



Warrior Care and Transition
Program Soldier and Leader Guide
Version 1
23 July 2014



Foreword

The Warrior Transition Command, as the proponent for warrior care and transition, is always looking for ways to improve the Warrior Care and Transition Program (WCTP) for wounded, ill and injured Soldiers and their Families. Our goal is to provide every Soldier recovering at a Warrior Transition Unit (WTU) or in a Community Care Unit (CCU) world-class care and support throughout their recovery.

To achieve that goal, we have created the WCTP Soldier and Leader Guide as a resource for WTU and CCU Soldiers, Family members and Cadre. The guide establishes standardized information about the processes and procedures that facilitate recovery and transition.

The guide incorporates feedback from WTU commanders and Cadre, providing you with the field-tested knowledge necessary to respond to unique circumstances that demand individual solutions. It offers “how-to” information for WTUs and CCUs to create a common understanding of WCTP requirements and advocate for the appropriate care and treatment of Soldiers.

The guide also offers insight into the problems and challenges faced by Soldiers, Families and Caregivers. It creates transparency by providing information to address your questions and needs, whether returning to active duty or transitioning to life as a Veteran.

We encourage you to use the guide daily. Read and review it on a regular basis, in addition to when you have questions. We hope that this guidance will answer any questions you may have as you work to prepare our Soldiers and Families for future success.

MATTHEW T. BRADY
Command Sergeant Major, USA

CHRISTOPHER R. TONER
Colonel, US Army
Commander
Warrior Transition Command

Warrior Care and Transition Plan Guide for Soldiers and Leaders Overview

Applicability. This policy guidance applies to all Army Warrior Transition Units (WTUs) and Community Care Units (CCUs).

Summary of Changes.

1. This revision encompasses several significant changes in regulatory guidance, and instruction beyond the 1 December 2011, Comprehensive Transition Plan (CTP) Guidance. The following list highlights the changes in this revision:

a. Introduces the Community Care Program – As of 30 September 2014, Community-Based Warrior Transition Units (CBWTUs) inactivate. Their functions will be carried out by Community Care Units (CCUs), which began initial operating capability early in Calendar Year 2014, and will accept the CBWTU Soldiers and mission over the remainder of Fiscal Year 2014.

b. Focuses on the overall Warrior Care and Transition Program (WCTP) as opposed to the CTP, which is one element of the WCTP.

c. Clarifies Triad meetings.

d. Re-emphasizes that, as a general rule, he, his and him throughout this document refers to both genders.

e. The aCTP has moved off the Army Knowledge Online (AKO) platform to the Army Warrior Care & Transition System (AWCTS). AWCTS continues to serve as the primary tool for the execution of the CTP and plays a critical role in the collection and assessment of Soldier CTP records across the Warrior Transition Command (WTC).

f. The term “WTU Commander” reflects one common operating focus for the WTU. No distinction is made here to company commander, battalion commander, or brigade commander.

Table of Contents

SECTION 1. GENERAL..... 14

1-1. Purpose.....14

1-2. Proponent14

1-3. Warrior Transition Units (WTUs).....14

1-4. Community Care Units (CCUs).14

1-5. U.S. Army Wounded Warrior Program (AW2).15

SECTION 2. ATTACHMENT/ASSIGNMENT/TRANSFER TO A WARRIOR TRANSITION UNIT (WTU) 17

2-1. Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP).....17

2-2. Transfer to a WTU or Community Care Unit (CCU).....20

2-3. ETP for Transfer to a WTU or CCU.21

 Appendix 2-1.....24

 Medical Retention Processing – Evaluation (MRP-E) Entry Process24

 Appendix 2-2.....26

 Medical Retention Processing (MRP) Entry Process26

 Appendix 2-3.....29

 Medical Retention Processing 2 (MRP2) and.....29

 Active Duty for Medical Extension (ADME)29

 Entry Process29

 Appendix 2-4.....31

 Active Component Entry Process.....31

 Appendix 2-533

 Active Guard Reserve (AGR) Entry Process33

 Appendix 2-635

 Declination of/or Withdrawal Statement35

 Appendix 2-737

 Commander Referral Letter37

 Appendix 2-839

 Medical Retention Processing – Extension/.....39

 Medical Retention Processing/39

 Medical Retention Processing 2/39

 Active Duty for Medical Extension39

 (MRPE/MRP/MRP2/ADME)39

 DA Form 4187 Example.....39

 Appendix 2-941

 Exception to Policy (ETP) for Transfer to Warrior Transition Unit (WTU) or Community Care Unit (CCU)41

DA Form 4187	41
Appendix 2-10	43
Exception to Policy (ETP) for Transfer to Warrior Transition Unit (WTU) or Community Care Unit (CCU)	43
LTC/O5 Endorsement	43
SECTION 3. ROLES AND RESPONSIBILITIES WITHIN THE WARRIOR CARE AND TRANSITION PROGRAM (WCTP)	46
3-1. General Roles and Responsibilities within the Warrior Care and Transition Program (WCTP).....	46
3-2. CTP Roles and Responsibilities within the WCTP.	55
3-3. Career and Education Readiness (CER) Program Roles and Responsibilities within the Warrior Care and Transition Program (WCTP).	71
SECTION 4. TRIAD MEETINGS	82
4-1. Triad Meeting Overview.	82
SECTION 5. COMPREHENSIVE TRANSITION PLAN (CTP)	85
5-1. Comprehensive Transition Plan Description.	85
5-2. CTP Tracks.....	88
5-3. The CTP Processes.....	90
5-4. In-processing.	90
5-5. Goal-Setting Process.	95
5-6. Transition Review Process.	100
5-7. Rehabilitation Process.	108
5-8 . Reintegration Process.	113
5-9. Post Transition Process.	117
5-10. Soldier Transfers to CCU or other WTU.....	117
Appendix 5-1	119
In-Processing Checklists.....	119
Appendix 5-2	124
Orientation Brief.....	124
Appendix 5-3	140
Counseling Statement	140
Appendix 5-4	143
CCU Eligibility.....	143

Appendix 5-5	146
Phase I Goal Setting Workbook	146
Appendix 5-6	163
Scrimmage Worksheet	163
Appendix 5-7	165
Out-Processing Checklist.....	165
SECTION 6. U.S. ARMY WOUNDED WARRIOR PROGRAM (AW2) OPERATIONS	168
6-1. AW2 Background.....	168
6-2. AW2 Eligibility.....	168
6-4. Advocate Branch (AB).....	168
6-5. AW2 Contact Center.....	171
6.6 Life Cycle Management Plan (LCMP).....	171
6.7 Advocate Support Branch (ASB).....	171
SECTION 7. COMMUNITY CARE UNITS (CCUS).....	173
7-1. CCU Description	173
7-2. CCU Company Structure.....	173
7-3. CCU-Specific Roles and Responsibilities.....	174
7-4. Transfer to a CCU.....	178
7-5. Use of the TRICARE Network.....	180
7-6. CCU Operations	180
7-7. Managing Risk (Assessment and Mitigation).....	181
7-8. Soldier Readiness Reviews (SRRs) formerly known as Musters.....	181
Appendix 7-1	189
In-Processing	189
Checklist	189
Appendix 7-2	191
Out-Processing.....	191
Checklists.....	191
SECTION 8. RESERVE COMPONENT- AND NATIONAL GUARD-SPECIFIC TOPICS ..	195
8-1. TRICARE Eligibility.....	195

8-2. RC Soldiers Transitional Assistance Management Program (TAMP) Benefits.	195
8-3. Released from Active Duty (REFRAD).	195
SECTION 9. RISK ASSESSMENT AND MITIGATION	197
9-1. Initial Risk Assessment.	197
9-2. Risk Management and Mitigation.	197
9-3. Reassessment.....	198
9-4. Warrior Transition Command (WTC).....	199
9-5. Regional Medical Commands (RMC).....	199
9-6. Military Treatment Facility (MTF) Commanders.	199
9-7. Battalion-level WTU Commanders.....	199
9-8. Company-level WTU Commanders and CCU Commanders.	202
9-9. Platoon Sergeant/Squad Leader.....	202
9-10. The Primary Care Manager.	203
9-11. Nurse Case Manager.	203
9-12. WTU/CCU Licensed Clinical Social Worker (LCSW). The.....	203
9-13. WTU Soldier.	207
9-14. LCSW Case Complexity Estimate.	208
9-15. Supportive Counseling/Brief Treatment Intervention and Referral.....	208
9-16. Clinical Documentation in the Medical Record.	209
SECTION 10. INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)	211
10-1. Purpose.....	211
10-2. IDES Process Overview.	211
10-3. Medical Retention Determination Point (MRDP).	211
10-5. Commander's Responsibilities.	212
10- 7. VA Military Service Coordinator (MSC).....	214

SECTION 11. ARMY WARRIOR CARE AND TRANSITION SYSTEM (AWCTS)	216
11-1. What is AWCTS?.....	216
11-2. Module Overview.....	216
11-3. Reporting.....	217
11-4. System Access.....	217
SECTION 12: ADAPTIVE RECONDITIONING	219
12-1. Adaptive Reconditioning Program.....	219
12-2. Adaptive Reconditioning Program Policy.....	219
12-3. Adaptive Reconditioning Program Activities.....	220
12-4. Adaptive Reconditioning Program Maintenance.....	221
12-5. Adaptive Reconditioning Program Roles and Responsibilities.....	221
SECTION 13. CAREER AND EDUCATION READINESS (CER) PROGRAM	228
13-1. Career and Education Readiness (CER) Program Introduction.....	228
13-2. Career and Education Readiness (CER) Eligibility.....	228
13-3. Career and Education Readiness (CER) Work sites.....	229
13-4. Reserve Component Career and Education Readiness (CER).....	229
13-5. Career Assessments.....	230
13-6. VA VR&E.....	230
13-7. DOD Education and Employment Initiative (E2I) and Operation Warfighter (OWF).....	235
13-8. CER Program Activities.....	240
13-9. ACAP.....	253
13-10. Small Business Administration (SBA).....	259
13-11. Social Security Administration (SSA).....	260
13-12. Special Hiring Authorities.....	263
13-13. Hero 2 Hired (H2H).....	264

13-14. CER Program Data	265
Appendix 13-1	267
Career and Education Readiness (CER) Eligibility Form.....	267
Appendix 13-2	269
Request for Exception to Career and Education Readiness (CER) Work Site Policy	269
Appendix 13-3	271
Warrior Transition Command (WTC)	271
Job Safety Analysis Form	271
Appendix 13-4	274
VA Form 28-1900: Disabled Veterans Application for Vocational Rehabilitation	274
Appendix 13-5	276
Non-Operation Warfighter (Non-OWF) Placement Form	276
Appendix 13-6	278
Non-Operation Warfighter (Non-OWF) Evaluation Form	278
Appendix 13-7	280
Occupational Therapist (OT)	280
Career and Education Readiness (CER) Work Site Limitations Form	280
Appendix 13-8	283
Occupational Therapist (OT)	283
Career and Education Readiness (CER) Work Site Assessment Form	283
Appendix 13-9	286
Table of.....	286
Career and Education Readiness (CER) Activities	286
Appendix 13-10	290
Military Service Status Referral to VA.....	290
Vocational Rehabilitation and Employment (VR&E)	290
Appendix 13-11	292
DD Form 2870: Authorization for Disclosure of Medical or Dental Information	292
Appendix 13-12	294
VA Form 3288: Request for and Consent to Release of Information from Individual’s Records	294
Appendix 13-13	296
VA Form 5571: Authorization to Disclose a Record in the Presence of a Third Party.....	296
Appendix 13-14	298
Education and Employment Initiative (E2I) Region Coordinator Support Approval Application	298
Appendix 13-15	300
Operation Warfighter (OWF)	300
Approval for Participation Form.....	300
Appendix 13-16	303
Operation Warfighter (OWF)	303
Intern Request Form	303
Appendix 13-17	307
Operation Warfighter (OWF)	307
Placement Form	307
Appendix 13-18	310
Operation Warfighter (OWF)	310
Intern Development Plan	310

Appendix 13-19	315
Operation Warfighter (OWF)	315
Internship Success Story Information Sheet	315
Appendix 13-20	318
Soldier Internship Checklist.....	318
Appendix 13-21	320
Education Services for	320
Wounded, Ill and Injured Soldiers	320
at Warrior Transition Units (WTUs).....	320
SECTION 14. RESILIENCE	337
14-1. Definition.	337
14-2. Purpose.	337
14-3. Training.	337
SECTION 15. WARRIOR TRANSITION COMMAND (WTC) PUBLIC WEBSITE.....	339
15-1. Purpose.	339
15-2. Navigation.	339
15-3. Features.	339
ONLINE RESOURCES.....	342
SECTION 16. COMMUNITY SUPPORT NETWORK PROGRAM.....	344
16-1. Purpose.	344
SECTION 17. VA PROGRAMS	347
17-1. VA Programs.....	347
17-2. VA Health Care Online: eBenefits.	348
17-3. Warm Hand-off.	348
SECTION 18. FAMILY PROGRAMS.....	350
18-1. Army Family Covenant.	350
SECTION 19. SOLDIER AND FAMILY ASSISTANCE CENTERS.....	352
19-1. Soldier and Family Assistance Centers.	352

SECTION 20. COMMANDING IN A WARRIOR TRANSITION UNIT (WTU).....	355
20-1. Commanding in a WTU.	355
20-2. Commander’s Tools in AWCTS.	357
20-3. Cadre Selection/ Management.....	358
20-4. Cadre Training.....	362
20-5. Special Duty Assignment Pay (SDAP) Purpose.....	363
20-6. Compliance Inspections and Staff Assistance Visits (SAVs) Within a WTB/WTU.	364
20-7. UCMJ- Considerations for Noncompliant Soldiers.....	367
Appendix 20-1	368
Interview Guidance	368
Appendix 20-2	373
Company Commander Interview Questions	373
Appendix 20-3	376
Nurse Case Manager Interview Questions	376
Appendix 20-4	380
ISG/PSG/SL Interview Questions	380
Appendix 20-5	384
Cadre Candidate Questionnaire	384
Appendix 20-6	390
Requirements for Extending COADOS	390
Tour Counseling	390
SECTION 21. GIFTS AND DONATIONS.....	393
21-1. Gifts and Donations.....	393
SECTION 22. FACILITIES	397
22-1. Facilities Guidance and Policy for Wounded, Ill and Injured Soldiers	397
22-2. Maintenance Standards.....	397
22-3. Inspection Standards.....	398
22-4. Reporting Procedures.	398
22-5. Baseline Housing Standards	398
22-6. Special Medical Requirements	399
22-7. WTU.....	401

22-8. WTU Complexes.....	401
22-9. Minimum Standards of Acceptable Barracks Space.....	401
22-10. Barracks Modification for Occupancy.	402
22-11. Newly Constructed WTU Soldier Barracks.	402
Appendix 23 Terms	404
Appendix 24 Abbreviations.....	420
Appendix 25 References.....	435

WCTP Soldier and Leader Guide

Section 1

General

Section 1. General

1-1. Purpose. The purpose of this document is to provide guidance to Soldiers and Leaders regarding Warrior Care and Transition Program (WCTP) processes and procedures. The WCTP is a collaborative system, the intent of which is to optimize and standardize Warrior Care across the Army. Its origins lie in the early part of the Afghanistan and Iraq campaigns, wherein the existing medical hold (for Active Component) and Medical Holdover (for Reserve Component) systems were found to be inadequate to meet the care, personal, career and Family needs of wounded, ill and injured Soldiers returning from theater. The emergence of CBWTUs and the Army Wounded Warrior Program (AW2) in 2004, and WTUs in 2007 reflected recognition of the need to care holistically for the Soldier, Family and Caregiver, in a location as close to home as possible, while still offering world-class treatments and technology. These programs, along with improvements in the Integrated Disability Evaluation System (IDES) and relationships with the Department of Veterans Affairs (VA), have come together to comprise the present WCTP. Its ultimate objective is to achieve the Army's goals for enhancing care and improving the transition of wounded, ill and injured Soldiers back to military duty, or into productive and fulfilling lives as Veterans.

