Affairs Caregiver Support Program, and Airman and Family Readiness Center 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 affect their role as a caregiver. Caregivers learn to enlist the help of other family members 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 Air Force Wounded Warrior Caregiver Support Program hosts a monthly Caregiver Call-In Town Hall Meeting for caregivers of Recovering Airmen or Guardians. During the caregiver call-

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in, there is a brief presentation on a relevant topic such as: post-traumatic stress/traumatic brain injury, final/retired/Veterans Affairs (VA) compensation, entitlements, benefits, SCAADL, mentorship, caregiver support, MEB process, employment assistance, communication/outreach and participation in adaptive/rehabilitative sports. After the presentation, Warrior Care Division Subject Matter Experts (SME) are available to answer questions and address issues. Through this valuable forum, Air Force Wounded Warrior is able to connect with caregivers with each other, answer/address questions and concerns, and provide timely information.

Empowerment in Transition (EIT)

AFW2's EIT Transition Liaisons provide support to care management teams and transitioning Airmen or Guardians. The Air Force Wounded Warrior Empowerment in Transition (EIT) Program equips, encourages, and empowers recovering Airmen, Guardians and Caregivers in the development and achievement of long-term career and life goals. EIT focuses on supporting Wounded, Ill, or Injured Airmen or Guardians. Participants receive personalized coaching and guidance to ensure positive management of career changes, building effective ways forward and to take 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 building the network by continually engaging with the over 46,000 Veteran Support Organizations (VSOs) nationwide. Through our objectives of outreach, education, and assistance, we believe our 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.

Wellness & Resiliency Programs (WAR)

The WAR team provides direct one-on-one assistance and engagement with at-risk wounded warriors and addresses concerns of compassion fatigue with AFW2 staff members. The cell supports resiliency programs through education and training both to wounded warriors, their family members as well as AFW2 staff members. See more below.



CARE Events

CARE Events feature at minimum six Air Force Wounded Warrior support programs: Caregiver Support, Adaptive Sports, Ambassador Program, Recovering Airman Mentorship (RAMP) Program, Empowerment in Transition (EIT) and Wellness & Resiliency. Personalized support is provided by the Air Force Wounded Warrior program through six 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. During the pandemic AFW2 has focused on a Hybrid approach meaning identified participants can attend an event in-person or virtually. Those attending in-person can rest assured that all the appropriate health safety protocols

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are in place. The Virtual Service Delivery allows strengthening of connections with wounded warriors, caregivers and family members whether they leave the house or not. Many enrolled Airmen are more comfortable attending virtually before deciding whether to attend in-person.

The overarching focus for CARE Events are Adaptive Sports and Resiliency Program. Adaptive Sports and Resiliency Programs are a subset of the Air Force Wounded Warrior Program at JBSA-Randolph. The mission of Adaptive Sports and Resiliency Programs is to motivate and encourage participation in introductory, rehabilitative and competitive adaptive sports and resiliency programs among the Wounded, Ill or Injured Airmen or Guardians. Participation in these programs support recovery, strengthen resilience, and enhance physical, emotional, and psychological quality of life throughout the continuum of care of Air Force Wounded Warrior Airmen or Guardians and their caregivers. Resiliency programs are offered in conjunction with Warrior CARE events to introduce Airmen or Guardians to programs that enhance coping skills, mood regulation, and communication in a group setting. The programs may include music, art or other workshops designed to help Airmen or Guardians find positive ways to relax and reduce stress.

Introductory Adaptive Sports modify the way traditional sports are offered to meet each member's abilities. Examples of adaptive sports at Regional Warrior CARE events or through Community Programs offered through benevolent organizations and the 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 (Discuss/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 injured Service members 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.

The holistic benefits of these programs for Airmen, Guardians, caregivers and their families include increased resilience, hope and enhanced recovery. Participation reduces stress, improves quality of life for the Airman or Guardian, 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 Airmen or Guardians 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

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life line used when an Airman/Guardian or caregiver needs support or encouragement.



Annual Air Force Wounded Warrior Competitive Events

Air Force Wounded Warrior executes the annual Air Force Trials which is where Wounded, Ill or Injured

Airmen or Guardians 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 DoD Warrior Games, a competition for Wounded, Ill or Injured service members, hosted by a rotational branch of service and supported by the Department of Defense 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 DoD Warrior Games and the Invictus Games.



- **Warrior Games:** Created in 2010, the 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, Special Operations Command and the United Kingdom Armed Forces 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 members, and their families, who have sacrificed greatly on behalf of our nation.



- **Invictus Games:** Following a visit in 2013 to the US-based Warrior Games for Wounded, Ill or Injured military personnel and veterans, 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 year, over 500 competitors from over 15 nations compete in various sports to include: archery, athletics, indoor rowing, powerlifting, road cycling, sitting volleyball, wheelchair basketball, wheelchair tennis, wheelchair rugby, swimming, driving challenge and golf.