1-2. Proponent. The proponent for the WCTP guidance is the Warrior Transition Command (WTC). WTC provides policy and oversight of the WCTP. Within the WTC staff, many subject matter experts are available to provide assistance as needed. One of the roles of WTC is to conduct the Organizational Inspection Program (OIPs) and Staff Assistance Visits (SAVs).

1-3. Warrior Transition Units (WTUs). A WTU is a subordinate unit of a Military Treatment Facility (MTF), most often battalion- or company-sized. In structure, it resembles a typical Army unit, but with a professional Cadre and an integrated clinical and non-clinical component where injured Soldiers can focus on healing. The WTU is designed to care for Soldiers who meet specific entry criteria (see Section 2). WTU line companies (i.e. non-CCU companies, see below) generally care for Soldiers with more complex medical needs.

1-4. Community Care Units (CCUs). Certain battalion-sized WTUs will have one or more subordinate company-sized CCUs. CCUs are intended to manage the healing of Soldiers whose homes and support systems are distant from a military installation. Soldiers assigned or attached to a CCU typically have less complex medical needs, and are most often in the Reserve Components. While assigned to the CCU headquartered at the MTF, the Soldiers live in their home communities. Each CCU possesses Cadre who provide mission control and medical oversight of their Soldiers, however the direct medical care and management takes place in the community where each Soldier resides. With CCUs, Soldiers receive the benefits of a dedicated unit of Cadre, Triad of Leadership, MTF staff, WTU staff, and installation resources which ensure that all Soldiers have access to the care and services they require, while living and healing at home. Each WTU that has a subordinate CCU is assigned oversight of Soldiers within a designated geographic area of responsibility.

1-5. U.S. Army Wounded Warrior Program (AW2). The U.S. Army Wounded Warrior Program (AW2) is an Army program that is under direction of WTC. AW2 provides long-term personalized support to severely wounded, ill and injured Soldiers, Veterans and their Families/Caregivers who meet certain criteria (see Section 6-2). AW2 is a major component of the Warrior Transition Command, supporting severely wounded, ill and injured Soldiers, Veterans and their Families/Caregivers. AW2 supports the recovery and reintegration process by assisting with the navigation of processes and procedures that open doors to services, resources and benefits. These resources build and strengthen abilities to adapt to daily life and empower AW2 Soldiers and Veterans to become self-sufficient and regain their independence.

WCTP Soldier and Leader Guide

Section 2

Attachment/Assignment/Transfer to a Warrior Transition Unit (WTU)

Section 2. Attachment/Assignment/Transfer to a Warrior Transition Unit (WTU)

2-1. Entry and Exit Criteria for the Warrior Care and Transition Program (WCTP).

a. Eligibility:

(1) Active Component (COMPO 1) and Active Guard Reserve (AGR) Soldiers must meet **one** of the following:

(a) A Soldier has, or is anticipated to receive, a profile of more than six months duration with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and the complexity of the Soldier's condition requires clinical case management.

(b) Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.

(2) Reserve Component (COMPO 2/3) Soldiers must meet **both** of the following. Soldiers who do not meet the specific eligibility criteria stated below will remain in their units and utilize the standard health care system and access-to-care standards:

(a) The Soldier's medical condition(s) incurred or aggravated in the Line of Duty (LOD) during an active duty status (contingency or non-contingency) or inactive duty status (inactive duty training, funeral honors duty, etc.) may qualify for evaluation, treatment and/or disability evaluation processing while in an active duty status.

(b) The Soldier's condition(s) require(s) definitive care. Definitive care is defined as a specific treatment or sequence of treatments lasting 30 days or more as determined and appropriately documented by medical authority. Treatment is expected either to return the Soldier to duty or reach Medical Retention Determination Point (MRDP) and begin the Integrated Disability Evaluation System (IDES) process. This treatment plan will require a major time commitment from the Soldier (e.g. three or more medical appointments per week).

b. Ineligibility. The following Soldiers, regardless of component, are ineligible for entry into a WTU:

(1) Pregnant Soldiers may enter the WTU if treatment for qualifying conditions can be conducted without interfering with the pregnancy. Pregnancy alone is not a criterion for attachment/assignment to a WTU.

(2) Soldiers in initial entry training, advanced individual training or one station unit Training. In select cases, the Triad of Leadership (TOL) may approve initial entry training for Soldiers to be assigned or attached to the WTU, as deemed appropriate.

(3) Soldiers who are pending Military Occupational Specialty Administrative Retention Review (MAR2).

(4) Soldiers in Temporary Disability Retirement List status (TDRL).

(5) Mobilized COMPO 2/3 Soldiers whose conditions(s) existed prior to mobilization, was/were not aggravated by mobilization and was/were discovered prior to day 25 of the current mobilization.

(6) Soldiers approved for Continuation on Active Duty (COAD) or Continuation on Active Reserve status (COAR).

(7) Soldiers who are pending or undergoing any Uniform Code of Military Justice (UCMJ), or legal actions, investigation and/or Line of Duty (LOD) require General Officer (GO) approval for assignment/attachment to the WTU. For Reserve Component (RC) Soldiers entering under Active Duty Medical Extension (ADME) or Medical Retention Processing (MRP2), this will be the Commanding General (CG), Warrior Transition Command (WTC). For all others, it will be the GO member of the TOL.

(8) COMPO 1 and AGR Soldiers will not be in an attached status for longer than 180 days, unless approved as an exception to policy by Army G-1 (DAPE-PRC). Attachment and assignment of AGR Soldiers to a WTU resides with Human Resources Command (see Appendix 2-4 and 2-5).

(9) COMPO 2/3 Soldiers who meet the eligibility criteria in paragraph 2a(2) above, may voluntarily apply for Title 10 United States Code Section 12301(h) orders under one of the following medical care processing programs:

(a) Medical Retention Processing-Evaluation (MRP-E). MRP-E orders voluntarily extend demobilizing RC Soldiers on active duty for a short term (normally less than 60 days) for a medical evaluation to determine eligibility for MRP orders (see Appendix 2-1).

(b) Medical Retention Processing (MRP). MRP orders voluntarily retain RC Soldiers on active duty who incur an injury, illness or disease or who aggravate a preexisting medical condition while on active duty in support of a contingency operation (see Appendix 2-2).

(c) Medical Retention Processing 2 (MRP2). MRP2 orders voluntarily return RC Soldiers to active duty who were released from active duty with a LOD for unresolved injuries or illness incurred while on active duty in support of a contingency operation (see Appendix 2-3).

(d) Active Duty for Medical Extension (ADME). ADME orders voluntarily place RC Soldiers on temporary active duty to evaluate or treat an injury or illness incurred in the LOD other than a contingency operation (see Appendix 2-3).

(e) GOs will not be relieved from duty assignments and assigned or attached to a WTU without the approval of Headquarters, Department of the Army (HQDA) Deputy Chief of Staff G1. Requests for approval will be routed through the WTC CG prior to consideration by HQDA.

(f) Commissioned Officers in the grades of O-4 and above, warrant officers in the grades of CW3 and above and Noncommissioned Officers (NCOs) in the grades of E-8 and above are considered for assignment/attachment by the WTU TOL. The first GO in the WTU TOL is the approval authority, except for individuals who enter under MRP2 and ADME orders, in which case the approval authority is the WTC CG. (Note that senior Soldiers can be placed on MRPE without GO approval, however, this in itself does not constitute full acceptance into the program).

c. Exit criteria for COMPO 1 and AGR Soldiers.

(1) Return to Duty (RTD). Soldiers may be returned to duty if any of the following criteria are met:

(a) The primary care manager (PCM) determines that the Soldier can return to duty,

generally with all profile designators at 1 or 2 in accordance with (IAW) Army Regulation (AR) 40-501, Chapter 3.

- (b) Soldier is found Fit for Duty by a Physical Evaluation Board (PEB).
- (c) Soldier is accepted for COAD or COAR IAW AR 635-40, Chapter 6.

(2) Separation/Retirement. Soldiers who do not meet Army retention standards described in AR 40-501, Chapter 3, may remain assigned or attached to the WTU until:

- (a) A final Physical Disability Evaluation System (PDES) determination is rendered and the Soldier is retired or separated.
- (b) UCMJ or adverse administrative actions IAW Army regulations.
- (c) Soldier's eligibility for and election to accept a non-medical retirement.

d. Exit criteria for COMPO 2/3 Soldiers.

(1) Release from Active Duty (REFRAD). A RC Soldier should be recommended for REFRAD when any one of the following situations exists:

- (a) Soldier's written voluntary election to REFRAD (see Appendix 2-6).
- (b) Permanent and temporary profiles with a designator of 1 or 2 in all categories (Medical Readiness Classes 1 and 2).
- (c) Soldier with a temporary profile designator of 3, reasonably expected to resolve to a profile designator 1 or 2 within 30 days.
- (d) Incarceration expected to exceed 30 days in duration which prevents the Soldier from participating in the Comprehensive Transition Plan (CTP).
- (e) Completion of the PDES process with a finding of Fit for Duty or "COAR" status.
- (f) Non-compliance with the CTP.

e. Separation/Retirement. Recommendation for retirement or separation should be used when one of the following situations exists for an RC Soldier:

(1) Completion of the PDES process with a finding of Not Fit. COMPO 2/3 Soldiers who do not meet Army retention standards described in AR 40-501, Chapter 3, will remain attached to the WTU until a final PDES determination is rendered and the Soldier is retired or separated.

(2) Administrative or UCMJ actions recommending separation/discharge from the Army (see AR 135-175 and AR 600-8-24 for separation/transfer/discharges of Reserve Component Officers and AR 135-178 and AR 635-200 for Enlisted Separations).

(3) Soldier's eligibility for and election to accept a non-medical retirement.

(4) Unresolved 3 or 4 profile designators not fitting one of the above categories are generally ineligible for involuntary REFRAD.

(5) Soldiers who voluntarily request to leave the WTU prior to receiving a Fit for Duty rating must be counseled and have the consensus of the Triad of Care (TOC), approval of the TOL and concurrence of the respective Army National Guard (ARNG) Deputy State Surgeon or Regional Support Command Surgeon. Additionally, the Soldier must:

(a) Submit a DA Form 4187 and MRP/MRP2/ADME Declination or Withdrawal Statement (see Appendix 2-6) through his chain of command.

(b) If military medical authority advises that the Soldier should be retained on active duty for further evaluation and treatment and the Soldier is competent to decide that he wants to leave the program; the Soldier may sign the Withdrawal Statement only after being counseled by an individual that is knowledgeable about the MRP/MRP2/ADME programs, incapacitation pay and transitional medical benefits.

2-2. Transfer to a WTU or Community Care Unit (CCU).

a. General. The transfer process is in place to move Soldiers closest to their valid support network, while assisting them in their mission of healing, provided that the medical capability and/or garrison capacity available is commensurate with the Soldier's needs.

(1) WTU Commanders will:

(a) Appoint a primary and alternate transfer coordinator for Soldiers requesting transfer and forward the names to the Soldier Transfer and Regulating Tracking Center (STARTC).

(b) For newly assigned/attached Soldiers, ensure initial transfer eligibility counseling is completed during the initial assessment for WTU entrance utilizing DA Form 4856 (Development Counseling Form).

(c) Ensure 100 percent transfer eligibility counseling is conducted on a monthly basis for Soldiers currently in the WTCP. As a Soldier's medical condition and administrative status change, any disqualifying issue(s) will be reflected using the DA Form 5856.

(d) Ensure Medical Operational Data System (MODS)-Warrior Transition captures all Soldiers' transfer statuses and disqualifying reason(s) for Soldiers who are ineligible for transfer.

(e) Ensure active hand-off and transfer of the Soldier.

b. Eligibility. Soldiers currently attached/assigned to a WTU will not be required to meet the entry criteria in Section 2-1 as a requirement for eligibility to transfer. A Soldier is eligible for transfer, provided they meet all administrative and medical criteria below:

(1) Administrative Criteria:

(a) No administrative holds; no pending UCMJ action

(b) Soldier is on MRP, MRP2 or ADME orders (COMPO 2/3 only).

(c) Soldier demonstrates responsibility and accountability (required for transfer eligibility).

(d) Soldier has acceptable housing plan (CCU only).

(e) Soldier has acceptable transportation plan, is able to drive and has identified an alternate driver as necessary (CCU only).

(f) Soldier has completed LOD (DA Form 2173) to include validation memorandum (COMPO 2/3 only).

(g) Soldier has a Title 10 worksite aligned with CER goals.

(2) Medical Criteria:

(a) Soldier has completed initial scrimmage.

(b) Soldier has completed Phase I Goal Setting and CTP track has been identified.

(c) Soldier has current or preliminary treatment plan including Master Problem List.

(d) Soldier has been cleared by a licensed behavioral health provider.

- (e) Soldier has been cleared by a licensed social worker.
- (f) Medical care is within a 50-mile radius or within one-hour commuting distance from home of residence (CCU only).
- (g) COMPO 1 transfers, other than duty station, must have a justifiable and medically based reason to transfer.

(h) COMPO 1 Soldiers are authorized to transfer to a CCU, provided they meet the following:

1. Soldier must have severe injury/terminal illness/significant care needs such that they need the assistance of Family/Caregivers to manage activities of daily living and Family/Caregivers are remote to the current installation.

2. Soldier is not expected to remain in service due to their medical condition(s) (medical retirement/separation).

3. Exceptions will be considered on a case-by-case basis (e.g. single Soldier, parents are three states away; Soldier is badly injured but may, after extensive recovery, and assisted by Family, be able to return to duty, etc).

c. Ineligibility.

(1) Soldiers enrolled in the Disability Evaluation System will not be eligible for transfer without an approved Exception to Policy (ETP). Exceptions will be considered on a case-by-case basis (see section 2-3).

(2) The probability of the Soldier being returned to duty or released from active duty is high.

(3) Soldier is in a convalescent leave status.

(4) COMPO 2/3 Soldier does not have a completed LOD with a validation memorandum.

2-3. ETP for Transfer to a WTU or CCU.

a. General. An ETP for transfer to a WTU or CCU is a request to transfer to a WTU or CCU for other than medical reasons, including those who are enrolled in the Disability Evaluation System. Requests for an ETP may be considered based on extenuating circumstances under the provisions of this section. Originating WTU/CCU Triad of Care will ensure Soldiers meet both administrative and medical criteria IAW Section 2-2.

b. Eligibility. Soldiers are eligible to transfer as an ETP, provided:

(1) The problems cannot be resolved through the use of leave, correspondence and power of attorney or the help of Family members or other parties.

(2) The request is based on medical problems of a Family member. A signed statement from the attending physician giving medical diagnosis and prognosis of illness must be provided. This statement should also address how the Soldier's transfer will affect the medical condition of the Family member.

(3) The request is related to legal issues. A signed statement from a licensed attorney must state the legal problems and reasons why the Soldier's transfer will be beneficial.

(4) The request may be based upon other than medical or legal problems. Supporting documentation from appropriate persons (such as clergy, social workers and others who have a working knowledge of the problem) must be included.

(5) The request is based upon the health and welfare of the Family members. The affected Family member must be:

(a) The spouse, child, parent, minor, brother, sister, guardian (in loco parentis IAW AR 600-8-10) or the only living blood relative of the Soldier.

(b) Or other authorized dependent, as described in AR 600-8-14.

(c) The request is based upon the condition of a parent-in-law and no other member of the spouse's Family is available to assist with or resolve the problem.

(d) The request is based upon terminal illness of an immediate Family member with less than 12 months life expectancy. Documentation by the attending physician must be provided.

(e) The request is based upon the Soldier's minor children becoming wards of the court or being placed in an orphanage or foster home as a result of Family separation. Separation must be the result of military service and not of neglect or misconduct on the part of the Soldier.

(f) The request is based upon the Soldier's Family member having disabling allergies aggravated by climatic conditions.

(g) The request is based on a threat to life to the Soldier or Family member.

(6). COMPO 1 Soldiers may be transferred to a CCU under the following conditions:

(a) Incurred a severe/catastrophic injury, terminal illness and requires significant care needs,
or

(b) Soldier requires assistance from Family/Caregivers to manage the activities of daily living and is not expected to return to duty or remain in the military and Soldier's support network resides in an area remote to the installation, or

(c) Other exceptions which require case-by-case review, such as a single Soldier who may be able to return to duty after extensive recovery and required assistance by the Family but whose parents reside elsewhere.

1. Soldiers will submit a DA Form 4187 (see Appendix 2-9) to request an ETP to transfer. All requests must be endorsed by the First Lieutenant Colonel (O-5) or higher in the Soldier's chain of command and set forth the extenuating circumstances (see Appendix 2-10). Send requests and supporting documentation, if applicable, through the Regional Medical Center (RMC) to STARTC.

2. Approval Authority. The WTC CG is the approval authority for all ETP transfers. The WTC CG may delegate this approval authority, in writing, to a division chief within WTC in the grade of Colonel or the civilian equivalent.

c. Responsibilities:

(1) Leadership involvement. Leaders will actively support the entire spectrum of Soldier's movement among WTUs and CCUs. Regular messages from senior leaders identifying the goal of healing "closest to home" or "where support system" is located should be one of their priorities.

(2) The WTU/CCU Commanders will ensure that Mission Command (MC) and Medical Management (M2) coordination and communication occurs between gaining and losing units. The gaining unit must acknowledge the report date of the Soldier and be proactively involved in

the warm hand-off of the inbound Soldier and his Family.

(3) The WTU/CCU Triad of Care/Leadership will ensure compliance with eligibility criteria and associated checklists by utilizing a proactive approach to ensure a seamless hand-off.

(4) RMCs will monitor submitted Patient Movement Records (PMR) in TRANSCOM Regulating and Command Control Evacuation System (TRAC2ES) and provide feedback to STARTC personnel regarding eligibility, no later than 48 hours from the time of request for information.

(5) The WTC G1, Human Resources Action Branch (HRAB):

(a) Will process all ETP transfers for decision and notify STARTC of decision within three business days.

(b) Is the single arbitrator for resolution of discrepancies and disputes.

(c) Is responsible for the overall process improvement and subsequent changes to policy and documentation regarding WTU transfers.

(d) Will monitor MODS-WT transfer module to identify Soldier transfer eligibility.

(6) Medical Command (MEDCOM) STARTC coordinates, regulates and tracks all WTU/CCU Soldier transfers. STARTC will request assistance from RMCs as necessary and ensure that submitted PMRs are resolved within three business days.

(7) The MEDCOM Human Resources (HR) Soldier Transition Branch will publish attachment orders for all COMPO 2/ 3 WTU/CCU Soldiers within three business days of notification from STARTC with the goal of moving Soldiers closest to their support system or home.

WCTP Soldier and Leader Guide

Appendix 2-1 Medical Retention Processing – Evaluation (MRP-E) Entry Process

If, during demobilization phase, the Soldier Readiness Processing (SRP) determines that the Soldier's medical condition requires additional evaluation in order to determine WTU eligibility, the servicing mob site sends a request for active duty to Human Resources Command (HRC).

1. The following documents are required when submitting a request for medical orders (Title 10 USC 12301(h)):

a. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander). (See Appendix 2-8.)

b. Copy of mobilization orders.

2. After coordination with Soldier Transfer and Regulating Tracking Center (STARTC), the servicing mob site will forward the complete packet to HRC to publish orders.

WCTP Soldier and Leader Guide

Appendix 2-2 Medical Retention Processing (MRP) Entry Process

1. If the Soldier's command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria listed in Section 2; the request for active duty under Medical Readiness Processing (MRP) is submitted through the designated Warrior Transition Unit (WTU) to the Senior Commander for approval. The designated WTU typically will be the one closest to the Soldier's home of record or support system location that has the medical capability and administrative capacity to provide the necessary care. Whenever possible, the designated WTU should contain the Soldier's home of record/support system in its Community Care Unit (CCU) area of responsibility.

2. For Soldiers already attached to a WTU on Medical Retention Processing – Evaluation (MRP-E) orders, and who, an evaluation has determined, meets the criteria in Section 2, a request for active duty under MRP is submitted by the WTU command as described in above. If the WTU to which the Soldier is attached for MRP-E is not the designated WTU described above, the request should be forwarded through the appropriate designated WTU.

3. The following documents are required when submitting a request for Medical Processing Orders (Title 10 USC 12301(h)):

a. Commander's Referral Letter. At minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, prognosis and an explanation of why the Soldier meets entry criteria. (See Appendix 2-7.)

b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander). (See Appendix 2-8.)

c. Documentation supporting duty status at time of illness or injury, as applicable (i.e. mobilization orders and amendments, unit sign-in roster, annual training order).

d. All issued DA Forms 3349 (Physical Profile) completed by the military medical authority.

e. DA Form 2173 (Statement of Medical Examination and Duty Status) (Line of Duty (LOD) determination) and approval letter. (DA EXORD 178-11 only requires the demobilization (DEMOB) site to initiate DA Form 2173. Currently, STARTC manages movement from several DEMOB sites and determines the appropriate WTU destination. This process does not involve Triad of Leadership (TOL) review). If the circumstance surrounding the wound, injury, illness or disease requires a formal LOD investigation, then DD Form 261 (Report of Investigation Line of Duty and Misconduct Status) must be submitted prior to processing the packet.

f. Statement from medical provider will include, at minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery and other medical documentation to substantiate the medical condition.

g. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice (UCMJ) proceedings or adverse administrative action.

h. Commander's statement that expiration of term of service, mandatory removal date (MRD) or retention control point will not occur during this active duty period.

i. DD Form 214, if applicable.

j. DD Form 2795 (Pre-Deployment Health Assessment), if applicable.

k. DD Form 2796 (Post Deployment Health Assessment (PDHA)), if applicable.

l. DD Form 2900 (Post Deployment Health Re-Assessment Form (PDHRA)), if applicable.

m. Most recent Leave and Earnings Statement

4. National Guard Bureau and U.S. Army Reserve Command will forward the complete packet to WTC for approval.

5. If approved, WTC will coordinate for the most appropriate location for the publication of official orders. The designated WTU typically will be the one closest to the Soldier's home of record or support system location that has the medical capability and administrative capacity to provide the necessary care. Whenever possible, the designated WTU should contain the Soldier's home of record/support system in its CCU area of responsibility.

6. WTC will establish a report date and length of order, and submit the request for orders using a DA Form 4187 (Personnel Action) and DA Form 7692 (Active Duty for Medical Care Application) to Human Resources Command to publish orders.

WCTP Soldier and Leader Guide

Appendix 2-3 Medical Retention Processing 2 (MRP2) and Active Duty for Medical Extension (ADME) Entry Process

1. If the Soldier's command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria listed in Section 2, a request for active duty is submitted through the Soldier's State Surgeon's Office to the National Guard Bureau (NGB) Surgeon's Office for Army National Guard (ARNG) Soldiers; or through the Soldier's Regional Support Command Surgeon's Office to the U.S. Army Reserve Command (USARC) Surgeon's Office for U.S. Army Reserve (USAR) Soldiers to the Warrior Transition Command (WTC) for approval via the Active Duty Order Processing Module.

2. The following documents are required when submitting such a request:

a. Commander's Referral Letter. At minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, prognosis and an explanation of why the Soldier meets entry criteria. (See Appendix 2-7.)

b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander). (See Appendix 2-8.)

c. Documentation supporting duty status at time of illness or injury, as applicable (i.e. mobilization orders and amendments, unit sign-in roster, annual training order).

d. All issued DA Forms 3349 (Physical Profile) completed by the military medical authority.

e. DA Form 2173 (Statement of Medical Examination and Duty Status) (Line of Duty (LOD) determination) and approval letter. If the circumstance surrounding the wound, injury, illness or disease requires a formal LOD investigation, then DD Form 261 (Report of Investigation Line of Duty and Misconduct Status) must be submitted prior to processing the packet.

f. Statement from medical provider will include, at minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery and other medical documentation to substantiate the medical condition.

g. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice (UCMJ) proceedings or adverse administrative action.

h. Commander's statement that expiration of term of service, mandatory removal date (MRD) or retention control point will not occur during this requested period of active duty.

i. DD Form 214, if applicable.

j. DD Form 2795 (Pre-Deployment Health Assessment), if applicable.

k. DD Form 2796 (Post Deployment Health Assessment (PDHA)), if applicable.

l. DD Form 2900 (Post Deployment Health Re-Assessment Form (PDHRA)), if applicable.

m. Most recent Leave and Earnings Statement

3. NGB and USARC will forward the complete packet to WTC for approval.

4. If approved, WTC will coordinate for the most appropriate location for the publication of official orders. The designated WTU typically will be the one closest to the Soldier's home of record or support system location that has the medical capability and administrative capacity to provide the necessary care. Whenever possible, the designated WTU should contain the Soldier's home of record/support system in its Community Care Unit area of responsibility.

5. WTC will establish a report date and length of order, and submit the request for orders using a DA Form 4187 (Personnel Action) and DA Form 7692 (Active Duty for Medical Care Application) to Human Resources Command to publish orders.

WCTP Soldier and Leader Guide

Appendix 2-4 **Active Component Entry Process**

1. If the command for COMPO 1 Soldiers (excluding Active Guard Reserve (See Appendix 2-5)) determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meet the criteria listed in Section 2, the Soldier's unit will submit the request, through the designated Warrior Transition Unit (WTU) to the Senior Commander for approval. The designated WTU typically will be the one closest to the Soldier's assigned garrison unit that has the medical capability and administrative capacity to provide the necessary care. Units at installations without WTUs will coordinate WTU selection with the supporting Regional Medical Command Warrior Transition Office.

2. The following documents are required when submitting a request:

a. Commander's Referral Letter. At minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, prognosis and an explanation of why the Soldier meets entry criteria. (See Appendix 2-7.)

b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander). (See Appendix 2-8.)

c. DA Forms 3349 (Physical Profile) completed by the military medical authority.

d. Completed DA Form 7652 (Commander's Performance and Functional Statement).

e. Statement from medical provider will include, at minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery and other medical documentation to substantiate the medical condition.

f. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice (UCMJ) proceedings or adverse administrative action.

g. Commander's statement that expiration of term of service, mandatory removal date (MRD), or retention control point will not occur during this active duty period.

3. WTU, in conjunction with the Soldier's unit, will establish a report date and publish orders (attachment/assignment).

WCTP Soldier and Leader Guide

Appendix 2-5 Active Guard Reserve (AGR) Entry Process

1. If the command determines that medical treatment or the individual circumstances surrounding the Soldier's medical condition meets the criteria listed in Section 2, the Soldier's State (National Guard) or Unit (U.S. Army Reserve) will send the Soldier for evaluation to the closest Medical Treatment Facility (MTF) with a Warrior Transition Unit (WTU). If, upon examination completion by the MTF provider, the Soldier meets WTU entry requirements, the packet is referred to the Triad of Leadership (TOL) to request WTU entry.