Staying in Uniform

Limited Assignment Status (LAS)

Some members found physically unfit by a PEB can serve on AD in Limited Assignment Status with limitations and controls over their assignments. Retention in this status depends upon the type and extent of the member's physical defect or condition, the amount of medical management and support needed to sustain the member on AD, the physical and assignment limitations required, the years of service completed, and the Air Force need for the particular grade and specialty. Per AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, the number of members retained in Limited Assignment Status will be held to an absolute minimum.

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Temporary Disability Retired List (TDRL)

An Airman or Guardian will be placed on the Temporary Disability Retired List when the member 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. Temporary Disability Retired List 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 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. AFW2's Temporary Retired Airman's Care (TRAC) Cell provides continuous support, advocacy, and assistance for enrolled Airmen or Guardians placed on the Temporary Disability Retired List (TDRL).

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, Ill or Injured Airmen or Guardians leadership should ensure the Unit Fitness Program Manager and the medical staff have appropriately marked the member's physical fitness profile for accurate testing.

Assignments

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-Reporting Periods

In some cases considering whether an evaluation "Non-Reporting Period" is appropriate (many times the Airman's disability prevents them from performing at the same level they once had before the illness or injury, as well as be able to maintain standards such as PT Failures. It is for this reason supervisors and leaders must advocate on their behalf of their Airmen for non-reporting periods. 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-reporting 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 member's filing of a report of sexual assault, receiving support services, and/or participating in the investigation process and/or judicial proceedings.

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Reporting Identifiers (RI)

The Air Force developed a set of specific personnel policies for those Airmen who suffer a serious combat-related injury or illness. In order to identify Airmen eligible for these policies, the Air Force Wounded Warrior Program reporting identifiers are:

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

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

A Department of Defense medical authority (primary care manager or mental health provider) must confirm the injury or illness is combat related for award of the 9W200 or 92W2 reporting identifier 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 reporting identifier.

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

Community College of the Air Force (CCAF)

Per Public Law, any enrolled Air Force Wounded Warrior may continue to participate in their current degree program of enrollment at the time of their separation or retirement. No degree programs can be started after separation.

Service Dogs

Illness or injury, as authorized by DoDI 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 to assist with coping with everyday life circumstances. Recovering disabled Airmen who have medical conditions that clinically require the assistance of a service dog for activities of daily living, may utilize service dogs on Air Force installations. Additionally, authorized service dogs may be used on Air Force installations by all service members and their family members, regardless of service component

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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 Care Management Team suitability assessments to recommend or non-recommend an Airman be assigned a service dog. During this assessment they document recommendations, along with any recommended restrictions on the use of a service dog.

The Case Management Team weighs all matters deemed appropriate in the Airman'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 an Airman's disability, require medical documentation, require a 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 Airman 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 member's chain of command or medical provider.

Government Housing Inspections

Wounded, Ill or Injured Facility Inspections ensure support for Recovering Service Members and their families when the Recovering Service Member 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, IGs are required to inspect government-provided facilities which house patients on medical hold. To ensure compliance with DoD standards, inspectors will use the checklist located at the end of Attachment 8, AFI 90-201 when performing the Wounded, Ill or Injured inspection.

Commanders are ultimately responsible for ensuring appropriate steps are taken to meet member 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 Member's medical condition(s). In addition to the scheduled Wounded, Ill or Injured inspection, the Recovering Service Member'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 Recovering Service Member physically occupies the government-owned housing or if the Recovering Service Member occupied the residence prior to receiving Recovering Service Member status). 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 DoD lodging quarters.

Wounded Warrior Child Care

Air Force combat related Airmen enrolled in the Air Force Wounded Warrior Program with reporting identifier of either 9W200/92W2/92W0 have child care priority benefits at on-base Child Development Centers (CDCs). The mission of Installation CDCs is to provide child care to support the personnel and the mission of the DoD, to include combat related wounded warriors.

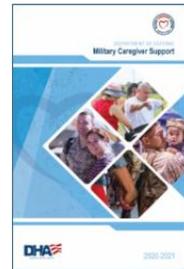
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"The highest priority for full-time care shall be given to qualifying children from birth through age 12 years of age of combat related wounded warriors, child development program direct care staff, single or dual active duty Military Service members, single or dual DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons. With the exception of "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

Caregiver Resource

Caregivers are paramount in the care and support of our Wounded, Ill or Injured Airmen or Guardians. 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, Ill or Injured Airmen or Guardians 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.dodlive.mil/caregiver-resources/>)



VA Caregiver Support

The VA has trained professionals who help find services and support avenues for your Wounded, Ill or Injured Airmen or Guardians caregivers. They provide general services to include caregiver support coordination, in-home and respite care services, 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 11 pm and Saturday, 10:30 am to 6 pm (EST). Licensed clinical social workers are available to discuss issues and resources for your Wounded, Ill or Injured Airmen or Guardians. (<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 the veteran resides. Note there is a specific eligibility criteria and certifications which are 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 17, is the DoD program for caregivers and has its own criteria and requirements.