2. The following documents are required when submitting a request:

a. Commander's Referral Letter. At minimum, this letter will contain a request for assignment/attachment to a WTU with the Soldier's past history, present condition, plan, prognosis and an explanation of why the Soldier meets entry criteria. (See Appendix 2-7.)

b. Completed DA Form 4187 (Personnel Action) (must be signed by Soldier and Commander). (See Appendix 2-8.)

c. DA Forms 3349 (Physical Profile) completed by the military medical authority.

d. Completed DA Form 7652 (Commander's Performance and Functional Statement).

e. Statement from medical provider will include, at minimum, diagnosis, anticipated length of care, primary care manager contact information, treatment plan, prognosis for recovery and other medical documentation to substantiate the medical condition.

f. Commander's statement verifying Soldier is not pending Uniform Code of Military Justice (UCMJ) proceedings or adverse administrative action.

g. Commander's statement that expiration of term of service, mandatory removal date (MRD) or retention control point will not occur during this active duty period.

3. The requesting Soldier's unit through their Major Subordinate Command will send the WTU request packet to the applicable State Army National Guard (ARNG) HQ or U.S. Army Reserve Command (USARC) G1 for staffing and consideration. If the ARNG or USARC Commander or delegated approving authority recommends WTU entry, the Soldier's request will be forwarded to Human Resources Command for orders publication. National Guard AGR Soldiers will convert from Title 32 to Title 10 (12301(h)) for assignment to a WTU.

WCTP Soldier and Leader Guide

Appendix 2-6 Declination of/or Withdrawal Statement

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command

SUBJECT: DECLINATION of, or WITHDRAWAL from the Warrior Care and Transition Program

1. I, (print name / rank), _____ (SSN Last Four), _____ decline orders to (Circle one) **return to** or **remain on** active duty status for medical care, and if applicable, process through the Army Physical Disability Evaluation System (PDES) as a participant in the WCTP program. If PDES process was not begun, it is to be initiated by my unit after I REFRAD. Once REFRAD, any conditions that were/are determined to be pre-existing (meaning originating in a non-duty status and not aggravated by a duty status) fall under the non-duty related process for referral to the PDES.

2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (VA) medical treatment facilities for "in line of duty" illness or injury (DA Form 2173) sustained while on orders or in Individual Training status.

3. I understand that if I have entered the PDES process that this process will continue even if not completed by my REFRAD date.

4. I may also be eligible to apply for Incapacitation Pay through my USAR/ARNG unit.

5. MRP/MRP2: I understand that if I have served more than 30 days on active duty in support of a contingency operation I am entitled to 180 days of medical care under the Transitional Assistance Management Program (TAMP) for my eligible Family members and me. Care under the TAMP is limited to this 180 day period only. Information for this program is available at the following website: <http://www.tricare.osd.mil.reserve>

Soldier's Signature: _____

Soldier's AKO email: _____@us.army.mil

Currently participating in MRP/MRP2/ADME

Telephone Number: _____

Counselor: Name: _____ Signature: _____

Counselor's AKO email: _____@us.army.mil

Duty Position/Title: _____ Tel. No: _____

Privacy Act, Sec 3 (c) (10), established appropriate safeguards for personal information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

WCTP Soldier and Leader Guide

Appendix 2-7 Commander Referral Letter

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM THRU

FOR Triad of Leadership

SUBJECT: Commander's Statement, SPC John Smith, (last SSN 4) 9999

1. Request SSG Smith be evaluated for (Assignment/Attachment/Enrollment) to the WTU.

2. PAST HISTORY:

a. SSG Smith's medical condition began after jumping from a truck during OIF when he injured his left knee. He is a Combat Engineer, which requires extensive marching, running and frequent manual labor. Over the past five months, he was on 30-day limited duty profiles on three occasions.

b. SSG Smith had surgery on XX May 2008 to repair his knee. SSG Smith returned to work and continued physical therapy once per day.

3. PRESENT CONDITION:

a. His knee pain and mobility continued to worsen. SSG Smith's physical therapy consumes 10 hours per week and is expected to last over 6 months.

b. I recommend that SSG Smith be assigned to the WTU for complex medical management.

4. MEDICAL PLAN and PROGNOSIS

a. Plan

b. Prognosis

Name
Rank, Branch
Commanding

WCTP Soldier and Leader Guide

Appendix 2-8 Medical Retention Processing – Extension/ Medical Retention Processing/ Medical Retention Processing 2/ Active Duty for Medical Extension (MRPE/MRP/MRP2/ADME) DA Form 4187 Example

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Warrior Transition Command ATTN: (MCWT-CSD) Alexandria, VA 22332-5000	3. FROM (Include ZIP Code) Commander, 17th Garrison Support Unit Over There, CA 90210
----------------------------	---	--

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Doe, John	5. GRADE OR RANK/PMOS/AOC E3/PFC/11B	6. SOCIAL SECURITY NUMBER 123-45-6789
--	---	--

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 10 USC 12301(h) effective _____ hours

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Volunteer for MRP2

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Current Unit: 17th Garrison Support Unit UIC: W6B8AA
 POC: SFC Green, John
 POC Phone: (123) 456-7890
 POC Email: john.green1.mil@mail.mil
 HOR: 123 Charles St. City: Over There State: CA Zip: 90210
 Home Phone (987) 654-3210 Alternate Phone: (321) 456-0879
 Soldier's Email: john.doe@us.army.mil
 Sex: M ETS (Enlisted): 28 Nov 15 MRD (Officer/WO): PEBD: 07 Dec 2012

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE Smith, James CPT, MS, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
---	---------------	---------------------

WCTP Soldier and Leader Guide

Appendix 2-9 Exception to Policy (ETP) for Transfer to Warrior Transition Unit (WTU) or Community Care Unit (CCU) DA Form 4187

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander, USA MEDCOM, ATTN: STARTC 4270 Gorgas Circle, Bldg 1070 Fort Sam Houston, TX 78234	2. TO (Include ZIP Code) Commander, Warrior Transition Command Attn: MCWT-PER Alexandria, VA	3. FROM (Include ZIP Code) Commander, WTU
---	--	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Smith, John M.	5. GRADE OR RANK/PMOS/AOC SFC/68W40	6. SOCIAL SECURITY NUMBER 111-11-1111
---	--	--

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 effective _____ hours,

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Exception to Policy to Transfer

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Request an exception to policy to transfer while enrolled in the Disability Evaluation System (DES).
 2. Patient movement request from _____ to _____. Projected report date is _____.
 3. Justification:
 4. Will this request delay Soldier's DES process? Yes/No. If yes, please explain.
 5. MEB or PEB (Circle One) submission date:
 6. Flagged? Yes/No
 7. M2 and MC coordinated and validated with gaining unit? Yes/No
 ___ Enclosure(s) (if applicable)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE Thomas Jones, CPT, MS, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
--	---------------	---------------------

WCTP Soldier and Leader Guide

Appendix 2-10 Exception to Policy (ETP) for Transfer to Warrior Transition Unit (WTU) or Community Care Unit (CCU) LTC/O5 Endorsement

Letterhead

(Office Symbol)

(Date)

MEMORANDUM THRU

Commander, XXX Regional Medical Center, ATTN: Warrior Transition Office, 9300
Dewitt Loop, Fort Belvoir, VA 22060

Commander, United States Army Medical Command, ATTN: MCHO-CL-P, 4270
Gorgas Circle, Building 1070, Fort Sam Houston, Texas 78234-0051

FOR Commander, Warrior Transition Command, ATTN: MCWT-HR, 200 Stovall Street,
Alexandria, VA 22332-2500

SUBJECT: Exception to Policy (ETP) to transfer – (Rank, Last Name, First Name, Middle),
(Last four of Social Security Number)

1. Request an ETP for ***(Rank) (Name)*** to transfer from ***(WTU/CCU)*** to ***(WTU/CCU)***.
2. (Rank) (Name) is currently in the ***(Phase of the DES)*** of the Disability Evaluation System (DES). ***(Justification of the request)***.

Point of contact for this action is ***(Name)***, at ***(Phone Number)***, or ***(Email)***.

***(Signature block of LTC
or higher commander)***

Encl(s)
(Supporting Document(s))

WCTP Soldier and Leader Guide

Section 3

Roles and Responsibilities

Section 3. Roles and Responsibilities within the Warrior Care and Transition Program (WCTP)

3-1. General Roles and Responsibilities within the Warrior Care and Transition Program (WCTP).

a. Soldier roles and responsibilities:

(1) The WCTP is a voluntary program. Non-compliance with any aspect of transition may result in removal from the program, separation or Uniform Code of Military Justice (UCMJ) action. Soldiers are accountable for establishing and meeting their goals. Soldiers are expected to be active, aggressive and accountable in meeting the goals outlined in their individual Comprehensive Transition Plan (CTP). Soldiers will:

(a) Provide a complete and honest assessment of their transition status. The Soldier's personal efforts, in concert with the Army Values and Warrior Ethos, will determine their success.

(b) Be on time at expected place of duty (i.e. unit formations, assigned work site, educational program or internship, clinical and non-clinical appointments, etc.)

(c) Follow and use prescription and over-the-counter medications as directed by physicians. A medical authority must approve the use of all over-the-counter medications, as these drugs may have adverse effects and/or reactions based on prescribed medications. Adherence to all medical instructions from providers and Nurse Case Managers (NCMs) is essential to healing and transition.

(d) Report any side effects to the Triad of Care (TOC) and chain of command immediately. Medication taken after the expiration date, or taken in a manner contrary to its intended medical purpose, or in excess of the prescribed dosage or the sharing of prescriptions is strictly prohibited.

(e) Report the use of all non-prescription medications (to include herbals, supplements, energy drinks, etc.).

(f) Obtain Primary Care Manager (PCM) referral prior to scheduling medical or surgical appointments.

(g) Adhere to all medical profiles to include no-alcohol profiles and carry an individual copy of profile at all times.

(h) Comply and maintain the Army Body Composition standards in accordance with (IAW) Army Regulation (AR) 600-9, The Army Body Composition Program, and medical/physical profile IAW AR 40-501, Standards for Medical Fitness.

(i) When eligible, participate in a Career and Education Readiness (CER) program.

(j) Participate in the Adaptive Reconditioning program within the limitations of physical profile.

(k) Comply with standard Army safety and occupational health rules, regulations and standards.

(l) Adhere to rules and regulations regarding the use, possession and distribution of illegal drugs which are in violation of the UCMJ.

(m) Use and maintain personal protective clothing and equipment provided for safety and report any unsafe or unhealthful working conditions and accidents to immediate supervisor.

(n) Adhere to Army regulations, customs and courtesies, administrative policies, the Joint Ethics Regulations and the UCMJ. Do not actively solicit for donations.

(o) Notify WTU commander of personally owned weapons and their locations.

(p) Participate in Warrior Transition Unit (WTU)-sponsored activities.

(q) Contribute to the day-to-day operations for the unit (based upon medical/recovery needs/limitations).

(r) Assist Family (if able) with transition to military life and administrative requirements.

(s) Complete all Army Career and Alumni Program (ACAP) requirements and other Department of the Army (DA)-directed training requirements.

(2) During the rehabilitation phase, mentor other Soldiers on the WCTP and serve as a role model that exemplifies successful transitioning.

(3) Engage WTU leadership on issues as early as possible.

(4) Obtain medical clearance authorization and commander's counseling on all therapeutic and leisure/recreational trips/events (see paragraph 12-2 (d) for further details).

(5) Maintain all Individual Medical Readiness requirements.

(6) Violations of Army regulations and UCMJ may result in removal from the WCTP and/or separation IAW AR 635-200, Active Duty Enlisted Administrative Separations, or AR 600-8-24, Officer Transfers and Discharges.

(7) Soldier roles and responsibilities for the CTP are further described in Section 5 of this guidance.

b. Regional Medical Command (RMC) roles and responsibilities: The RMC provides mission command, logistical, fiscal, and legal and chaplain services and communications coordination and support to WTUs and Community Care Units (CCUs). RMCs will:

(1) Provide oversight of all WTUs/CCUs in their region and the implementation of the WCTP.

(2) Conduct staff assistance visits to all WTU/CCUs within the region and provide personnel to assist WTC with Organizational Inspection Programs (OIPs).

(3) Ensure all WTUs are appropriately staffed.

(4) Ensure all WTUs have the appropriate facilities to do their mission.

(5) Ensure all WTUs have an Inter-Service Support Agreement (ISSA) in place with their installation.

(6) Serve as the supported command synchronizing WTU and CCU operations.

(7) Synchronize the efforts of Army National Guard Directorate, United States Army Reserve (USAR) and other agencies in support of CCU operations.

(8) Develop and implement medical standards and implement WTC policy to support WTU and CCU operations, to include provision of clinical care, case management, monitoring outcomes, treatment tracking, ensuring appropriate and adequate clinical resources and support and providing staff orientation and education.

(9) Provide overall technical supervision and quality control over all medical aspects of the WCTP.

(10) Manage and provide manpower and funding requirements to support WTU and CCU operations.

(11) Maintain ownership of WTU and CCU dedicated assets, tasking authority and funding responsibility.

(12) Identify, monitor and analyze trends and conditions affecting timely and efficient Integrated Disability Evaluation System (IDES) processing for Soldiers assigned to WTUs and CCUs.

(13) Ensure MTFs provide medical, personnel, logistical and financial support for WTU and CCU operations.

(14) Attend annual WTU/CCU Town Halls with Soldiers and Families.

(15) Attend annual WTU/CCU Town Halls with Cadre.

(16) Provide oversight of WTU Soldiers within the IDES process. Approve/disapprove continuation in the WCTP for all Soldiers who have been in the program for more than 270 days without entering into the IDES process.

(17) Develop and conduct training for WTU and CCU Soldiers and Cadre.

(18) Exempt WTU Cadre and WTC Staff from PROFIS, MED AUG and IA

(19) Exempt WTU Soldiers and Cadre from performing collateral duties (i.e. Staff Duty Officer, Staff Duty Noncommissioned Officer (NCO), Charge of quarters, Financial Liability Investigations of Property Loss, Funeral Duties, etc.).

(20) Coordinate and resolve with Soldier Transfer and Regulating Tracking Center (STARTC) any Soldier transfer issues that negatively impact the Soldier's movement between WTUs/CCUs.

(21) Ensure MTF Commanders designate personnel by roles that will be authorized to release information to unit surgeons and/or unit command officials.

(22) Ensure all WTU/CCU clinical and non-clinical Cadre who have access to Soldiers Protected Health Information (PHI) are trained and are in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

(23) Collect, track, analyze and report CER data to the U.S. Army Warrior Transition Command (WTC) in accordance with the annual WTC CER data collection tasker.

(24) Ensure all performance data reported to higher authorities, whether submitted manually or via the Army Warrior Care and Transition System (AWCTS), is accurate and factual.

(25) RMC will ensure that the MTF/WTU/CCU collects tracks and reports SCAADL monthly status report to RMC SCAADL points of contact.

c. RMC Warrior Transition Office (WTO) roles and responsibilities: The RMC WTO implements strategic direction and executes plans, policies and resources for warrior care initiatives and programs dedicated to the support, care and healing of WTU/CCU Soldiers. The RMC WTO performs the following:

(1) Oversees the implementation of plans, policies and resources for warrior care initiatives and programs dedicated to the support, care and healing of WTU/CCU Soldiers within their RMC's geographical area.

(2) Provides coordination and assistance on matters that pertain to command and control, primary care and case management for Soldiers to establish conditions for healing and promote the Soldier's timely return to duty or transition to civilian life.

(3) Manages coordination, communication and collaboration between the Soldier and his Family and supporting TOC which consists of the PCM, Case Manager and PSG/SL.

(4) Supports the policies and guidance provided by the WTC, MEDCOM and higher headquarters.

(5) Provides personnel to support the Organizational Inspection Programs (OIPs) at RMC and WTC levels.

(6) Maintain MODS-Soldier in Transition Module to all installations with WTU/CCUs to pull a by-name report of all Soldiers assigned/attached to a WTU/CCU with time in the program of six months, 12 months, and 18 months and beyond who do not have a MEB referral, MEB was stopped, or who do not have a senior commander or his general office representative-endorsed treatment plan.

(7) Executes a communication and education plan for Soldiers to avoid the misperception that they are being rushed through the WCTP and incorporate the educational material into each Soldier's CTP.

d. MTF Commander Roles and Responsibilities:

(1) Provide mission command to WTUs and provide oversight of all medical and administrative care of Soldiers assigned to the WTUs.

(2) Provide oversight to WTU activities and the implementation of the WCTP.

(3) Ensure the WTU is appropriately staffed, to include direct support clinical personnel as needed.

(4) Assist with the development of an ISSA to support WTU functions within garrison.

(5) Attend at minimum, semiannually WTU/CCU Town Halls with Soldiers and Families.

(6) Conduct, at minimum, semiannual Town Halls with WTU Cadre.

(7) Provide oversight of WTU Soldiers within the IDES process. Approve/disapprove continuation in the WCTP for all Soldiers that have been in the program for more than 180 days without entering into the IDES process.

(8) In coordination with (ICW) the WTU commander, conduct monthly barracks inspections.

(9) Coordinate with TRICARE Management Activity and the Department of Veterans Affairs (VA) to optimize access to care to WTU Soldiers being released from active duty or separated from the service.

(10) Exempt WTU Cadre and WTC Staff from PROFIS, MED AUG and IA.

(11) Exempt WTU Soldiers and Cadre from performing collateral duties (i.e. Staff Duty Officer, Staff Duty NCO, Charge of quarters, Financial Liability Investigations of Property Loss, Funeral Duties, etc.).

(12) Ensure all MTF providers are trained and have access to eProfile system and ensure that all profiles, both temporary and permanent, are entered into eProfile.

(13) Ensure enhanced access to care standards is met for WTU/CCU Soldiers.

(14) Implement and manage a CER program for wounded, ill and injured Soldiers and ensure all CER-eligible Soldiers participate in a CER program that supports their CTP track and career goal(s).

(15) Designate, by roles, personnel who will be authorized to release information to unit surgeons and/or unit command officials.

(16) Collect, track, analyze and report CER data to RMC in accordance with the annual WTC CER data collection tasker.

(17) Ensure that WTU/CCU provides timely submission, redetermination and termination of SCAADL applications for processing through RMC.

e. WTU and CCU Commander roles and responsibilities:

(1) Establish the leadership climate to foster holistic care, healing, discipline and unit cohesion. Refer to AR 600-20, Army Command Policy, for a discussion on command policy.

(2) Provide mission command for the accountability and administrative support of Soldiers.

(3) Establish conditions that facilitate the Soldier's healing process physically, emotionally, socially and spiritually to include career and Family. This includes:

(a) 90 percent of Self-Assessments completed and validated by SL, NCM with the first 7 days and are at least current within 30 days

(b) 90 percent of Self-Assessment red and amber items with Action Plan documented in AWCTS

(c) 90 percent of goal-setting Phase I training completed within 21 days

(d) 90 percent completion of in-processing checklists within 30 days

(e) 90 percent transfers to CCU (for eligible Soldiers) within 30 days

(f) 90 percent of goal-setting Phase II training with a Master Resilience Trainer-Performance Expert (MRT-PE) within 90 days

(g) 90 percent of scrimmages with WTU Company Commander complete on each Soldier's Transition Plan (90 days scrimmage)

(h) 90 percent Medical Retention Determination Point (MRDP) reached/established no later than (NLT) 365 days

(i) 90 percent of Soldier Scrimmages/Focused Transition Reviews (FTRs) current within 90 days

(j) 90 percent of Transition Readiness Checklists complete and validated by the Co-CDR prior to transition from the WTU/CCU

(k) 90 percent participation of all Soldiers in Adaptive Recondition Program

(l) 90 percent participation of all eligible Soldiers in CER activities

(m) 90 percent of VA referral rate for eligible Soldiers, referred by NCMs

(4) Receive frequent updates on the status of Soldiers in the command.

(5) Direct actions as necessary to ensure that all standards of care and transition for Soldiers are met.

(6) Ensure continuing contact and liaison with Reserve Component Soldiers' assigned to the chain of command.

(7) Ensure that all members of the interdisciplinary team work synergistically to provide advocacy for WTU Soldiers, continuity of care and a seamless transition back to the force and/or to Veteran status.

(8) Ensure the interdisciplinary team devises a plan of care specific to each Soldier to address medical treatment, administrative support, needs and disposition.

(9) Conduct periodic risk assessment and mitigation plan (See Sections 5, 9).

(10) Ensure Soldiers whom are not meeting Army Body Composition Program in accordance with (IAW) AR 600-9 are flagged IAW AR 600-8-2, Suspension of Favorable Personnel Actions (Flag), enrolled in nutrition counseling and data documented in the CTP.

(11) Ensure Soldiers participate in the Adaptive Reconditioning Program within the limitations of their physical profiles and enforce all medical/physical profiles.

(12) Conduct random urinalysis testing IAW AR 600-85, The Army Substance Abuse Program.

(13) Implement and manage a CER Program for wounded, ill and injured Soldiers and ensure all CER eligible Soldiers participate in a CER program that supports their career track and career goal(s).

(14) Collect and report CER data to WTC IAW the yearly tasker.

(15) Ensure all performance data (whether submitted manually or via AWCTS) reported to higher authorities is accurate and factual.

(16) Direct and support the Commanders' Safety Program that incorporates risk management and accidents prevention to reduce accidents, illnesses and worker compensation costs IAW AR 385-10, The Army Safety Program.

(17) Provide clear guidance regarding expectations for the personal conduct of Soldiers and outline Soldier and WTU Cadre responsibilities in supporting the CTP, including all clinical and non-clinical care.

(18) Maintain good order and discipline; enforce all applicable Army regulations and policies.

(19) Seek interdisciplinary team input on the impact, if any, of prescribed medications and the Soldier's medical condition on performance when considering disciplinary action for misconduct.

(20) Consult with servicing Judge Advocate as part of the disciplinary process.

(21) Coordinate activities with Garrison and MTF that are supported in the ISSA.

(22) Develop a health and welfare inspection program that provides for the safety of Soldiers and their Families and is respectful to Soldiers' healing needs.

(23) Exempt WTU Cadre and WTC Staff from Professional Filler System (PROFIS), Medical Augmented and Individual Assignments (MED AUG and IA). Exceptions apply.

(24) Exempt WTU Soldiers and Cadre from performing collateral duties (i.e. Staff Duty Officer, Staff Duty NCO, Charge of quarters, Financial Liability Investigations of Property Loss, Funeral Duties, etc.)

(25) Ensure WTU Soldiers and Cadre complete Post Deployment Health Assessment (PDHA), Post Deployment Health Reassessment (PDHRA), Periodic Health Assessment (PHA), and all applicable preventive health requirements.

(26) Develop a Respite Pass Program that enables Cadre staff members to take regular/compensation leave and/or respite pass without overburdening other Cadre staff members.

(27) Ensure that the command verifies with STARTC the requirements to transfer a soldier between WTUs/ CCUs.

(28) Ensure all patients arriving by air evacuation will receive an initial clinical review within 24 hours of landing.

(29) Conduct a quarterly brief to O6-level command teams on their installation to ensure all WTU-eligible Soldiers get the opportunity to receive the right level of care and to ensure leaders understand the WCTP entrance criteria. WTU commanders will maintain a memorandum for record of completed briefs which will be reviewed during WTU organizational inspections. Possible briefing venues include Unit Status Reports (USRs), Officers of Professional Development (OPDs), desk side, etc. At minimum, the brief will include the following information:

(a) Refer to Section 2 for Entry and Exit Criteria.

(b) WTU entry procedures to include Active Duty, Medical Retention Processing (MRP), Medical Retention Processing-Evaluation (MRP-E) and Active Duty Medical Extension (ADME). Include an example of what a packet should look like.

(c) Benefits of assignment to a WTU for the Soldier, unit and Army include:

1. Enhanced access to medical appointments.
2. Enhanced access to career and transition services.
3. Enhanced access to sister agencies such as the VA, Department of Labor (DOL) and Small Business Administration (SBA).
4. Access to accessible housing and equipment, if needed.
5. Opens slot for deployment-ready Soldier at the line unit level.
6. Enhanced Family support.
7. Individualized transition plan (CTP).

(d) United States Army Wounded Warrior Program (AW2) overview: benefits, eligibility criteria, number of eligible in the unit(s) being briefed, number enrolled from the unit(s).

(e) Number of Soldiers from the unit(s) being briefed assigned to the WTU.

(f) Common issues for Soldiers from the units being briefed: Medical Evacuation Financial Liability Investigation of Property Loss (MEDEVAC FLIPLs), awards paperwork, evaluations, line of duty (LODs), 179-day limit for Component (COMPO) 1 Soldiers with FLIPLs, etc.

(g) Ensure the unit trained MRT and/or designate staff member monitors and reports the Unit Status Report.

(h) Ensure all clinical and non-clinical Cadre who have access to Soldiers' PHI are trained and are in compliance with the HIPAA.

(i) Designate by roles, personnel who will be authorized to release information to unit surgeons and/or unit command officials.

f. WTU Headquarters and Headquarters Company (HHC) Roles and Responsibilities

(1) HHC is responsible for the accountability of military patients arriving from an overseas area of operation in coordination with the MTF's patient administration evacuation section until they return to duty or are assigned/attached to a WTU.

(2) Evacuated Soldiers will be on temporary change of station (TCS) orders. If the initial clinical and behavioral health assessments can occur within the order period, the Soldier may be returned to duty, released from active duty, attached/assigned to the WTU or attached temporarily to the HHC. In all cases, action will be initiated to return to duty (RTD), release from active duty (REFRAD) or attach/assign to the WTU within 30 days of arrival.

(3) Soldiers arriving on TCS orders are not automatically considered WTU Soldiers. The Triad of Care and Triad of Leadership will determine if the Soldier is qualified for entry into the WTU, based on the nature of the clinical status, treatment, recovery and rehabilitation. This applies to all WTU Soldiers regardless of the means or mode of arrival.

(4) Ensure Soldiers arriving on medical evaluation orders are evaluated appropriately, prescribed the appropriate care and transitioned back to their unit; or are placed on medical retention orders in a timely manner.

(5) Provide mission command of all Medical Temporary Duty (TDY) Soldiers.

(6) Provide administrative and in-processing support, clinical care and accountability for Soldiers for the first 30 days in the WTU.

(7) Initiate the Soldier CTP.

(8) Hand off the Soldier to a WTU line unit or transfer to CCU once complete with all in-processing tasks.

g. Triad of Care Roles and Responsibilities. The Triad of Care: Primary Care Manager (PCM), Nurse Case Manager (NCM) and Platoon Sergeant (PSG)/Squad Leader (SL) work together to collect Soldier data and information; develop a plan of care specific to each Soldier that addresses medical treatment, administrative and support needs and disposition and develop and implement a CTP with:

(1) The PCM (primary care physician, physician assistant or nurse practitioner) provides primary health care to the Soldier, while evaluating the holistic medical requirements and planning, directing and overseeing all Soldiers' care during their time in the WTU. The relationship developed between the Soldier and their PCM is the basis for successful, prevention-oriented, coordinated health care. The Soldier benefits from consistent health care and improved overall health. The PCM ensures the NCM, Licensed Clinical Social Worker (LCSW) and other members of the interdisciplinary team are fully aware of the Soldier's medical plan for situations where the PCM cannot be present.

(2) The NCM is a Registered Nurse, who works with the Soldier throughout the CTP's six processes. The NCM assesses plans, implements, coordinates, monitors and evaluates options and services to meet Soldier's health needs. The NCM also advocates for their Soldiers and Families and serves as the primary coordinator between medical management (M2) and mission command elements of the WTU; specifically, the NCM serves as the PCM's clinical representative in situations where the PCM cannot be present. In addition, the NCM documents care and coordination efforts in Armed Forces Health Longitudinal Technology Application (AHLTA), AWCTS, Essentris-Inpatient System (when required) and Medical Operational Data System (MODS) databases.

(3) The SL/PSG is accountable for the personal conduct of the WTU Soldier. The NCO works as part of the Triad of Care by providing for the care of Soldiers and their Families. The SL/PSG :

(a) Provides direct mission command support for Soldiers. Counsels Soldiers on their medical and military responsibilities within five days of arrival to the unit and as described in the chapters throughout this regulation.