Transition Planning

For Wounded, Ill or Injured Airmen or Guardians, ensuring a successful transition and reintegration enables them to lead a full and rewarding life that meets personal recovery and transition goals. Proactive transition planning is important to ensure gaps are identified prior to discharge from service. A matrix of transition services which lists the various programs available can be found at: <https://www.dodtap.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, known as 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 A&FRC to first schedule the pre-separation counseling and to receive detailed information on other available transition services. Transition Assistance Program services delivery will be adjusted to meet needs of the Wounded, Ill or Injured Airman or Guardian and caregiver, either during a one-on-one or group session.

Combat-Related Special Compensation (CRSC)

Combat-Related Special Compensation is a non-taxable special compensation for combat-related disabilities. To qualify for this special compensation, the service member 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 member's Branch of Service. More information can be found at the DFAS CRSC website: <https://www.dfas.mil/retiredmilitary/disability/crsc.html>.

Operation Warfighter (OWF)

Operation Warfighter 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 Operation Warfighter 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

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applications that come across their desk. Allowing this group of Airmen to participate strengthens their confidence and gives them as many opportunities as possible to increase the likelihood of their success as before they transition into the civilian community.

Education and Employment Initiative (E2I)

Education and Employment Initiative is a DoD program that assists Wounded, Ill or Injured service members early in their recovery process to identify their skills and match 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 member’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>)

Department of Veterans Affairs (VA)

- **eBenefits** – Due to phase out in March 22, is a collaboration between the VA and the DoD. Veterans, Service members, Wounded Warriors, their family members and their authorized caregivers are able to research, access, and manage their benefits and personal information. (<https://www.ebenefits.va.gov/>)
- **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://www.benefits.va.gov/PREDISCHARGE/claims-pre-discharge-benefits-delivery-at-discharge.asp>)



Requirements To Participate	Benefits Delivery at Discharge Program
Do I have a known separation date?	Yes
When may I apply?	You may apply between 180 - 90 days prior to separation.
When must I submit my service treatment records to VA?	At the time claim is submitted.

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Requirements To Participate	Benefits Delivery at Discharge Program
When must I be available for the VA medical exam?	Up to 45 days from the submission of your claim.
When must I complete all phases of the VA/DoD medical separation exam process?	Prior to your release from the military.

- **Veteran Readiness and Employment (VR&E)** – This service is available to assist service-connected Veterans and Service Members with an employment barrier to find suitable careers. Program Counselors work with eligible individuals help reach their specific employment goals. This is accomplished by developing a personalized rehabilitation plan following on the five tracks:

 - **Reemployment:** Whenever possible, Veteran Readiness Employment helps Veterans and Service members return to work with a former employer by supporting the employer’s efforts to provide accommodations that enable the Veteran to continue along the same or similar career path.
 - **Rapid Access to Employment:** Veteran Readiness and Employment helps Veterans and Service members 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:** Veteran Readiness and Employment 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 and Service members 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.
 - **Independent Living:** Some Veterans and Service members may be unable to currently return to work, but with assistance from Veteran Readiness and Employment, 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, see: <http://www.benefits.va.gov/vocrehab/index.asp>

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- **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 you opportunities and tools to make informed decisions and manage your health care.

Refer feedback and recommended changes to this guide to AF/A1SAZ Workflow at usaf.pentagon.af-a1.mbx.af-a1.saz@mail.mil



Getting Our Airmen/Guardians to Stay Connected

Social Media (Air Force Wounded Warrior)

Air Force Wounded Warrior (AFW2)

www.woundedwarrior.af.mil



Facebook Page

www.facebook.com/airforcewoundedwarrior



Twitter

<http://twitter.com/afw2>



Instagram

<http://instagram.com/afw2>



National Resource Directory

www.nrd.gov



Military OneSource

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



Military Crisis Line

Phone: 1-800-273-8255, Press "1"
Text: 838255



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



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



Attachment

Acronyms

A&FRC	Airman & Family Readiness Center
AFPC	Air Force Personnel Center
AFPD	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
MSIJOC	Military Severely Injured Joint Support Operations Center
MTF	Military Treatment Facility
NMA	Non-Medical Attendant
NMCM	Non-Medical Care Manager
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
TDRL	Temporary Disability Retired List
TSGLI	Traumatic Service member's Group Life Insurance
VA	Veterans Affairs
VMET	Verification of Military Experience and Training

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VSI	Very Seriously Ill/Injured
WCP	Warrior Care Policy
WII	Wounded, Ill or Injured



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