(b) Ensures Soldiers attend necessary medical and administrative appointments.

(c) Maintains accountability of Soldiers whereabouts and their equipment (not applicable to CCUs).

(d) Links Soldiers to the Soldier and Family Assistance Center (SFAC) for services and benefits. Soldiers in the CCU will use local administrative services and benefits through their National Guard services and Veteran organizations.

(e) Initiates requests for personnel actions (i.e. awards, decorations, promotions, UCMJ, finance, orders, etc.); ensures that the Soldier's records are transferred from losing unit to gaining unit.

(f) Inspects the condition of Soldier's billeting, clothing and equipment (not applicable to CCU).

(g) Keeps immediate leadership informed on Soldiers medical status and requirements.

(h) Ensures medically cleared Soldiers are assigned to a work site, educational program or internship and treats these locations as an assigned duty site. A Soldier's failure to be at their assigned location demonstrates a lack of compliance and mission failure and may result in removal from the program, separation or UCMJ action.

1. WTU SLs/PSGs will verify Soldier's attendance at their CER work site daily.
2. WTU SLs/PSGs will contact the Soldier's work-site supervisor one time a week at minimum.
3. WTU SLs/PSGs will visit the Soldier's CER work site one time per month.
4. CCU SLs/PSGs will verify Soldier's attendance at their CER work site daily.
5. CCU SLs/PSGs will contact the Soldier's work-site supervisor one time a month at minimum.

(i) Receives training on the PHI and HIPAA upon arrival to the WTU/CCU.

(j) Complies with the release of PHI and HIPAA policies when handling Soldiers' health and other personal information (AR 40-66, Medical Record Administration and Health Care Documentation).

h. Triad of Leadership (TOL) Roles and Responsibilities:

(1) The TOL (Senior Commanders/Command Sergeants Major (CSMs), MTF Commanders/CSMs; and WTU Commanders/CSMs/First Sergeants (1SGs)) will:

- (a) Execute WTU entry, management and exit policy.
- (2) Establish an appropriate process to review and approve requests for entry and exit in WTUs. The TOL will determine the following dispositions:
 - (a) Assignment or attachment to a WTU.
 - (b) Assignment consideration of a former WTU Soldier as WTU Cadre.
 - (c) Disapprove WTU entry for Soldiers who have routine medical requirements.
 - (d) Evaluate and determine when Soldiers depart the WTU based on established policies.
 - (e) Ensure Soldiers and Cadre are counseled on their medical and military responsibilities as described throughout this guidance within five days of arrival to the unit.
 - (f) Establish and publish reasonable TOL convening guidance (weekly, monthly, etc).
- (3) Maintain good order and discipline in WTUs and enforce all applicable Army regulations and policies. Commanders should consider that every Soldier's case is unique when determining whether to discipline a Soldier.
- (4) Seek Triad of Care input on the impact of prescribed medications and each Soldier's medical condition on Soldier performance.
- (5) Consult with local Staff Judge Advocate as part of the disciplinary process.
- (6) Ensure Soldiers not meeting the Army Body Composition standards IAW AR 600-9 are flagged IAW AR 600-8-2, enrolled in nutrition counseling and body composition standards and goals are annotated in the CTP. Soldiers who fail to show progress IAW AR 600-9 should be considered for separation action IAW AR 635-200 for enlisted or 600-8-24 for officers.
- (7) Do everything possible to assist and enable Soldiers to heal and transition successfully.
- (8) Use their experience and discretion to assess incidents of non-compliance and misconduct on a case-by-case basis. The decision to take punitive action in a particular case rests with that commander. Released from Active Duty (REFRAD) COMPO 2 or COMPO 3 or Returned to

Duty (RTD) (COMPO 1) authority for a non-compliant Soldier from a WTU/CCU is the first O-6 commander in the chain of command, normally the MTF Commander. Commanders should use written counseling and/or UCMJ action prior to releasing a Soldier from the program, who is still in need of medical care. Although commanders may not separate or REFRAD Soldiers who are currently in Medical Evaluation Board (MEB) processing, they may administer UCMJ action, conduct written counseling with corrective training or initiate separation action. Enlisted administrative separation during the MEB process will be followed IAW AR 635-200, paragraph 1-33. Officer separations will be followed IAW AR 600-8-24.

(9) Create an alcohol-free zone around WTU unaccompanied housing (UH). Commanders will ensure that their Soldiers acknowledge in writing that they understand the alcohol-free policy. Violations of the prohibition will subject them to discipline under UCMJ.

(10) Illegal Drugs. Illegal drugs are prejudicial to good order and discipline and their use is inconsistent with healing. Commanders will conduct random urinalysis testing IAW AR 600-85. Use of illegal drugs may result in mandatory separation processing in accordance with AR 635-200. It may also result in UCMJ action if deemed appropriate by the Soldier's commander. In accordance with AR 635-200, paragraph 14-12c(2)(b)1, "processed for separation" means that separation action will be initiated and processed through the chain of command to the separation authority for appropriate action.

i. Family Readiness Support Assistant Roles and Responsibilities: Family Readiness Support Assistants (FRSAs) are located at major Army installations and serve as a conduit for Family members and Caregivers by assisting the chain of command or the Family Readiness Group (FRG). FRSAs:

(1) Execute well-being telephone calls to Families of WTU Soldiers and refer Family members to services located at the SFAC and Army Community Service (ACS).

(2) Provide various command-sponsored Family events and FRG activities.

(3) AR 608-1, Army Community Service, further describes FRGs and outlines the services that FRSAs provide.

k. Religious and Spiritual Care Roles and Responsibilities: Religious support and spiritual care are important components of the WCTP. A holistic approach to health care requires that chaplains and other spiritual caregivers be integrated into the transition process. Additional information on the role of chaplains and spiritual caregivers is available on the Spiritual Support section of the WTC website: <http://www.WTC.army.mil/modules/soldier/s5-spiritualSupport.html> .

3-2. CTP Roles and Responsibilities within the WCTP.

a. General. The WTU/CCU will use an interdisciplinary team model to tailor care and focus efforts toward a Soldier's recovery, rehabilitation and reintegration. The interdisciplinary team is made up of clinical providers and non-clinical leaders/supporters that play a positive and active role in Soldiers' transition plan. The Soldier and his Family will develop their CTP with the support and guidance of the team.

b. Soldier Roles and Responsibilities. Soldiers own their CTP and it empowers them to take

charge of their own transition with the support of their Families and the interdisciplinary team. Soldiers will:

- (1) Begin their CTP within the first 30 days of assignment in a WTU/CCU.
- (2) Be active and accountable for establishing and meeting their goals.
- (3) Complete all the requirements related to their CTP such as goal-setting, scrimmages, FTRs and self-assessments as directed by their command teams (commanders and senior enlisted advisors).
- (4) Provide a complete and honest assessment of their personal issues and transition status.
- (5) Be on time at their expected place of duty.
- (6) Comply with Army regulations, customs and courtesies, administrative policies and the UCMJ.
- (7) Report immediately to the Triad of Care and chain of command any side effects from medications. Medication taken after the expiration date, in a manner contrary to its intended medical purpose, in excess of the prescribed dosage or the sharing of prescriptions is strictly prohibited and may result in UCMJ or adverse administrative action.
- (8) Report the use of all non-prescription medications (to include herbals, supplements, energy drinks, etc.).
- (9) Obtain PCM referral prior to scheduling medical or surgical appointments.
- (10) Adhere to all medical profiles to include no-alcohol profiles and carry an individual copy of profile at all times.
- (11) Comply and maintain the Army Body Composition Program (ABCP) standards in IAW AR 600-9 and medical/physical profile. IAW AR 600-9, Soldiers exempt from the ABCP must maintain a Soldierly appearance.
- (12) Update their self-assessment weekly while in-processing or as directed by the commander.
- (13) Participate in CER opportunities that align with their track preference and long term career goals.

- (14) Contribute to the WTU mission and unit activities.
 - (a) Attend formations, town halls and other WTU-sponsored communication events.
 - (b) Actively participate in Adaptive Reconditioning activities.
 - (c) Engage WTU leadership with issues early.
 - (d) Participate in senior leader/elected official visits.
 - (e) Maintain safe control and use of medications.
 - (f) Maintain a safe and clean living environment.
 - (g) Adhere to WCTP regulations, policies and guidance.
 - (h) Serve as a mentor for other WTU-assigned Soldiers once medically ready to do so.
 - (i) Actively participate in IDES activities, if applicable.
 - (j) Assist Family with transition to military life and administrative requirements.
 - (k) Contact SL daily.
 - (l) Contact NCM weekly.
 - (m) Complete the required annual assessment in the Comprehensive Soldier and Family Fitness (CSF2) Global Assessment Tool.
 - (n) Comply with all Individual Medical Readiness (IMR) requirements and complete all Deployment Health Assessments (DHAs), as required.
 - (o) Complete all required Army training requirements.

(p) Complete all Army Career and Alumni Program (ACAP) requirements.

c. Key Brigade and Battalion WTU Staff and Support Members Roles and Responsibilities: Commanders and leaders will ensure all Soldiers develop and execute their CTP within 30 days of assignment/attachment to the WTU. The interdisciplinary teams will assist Soldiers in the development and execution of their CTP; the Triad of Care will support and validate Soldiers' CTPs; and staff and support members will assist WTU Soldiers in meeting their needs.

(1) WTU Commander. The WTU Commander is the individual appointed to provide mission command over the WTU. He is responsible for all that the WTU accomplishes or fails to accomplish.

(2) WTU CSM. The CSM is the senior enlisted trainer and spokesperson. The CSM will:

(a) Enforce established policies and standards for enlisted Soldiers pertaining to the conduct, performance, care, personal appearance, effective personal utilization, asset management and Soldier training.

(b) Ensure subordinate NCOs enforce established policies and standards for enlisted Soldiers pertaining to the conduct, performance, care, personal appearance, effective personal utilization, asset management and Soldier training.

(c) Provide advice and recommendations to the commander and staff on all matters pertaining to enlisted Soldiers and their Families.

(d) Assist in regular inspections of command activities, facilities and personnel as prescribed by the commander.

(e) Ensure adherence to command regulations and policies.

(f) Ensure newly assigned, enlisted personnel are instructed in military courtesy and customs of the service.

(g) Monitor and conduct training of enlisted Soldiers of the command.

(h) Ensure Soldiers maintain the yearly requirement for completing assessment in the CSF2 Global Assessment Tool.

(i) Ensure First Sergeants/Platoon Sergeants effectively manage the Respite Pass Program.

(j) Ensure WTU Soldiers and Cadre Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90-180 days of redeployment respectively.

(k) Ensure WTU Soldiers and Cadre complete their Individual Medical Readiness (IMR) requirement.

(3) The WTU Executive Officer Roles and Responsibilities:

(a) Oversees staff activities and assumes command in the absence of the WTU commander.

(b) Keeps the commander informed of Soldier issues which may require his attention.

(c) Conducts weekly staff meetings.

(d) Works with staff elements to resolve any Soldier care issues.

(e) Receives daily updates on all unresolved Soldier issues.

(f) Provides direct oversight to the Company Transition Coordinators (TCs).

(4) The WTU Surgeon Roles and Responsibilities: Wherever feasible, the WTU surgeon should be either (1) a physician, residency-trained in a primary care or occupational medicine specialty (Family, internal, emergency medicine, pediatrics, physical and rehabilitative medicine

or occupational health); or (2) a mid-level provider specifically trained in a primary care realm of his discipline. The WTU Surgeon:

- (a) Is the lead in the organization for all medical management issues.
- (b) Is the primary liaison with the MTF.
- (c) Provides direct oversight to the WTU PCMs.
- (d) Provides assistance to PCMs on Special Compensation for Assistance with Activities of Daily Living (SCAADL) and Non-Medical Attendant (NMA) assignment.
- (e) Maintains a close working relationship with the Supervisory NCM, senior LCSW, Occupational Therapist (OT), Physical Therapist (PT), Transition Coordinator (TC), chaplain and other senior members of the interdisciplinary team, to ensure clear two-way communication and understanding of clinical policies and expectations, as well as assisting with solving MTF-related clinical issues.
- (f) Serves as the interface between the MTF IDES assets and the WTU and minimizes any activities within the WTU's control that prolong the IDES process
- (g) Attends Deputy Commander for Clinical Services (DCCS)-level clinical meetings.
- (h) Devotes a portion of his time each month to clinical practice.

(5) The WTU Supervisor NCM Roles and Responsibilities:

- (a) Oversees the nursing activities of the case managers within the command.
- (b) Ensures NCMs maintain all licensure and education requirements and are trained and competent in performing their duties.
- (c) Provides professional development and counseling to NCMs within the command.
- (d) Provides assistance to PCMs on SCAADL and Non-Medical Attendant assignment.
 - 1. Establishes policies and procedures and monitors nursing activities to ensure the delivery of effective, efficient and quality care.
 - 2. Interfaces with the senior nursing leadership to coordinate clinical nursing issues.
 - 3. Engages in interagency collaboration to facilitate care and
 - 4. Develops and monitors case management clinical outcomes metrics.
 - 5. Acts as deputy commander for nursing leadership meetings.
 - 6. Assists with development of training programs that meet the needs of the WTU and the Soldiers/Families assigned to the WTU.
 - 7. Responsible for the oversight of the transition process from inpatient to outpatient.
 - 8. Responsible for attending command-level Family meetings.
 - 9. Informs the commander on population demographics on a quarterly basis. Provides input on changes to length-of-stay metrics.
 - 10. Establishes and conducts quality review and record IAW standard nursing practices and NCM Association.
- (e) Sets the conditions to enable NCMs to take respite pass.
- (f) Ensures the required coordination is completed during Soldiers' transfer between WTUs and CCUs.
- (g) Ensures WTU Soldiers and Cadre DHAs (DD 2796 – PDHA and DD 2900 – PDHRA) are completed within 30 days of redeployment and between 90 and 180 days of redeployment respectively.

(h) Ensures WTU Soldiers and Cadre complete their Individual Medical Readiness (IMR) requirement.

(i) Documents the medical management decision regarding a Soldier's CER eligibility. (See Section 13)

(j) Implements the Patient Caring Touch System

(k) Ensures Soldiers are appropriately referred to the VA

(l) Maintains a close working relationship with the WTU surgeon, senior LCSW, OT, PT, TC, chaplain and other senior members of the interdisciplinary team, to ensure clear two-way communication and understanding of clinical policies and expectations, as well as assisting with solving MTF-related nursing issues.

(6) The Senior LCSW Roles and Responsibilities: LCSW has a master's degree in social work and is independently licensed by his state to conduct clinical social work assessments, diagnosis and treatment. He possesses a national clinical credential to conduct therapy and/or has the highest level of licensure granted by his state. The Senior LCSW:

(a) Provides oversight on the execution of responsibilities, compliance and professional development of all LCSWs, Baccalaureate-Level Social Workers (BLSWs) and Social Service Assistants (SSAs) assigned to the WTU/CCU.

(b) Is the lead in behavioral health (BH) issues in the WTU/CCU and works with the MTF and TRICARE Regional Contractor to ensure behavioral health continuity of care for every Soldier.

(c) Conducts risk, comprehensive BH and psychosocial assessments.

(d) Performs BH care management.

(e) Enters information into automation systems: AHLTA, Psychological and Behavioral Health – Tools for Evaluation Risk and Management (PBH-TERM) and AWCTS.

(f) Provides short-term therapy, counseling or Family/Caregiver support.

(g) Attends interdisciplinary meetings.

(h) Provides oversight or conducts scrimmages.

(i) Refers, educates and advocates for Soldiers and Families/Caregivers.

(j) Provides briefings and Cadre/peer support.

(k) Maintains a close working relationship with the WTU Surgeon, Supervisory NCM, OT, PT, TC, chaplain and other senior members of the interdisciplinary team to ensure clear two-way communication and understanding of BH policies and expectations, as well as assisting with solving MTF-related BH care issues.

(7) The Occupational Therapist's (OT) Roles and Responsibilities: OT responsibilities are a departure from the traditional role of Army OTs acting as a health care provider, but are within the scope of practice for occupational therapy. In a separate company, the OT provides all the assigned functions for occupational therapy. CCUs and separate companies without OTs will utilize the PSG and NCM to properly coordinate functional activities such as CER for their Soldiers. If an OT is not assigned, commanders will select the best-qualified member of his Cadre to provide the Phase I Goal-Setting training using the established PowerPoint presentation and workbook, in conjunction with a WTU Comprehensive Soldier and Family Fitness Training Center (CSF2-TC). A regionally assigned OT will train the identified Cadre member prior to assuming these duties. The OT:

(a) Conducts an initial screening for newly assigned Soldiers within 14 days, which includes housing needs. (See Section 22.)

1. Completes an initial assessment on the Soldier within 14 days of assignment/attachment to determine a Soldier's functional abilities, Soldier Activities of Daily Living (ADL) status and areas of interest for work reintegration.

(b) Coordinates with Company Command (CC) to meet face-to-face with the Soldier and his Family to facilitate initial track selection.

(c) Initiates the Goal-Setting Process.

(d) Serves as the Computer/Electronic Accommodations Program (CAP) Representative.

(e) Provides guidance on Soldier ADL and training for Advanced Life Skills.

(f) Provides Phase I Goal-Setting Training to Soldiers within 21 days of assignment or attachment to WTU/CCU Cadre.

(g) Serves as referral source to CSF2-TC for Phase II Goal-Setting Training and complete Phase II within 90 days of Soldier's assignment/attachment.

(h) Coordinates work hardening and reintegration activities for Soldiers who are not yet eligible for participation in CER activities. Works closely with the TC in planning of CER activities for Soldiers.

(i) Provides functional assessments for work reintegration and work site placements.

(j) Conducts work site assessment when necessary.

(k) Collaborates with the Career Counselor and Transition Coordinator to implement an individual reintegration program for Soldiers, especially those who have suffered a major change in lifestyle due to sustained injuries.

(l) Collaborates with interdisciplinary team for Adaptive Reconditioning Program as required.

(m) Provides supervision, oversight and direction over all assigned WTU Certified Occupational Therapy Assistants (COTAs).

(n) Contributes to program outcome measurement and metrics.

(o) Maintains a close working relationship with the WTU Surgeon, Supervisory NCM, senior LCSW, PT, TC, Chaplain and other senior members of the interdisciplinary team, to ensure clear two-way communication and understanding of clinical policies and expectations, as well as assisting with solving MTF-related OT issues.

(8) The Physical Therapist (PT) Roles and Responsibilities: The PT's responsibilities are a departure from the traditional role of Army PTs acting as a MTF-based health care provider, but are within the scope of practice for physical therapists. CCUs and separate companies will coordinate with the MTF or TRICARE Regional Contractor for required PT support. The PT:

(a) Is the Soldier Adaptive Reconditioning Program developer, manager and subject matter expert in the WTU command for all adaptive reconditioning activities and physical training injury prevention.

(b) Conducts initial screenings/evaluations and reassessments of Soldiers for participation in an adaptive reconditioning program.

(c) Completes initial assessment and develops an adaptive reconditioning program tailored to individual Soldiers capabilities and needs within 30 days of assignment to the WTU/CCU.

(d) Provides contributions to goal setting, in any of the six CTP domains, for which adaptive reconditioning activities or other physical therapy assessment findings are appropriate.

- (e) Reviews, modifies or initiates physical profiles (eProfile).
- (f) Assists with neuro-musculoskeletal care coordination.
- (g) Provides supervision, oversight and direction of all assigned WTU Physical Therapy Assistants (PTA).
- (h) Performs all the functions of a WTU PTA, when assigned to a separate company.
- (i) Contributes to program outcome measurement and metrics.
- (j) Maintains a close working relationship with the WTU Surgeon, Supervisory NCM, senior LCSW, OT, TC, Chaplain and other senior members of the interdisciplinary team, to ensure clear two-way communication and understanding of PT policies and expectations, as well as assisting with solving MTF-related PT issues.

(9) The Warrior Transition Battalion (WTB) Transition Coordinator Responsibilities. The Transition Coordinator works directly for and reports to the battalion executive officer. Commanders of separate companies will designate an individual from their staff to serve as the transition coordinator. The CCU PSG will perform transition coordinator functions for his Soldiers. In support of the Soldier's CER activities, the Transition Coordinator will:

- (a) Manage the CER program for all WTB Soldiers.
- (b) Coordinate, track and report federal internship opportunities both on and off the installation, including collaboration with the DOD OWF Regional Coordinator for OWF internships and the VA Vocational Rehabilitation and Employment (VR&E) staff for Coming Home to Work (CHTW) internships.
- (c) Coordinate, track and report educational opportunities provided through Army Continuing Education System (ACES) programs and the VA.
- (d) Coordinate, track and report Soldier work site opportunities that align with the "Remain in the Army" track.
- (e) Coordinate, track and report Soldier completion of resume training and a completed resume of choice – federal or non-federal.
- (f) Coordinate services with Army Career and Alumni Program (ACAP) counselors, ACES counselors, Veterans Affairs (VA) and VR&E counselors, Department of Labor (DOL) representatives and other Soldier Family Assistance Center (SFAC) and community support organizations.
- (g) Coordinate and work closely with OT staff, Career Counselor and SL/PSG to select appropriate CER activities aligned with the Soldier's CTP track, anticipated final medical disposition and career goals.
- (h) Based on the OT assessment, assist the Soldier in the development and refinement of their CER plan and assist with and track the completion of the CER plan, the reintegration and the transition readiness standards.
- (i) Convene an interdisciplinary team meeting as required to address the Soldier's non-compliance with their CER plan or inability to execute their CER plan.

(10) Unit Ministry Team (UMT) Roles and Responsibilities: UMT consists of a Chaplain and Chaplain Assistant assigned at the battalion level and above. The Chaplain is the SME in the spiritual domain of the CTP. The UMT's mission is to respond to the religious, moral and spiritual needs of Soldiers, their Families and other assigned personnel. The Chaplain is a personal staff officer to the commander who advises on matters of religion, moral issues and morale as affected by religion. Chaplains assigned to WTUs are specially trained in the

integration of faith and health care. They lead the role that spirituality plays in a Soldier's physical healing. WTUs/CCUs that do not have UMTs assigned will rely on the MTF, RMC or Installation Chaplain for area religious coverage. The UMT is constituted and trained to perform or provide religious support services including but not limited to the following:

- (a) Religious services.
- (b) Rites, sacraments and ordinances.
- (c) Pastoral care/counseling.
- (d) Religious education.
- (e) Hospital visitation.
- (f) Pastoral support to the commander and staff.
- (g) Advice on ethics and ethical decision making.
- (h) Maintaining and managing ecclesiastical supplies.
- (i) Facilitation of free exercise of religion for assigned personnel.
- (j) Conducting marriage, Family and Soldier retreats.
- (k) Supporting and monitoring the Soldier's CTP spiritual plan as necessary.

(11) Adjutant (S-1 Officer) Roles and Responsibilities: In CCUs and separate companies the Senior Human Resources (HR) NCO will perform the duties of the Adjutant. The Adjutant:

- (a) Conducts mission analysis of all matters concerning human resources support (military and civilian).
- (b) Considers factors relating to manning, personnel services and support.
- (c) Analyzes personnel strength data to determine current capabilities and projects future requirements for WTU/CCU manpower requirements.
- (d) Analyzes unit strength maintenance, including monitoring, collecting and analyzing data affecting Soldier readiness.
- (e) Prepares estimates for personnel replacement requirements, based on estimated losses and foreseeable administrative losses to include critical military occupational skill requirements.
- (f) Determines personnel services available to Soldiers (current and projected).
- (g) Ensures RC Soldiers' Reserve Component Managed Care (RCMC) orders remain current.

(12) The Operations Officer (S-3) Roles and Responsibilities. The S-3 is assisted by the S-3 section and:

- (a) Is responsible for plans, operations and functions for the WTU/CCU.
- (b) Prepares broad plans, policies and programs for command organizations, operations and functions based on the battalion commanders' guidance.
- (c) Is responsible for developing the training programs and developing metrics to ensure all Cadre personnel demonstrate satisfactory levels of understanding and work production.
- (d) Makes training available through training modules that can be accessed either via the internet or in written form as reference material.
- (e) Is responsible for providing Army Warrior Training for Soldiers in the "Remain in the Army" track.
- (f) Is responsible for providing orientation and training on the CTP requirements and processes to all WTU Soldiers.

(13) The Logistics Officer (S-4): The S-4 is assisted by the S-4 section (supply specialist in CCUs and separate companies) in:

- (a) Determining critical requirements for each service and support function and identifying potential problems and deficiencies.
- (b) Assessing the status of all service and support functions required to support any possible courses of action and compares them to available assets.
- (c) Monitoring logistics support for WTU/CCU.
- (d) Identifying potential shortfalls and recommending actions to eliminate or reduce their effects.

(14) The CTP Management Analyst Roles and Responsibilities: The CTP Management Analyst:

- (a) Works directly for the S-3 and ensures the integrity and accuracy of data in AWCTS.
- (b) Ensures quality execution of the processes within AWCTS.
- (c) Extracts reports and manages data for the commander.
- (d) Serves as the local SME on the AWCTS and provides training and support to unit staff as needed.
- (e) Collects and submits requests on AWCTS data deficiency report and enhancement requests on behalf of unit staff.

(15) The Medical Evaluation Board (MEB) Physician Roles and Responsibilities: The MEB Physician gathers, coordinates and assesses medical information for Soldier disability evaluations through the IDES. In conjunction with the PEBLO, the Compensation and Pension (C&P) VA physician examiner, specialists and others, the MEB Physician prepares the case narrative summary (NARSUM) for forwarding to the Physical Evaluation Board (PEB). The MEB Physician is normally managed by the MTF Deputy Commander for Clinical Services (DCCS).

- (16) The Family Readiness Support Assistant (FRSA) Roles and Responsibilities:
- (a) Helps with implementing and maintaining the commander's Family Readiness Program (FRP) IAW AR 600-20.
 - (b) Coordinates with community agencies.
 - (c) Provides information to Families about WTU events, opportunities and initiatives.
 - (d) Provides a continuum of services to Family members and Caregivers.

(17) Soldier and Family Assistance Center (SFAC) Director Roles and Responsibilities: SFAC Director though not organic to the WTU structure, plays a key role to the success of SFAC programs in the WTUs. He provides program guidance and leadership while implementing a tailored, integrated administrative support services program that acts as a local information broker for Soldiers and their Family members. This includes:

- (a) Providing the highest-quality customer service.
- (b) Offering accurate and timely information and/or needed referral services.
- (c) Offering a goal-oriented Family Support Plan for Family members.
- (d) Encouraging Family members to participate in resilience training and education.

(18) Army Wounded Warrior Program (AW2) Advocate Roles and Responsibilities: An AW2 Advocate will provide the following assistance to their assigned AW2 Soldiers: (see AW2 eligibility criteria in Section 6).

- (a) Review the AW2 AWCTS module dashboard.
- (b) Enter AW2 information and assistance provided in the AW2 AWCTS module.
- (c) Monitor Soldier goals and CTP action plans to mitigate Soldier issues.
- (d) Participate in scrimmages/FTR, interdisciplinary team meetings and have access to all relevant Soldier information and documentation.

- (e) Collaborate with the interdisciplinary team.
 1. Advocate role in the interdisciplinary team:
 2. Contacts WTU command as a check-and-balance to identify and refer WTU/AW2 Soldiers.
 3. Works with WTU case managers.
 4. Works with and assists SFAC.
 5. Coordinates with VA Remote Care for smooth transition.
 6. Coordinates with PEBLOs, Patient Administration Division (PAD) and TRICARE Service Centers.
 7. Notifies WTU of Soldiers interested and/or approved for COAD/COAR.
 8. Assists and coordinates retirement and disability compensation, health care (TRICARE, VA Health Care Medicare/Medicaid) and other benefits.
 9. Coordinate post-WTU Career Plan with the Transition Coordinator and the AW2 Career Cell at MRDP.

(18) Career Counselor Roles and Responsibilities: The career counselor in a WTB will assist Soldiers in extensions for continued medical care and provide counseling on all aspects of Soldiers' military careers to include education, promotion, reclassification, retention, retraining and transition into the Reserve Components. He also serves as the liaison for Component (COMPO) 2 and 3 Soldiers while assigned to the WTU. The career counselor is the point of contact for the expiration term of service (ETS) changes and Military Occupation Specialties (MOS) Administrative Retention Review processing.

(19) Soldiers Medical Evaluation Board Counsel (SMEBC) Roles and Responsibilities. The SMEBC are licensed uniformed and civilian attorneys of the Army Judge Advocate General Corps who are specifically trained and certified to provide legal advice and representation to Soldiers in the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process. Soldiers' MEB Counsel represent and advise Soldiers and are also bound to attorney-client confidentiality.

d. Key Company WTU/CCU Staff Members Roles and Responsibilities:

(1) Company Commander. The WTU/CCU commander is the individual appointed to provide mission command to the WTU/CCU. The commander is responsible for all the WTU/CCU accomplishes or fails to accomplish. The company commander is ultimately responsible for the successful execution of Triad of Care and Triad of Leadership meetings, although he should not personally direct the meeting process. The commander receives frequent updates on the health status of Soldiers in the command. He directs actions to ensure that all standards of care and transitions for Soldiers are met. The commander is responsible for establishing the leadership climate of the unit and developing unit discipline and cohesion. This

sets the parameters within the command which will be exercised and sets the tone for social and duty relationships within the command. Refer to AR 600-20 for a discussion on command policy. The commander will:

(a) Ensure risk assessments are established and documented in AWCTS within 24 hours of attachment/assignment.

(b) Ensure appropriate risk mitigation measures for high-risk Soldiers.

(c) Monitor and report appropriate unit metrics to track CTP execution.

(d) Complete Commander's Performance and Functional Statement, DA Form 7652, for submission to the Physical Evaluation Board (PEB).

(e) Review all profiles (DA Form 3349) on all assigned/attached Soldiers regardless of component.

(f) Ensure compliance with all Army regulations and requirements.

1. Evaluate each Soldier for eligibility to participate in CER activities based on the Soldier's demonstrated initiative and self-discipline.

(2) The First Sergeant (1SG) Roles and Responsibilities:

(a) Assist the commander in planning, coordinating and supervising all activities that support the WTU/CCU mission.

(b) Advise the commander on Soldier issues to include duty profiles and status of Soldiers assigned or attached.

(c) Coordinate unit administration to include submission of required reports.

(d) Counsel and provide guidance to Soldiers and other subordinate personnel.

(e) Conduct inspections of unit activities and facilities, observe discrepancies and initiate corrective action.

(f) Ensure Soldiers maintain the yearly requirement for completing assessment in the Comprehensive Soldier and Family Fitness (CSF2) Global Assessment Tool.

(g) Ensure PSG effectively manages the Respite Pass Program.

(h) Ensure WTU Soldiers and Cadre Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90 and 180 days of redeployment respectively.

(i) Ensure WTU Soldiers and Cadre complete their Individual Medical Readiness (IMR) requirement.

(3) Platoon Sergeant (PSG) Roles and Responsibilities. The PSG assists Soldiers and their Families with their medical needs and reports to the company commander and 1SG. The PSG will:

(a) Ensure and maintain daily accountability of Soldiers.

(b) Ensure Soldiers comply with all assigned tasks.

(c) Supervise Squad Leaders (SLs) and routinely inspect counseling files, individual CTP, living quarters and any other areas of Soldiers well-being and care designated by the commander.

(d) Maintain weekly oversight of Soldiers' self-assessment and ensure SL validations provide appropriate action-oriented comments to action plans.

(e) Manage Soldiers' work site placements within the platoon and verify quality of work through face-to-face or telephonic contact twice a week.

(f) Manage the movement of Soldiers between SLs within the platoon in accordance with mission requirements to ensure adequate Soldier supervision.

(g) Review, approve or disapprove Soldiers identified for cancellation of weekly self-assessment in AWCTS.

(h) Teach, coach and mentor all Soldiers within the platoon.

(i) Assume the duties of the company 1SG as required.

(j) Ensure Soldiers participate in an adaptive reconditioning program tailored to the individual Soldier's physical capabilities and needs.

(k) Make face-to-face contact with Soldiers assigned to his platoon on a daily basis. It is imperative the PSG gets to know their Soldiers so he can support the SL when Soldiers develop BH, personal or other problems.

(l) Complete the required annual assessment in the Comprehensive Soldier and Family Fitness (CSF2) Global Assessment Tool.

(m) Develop a Respite Pass Program that enables SLs to take respite pass without overburdening other SLs.

(n) Maintain communication logs and notify the NCM on any potential recovery issues.

(o) Ensure Soldiers complete the required annual in the CSF2 Global Assessment Tool.

(p) Ensure WTU Soldiers and SLs Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90-180 days of redeployment respectively.

(q) Ensure WTU Soldiers and SLs complete their IMR requirement.

(4) The Community Care Unit (CCU) Platoon Sergeant (PSG) Roles and Responsibilities. The CCU PSG will become the change agent for Soldiers in their progress through the CCU and the CTP. The CCU PSG will:

(a) Make daily accountability calls to Soldiers.

(b) Have a periodic CTP call with the individual Soldiers to evaluate their progress on their CTP goals. The frequency of these calls will be based on Soldiers' maturity, risk level and commitment to the CTP.

(c) Assist Soldiers in finding appropriate CER opportunities that align with their career track and goals.

(d) Contact each work-site supervisor on a monthly basis to assess the Soldiers' work performance and participation.

(e) Fulfill the duties of the WTU Squad Leader (SL) as listed below.

(f) Document the commander's evaluation of eligibility to participate in CER activities for each Soldier.

(5) The Squad Leader (SLs) Roles and Responsibilities. The SL is the critical link for the Soldier to the chain of command, the NCM and the PCM. The SL is the first line supervisor for the Soldier. The SL should build a relationship of trust with everyone who supports their Soldiers. Trust and confidence are the SL's most valuable assets in assisting their Soldiers. The SL works as part of the Triad of Care providing for the care of their Soldiers and Families. The SL will:

(a) Maintain accountability of their Soldiers and equipment and report all accountability failures to the commander.

(b) Make face-to-face contact with Soldiers assigned to his squad on a daily basis.

(c) Coach, mentor and counsel their individual Soldiers, including their eligibility to transfer.

(d) Document the commander's evaluation of eligibility to participate in CER activities for each Soldier.

(e) Collaborate with the interdisciplinary team to maintain Soldier accountability related to CER activities, to include education classes and work site placement and ensure Soldiers are at their respective place of duty.

(f) Report all work site absences to the transition coordinator.

(g) Contact each work-site supervisor weekly to assess Soldier's work performance. Where feasible visit each Soldier's CER work site monthly.

(h) Link Soldiers to SFACs for administrative services and benefits.

(i) Submit requests for awards and decorations.

(j) Ensure that the Soldier's records are transferred from losing unit to gaining unit.

(k) Inspect the condition of Soldier's billeting, clothing and equipment.

(l) Keep the PSG informed on squad's medical status and requirements.

(m) Ensure their Soldiers participate in an adaptive reconditioning program tailored to individual physical capabilities and needs.

(n) Meet with NCM assigned to your Soldiers daily.

(o) Validate Soldiers Self Assessments in accordance with AWCTS instructions and implement action plans for all amber and red self-assessment items.

(p) Conduct risk assessments as described throughout this section and Section 5. Inform command of changes to Soldier's risk level if the Soldier increases in risk.

(q) Ensure Soldiers complete the required annual assessment in the CSF2 Global Assessment Tool.

(r) Ensure WTU Soldiers Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90 and 180 days of redeployment respectively.

(s) Ensure WTU Soldiers complete their IMR requirement.

(6) Primary Care Manager (PCM) Roles and Responsibilities. The relationship developed between Soldiers and the PCM is the basis for successful prevention-oriented, coordinated health care. Soldiers benefit from consistent health care with improved overall health. The PCM must play an active leadership role in each Soldier's care, through effective communication with other interdisciplinary team members, especially the other members of the Triad of Care. Wherever feasible, physician PCMs should be residency-trained in a primary care or occupational medicine specialty (family, internal, or emergency medicine, pediatrics, physical and rehabilitative medicine or occupational health). Mid-level provider PCMs should be specifically trained in the primary care realms of their respective disciplines. In separate companies and CCUs, the PCM also serves as the WTU surgeon. The PCM:

(a) Provides primary health care, evaluates the holistic medical requirements for the Soldier and plans, directs and oversees all Soldiers care during their time in the WTU.

(b) Communicates with specialty and ancillary providers including behavioral health and ensures that their plans are included in Soldier care-related meetings and discussions.

(c) Advises the commander on all health-related issues for all assigned Soldiers.

(d) Writes permanent profiles with designators of 3 or 4 for all assigned Soldiers.

(e) Ensures Soldiers with permanent profiles with designators of 3 or 4 are referred to a Military Occupation Specialties (MOS) Administrative Retention Review or MEB/PEB, as appropriate.

(f) Determines Soldiers immediate and ongoing need for NMAs. Determines if Soldiers are medically qualified SCAADL.

(g) Ensures clear, two-way communication with each Soldier's NCM, since the NCM will be the clinical representative in situations where the PCM cannot be present. Benefits from the NCM's greater knowledge of the Soldier's day-to-day progress and activities, given the NCM's lower patient ratios.

(h) Serves as moderator and facilitator at Triad meetings, briefly introducing each case to be discussed with a summary of clinical progress toward the Soldier's goals.

(i) The CCU PCM does not provide direct care for the Soldiers in the CCU. Instead, the CCU PCM oversees and tracks the care provided in the Soldier's home community and the progress toward each Soldier's CTP goals.

(7) The NCM Officer in Charge (OIC) Roles and Responsibilities:

(a) Works for the Company Commander with supervisory oversight from the Battalion/Brigade/RMC Supervisor NCM.

(b) Is responsible for the supervision and oversight of NCM functions within the company.

(c) Coordinates and evaluates nursing activities to ensure safe and cost-effective patient care through the efficient use of NCM staff and clinical resources.

(d) Plans, implements and evaluates nursing activities in accordance with regulations, policies and national standards of care.

(e) Ensures NCMs maintain the skills necessary to function competently within the standards of practice for case managers.

(f) Develops a Respite Pass Program that enables NCMs to take regular/compensation leave and/or respite pass without overburdening other NCMs.

(g) Monitors Soldier acuity and NCM ratios to ensure safe caseloads are maintained.

(h) Maintains an average caseload of up to 10 Soldiers when assigned to a brigade- or battalion-sized WTU.

(i) Uses AWCTS to refer Soldiers who meet AW2 eligibility criteria to the WTU-based AW2 Advocate.

(j) Implements the Patient Caring Touch System.

(k) Ensures Soldiers are appropriately referred to the VA.

(8) The Nurse Case Manager (NCM) Roles and Responsibilities.

(a) The NCM is a registered nurse who works with the Soldier throughout the medical treatment, recovery and rehabilitation.

(b) Using a collaborative team approach, the NCM will:

1. Assess, plan, implement, coordinate, monitor and evaluate options and services to meet the complex health needs of Soldiers.

2. Promote appropriate, timely, clinically and cost-effective patient care.

3. Work directly with the interdisciplinary team to ensure that each Soldier develops and executes an effective CTP.

4. Document the commander's evaluation of eligibility to participate in CER activities for each Soldier.

5. Meet with Soldiers weekly and promptly documents correspondence, meeting notes and telephone conversation notes in AHLTA/ Essentris/MODS Soldier modules and AWCTS, as applicable.

6. Meet with SLs assigned to the NCM's Soldiers daily.

7. Inform Company Lead NCM of issues early.

8. Conduct a visit to the Soldiers barracks room (if on post) along with SL at least once during the Soldier's first 30 days assigned to a WTU to provide input to commanders on Soldiers risk, then every six months.

9. Validate Soldier's self-assessments in accordance with AWCTS instructions and implements action plans for all amber and red self-assessment issues.

10. Conduct risk assessments as described throughout this section and Section 5. Inform the Command of changes to a Soldier's risk level, if the Soldier increases in risk.

11. Ensure clear, two-way communication with each Soldier's PCM, since the NCM will be the clinical representative in situations where the PCM cannot be present and to allow the PCM to benefit from the NCM's greater knowledge of the Soldier's day-to-day progress and activities. The NCM also assists with administrative requirements, consultation and referral entry and coordination.

12. Ensure WTU Soldiers Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90 and 180 days of redeployment respectively.

13. Ensure WTU Soldiers complete their IMR requirement.

14. Actively participate in the Patient Caring Touch System.

15. Refer all eligible soldiers to the VA.

(9) The Company Licensed Clinical Social Worker (LCSW) Roles and Responsibilities. Company LCSWs have a master's degree in social work and are independently licensed by their state to conduct clinical social work assessments, diagnosis and treatment (therapy); have passed a national clinical exam to conduct therapy and/or have the highest level of licensure granted by their state. The LCSW cannot prescribe medications, conduct psychological testing or admit Soldiers to the hospital. A Licensed Master Social Worker (LMSW), under clinical supervision of the LCSW may perform the duties of the LCSW with some exceptions. Although LMSWs have a master's degree in social work, they have a non-clinical license and may only assess, diagnose and treat under clinical supervision approved by the MTF credentialing board. The LCSW:

(a) Is the lead regarding BH issues in the WTU/CCU.

(b) Works with the Triad of Care, MTF and sister services and TRICARE to ensure BH continuity of care for every Soldier.

(c) Conducts risk assessments.

(d) Conducts comprehensive BH and psychosocial assessments.

(e) Provides BH care management.

(f) Enters information into automation systems (AHLTA, PBH-TERM and AWCTS).

(g) Provides short-term therapy, counseling and Family/Caregiver support.

(h) Attends interdisciplinary team meetings.

(i) Conducts and provides oversight of scrimmages.

(j) Refers, educates and advocates for Soldiers and Families/Caregivers.

(k) Provide briefings and Cadre/peer support.

(l) Provides supervision of other LCSWs, LMSWs, Baccalaureate Level Social Workers (BLSW) or Social Services Assistants (SSA).

(10) The Baccalaureate Level Social Worker (BLSW) Roles and Responsibilities. The BLSW has a bachelor's degree in social work and may or may not have a license. SSAs also serve in this role under the supervision of the LCSW and may have a bachelor's degree or experience, which qualified them for the position. These duties are performed by the CCU LCSW. The BLSW or SSA:

(a) Leads, conducts and coordinates the scrimmage of the six domains (may be conducted by the LCSW).

(b) Manages, coordinates, monitors and evaluates options and services to meet complex BH needs of the Soldier and Family.

(c) Works with and directly supports the LCSWs and the WTU staff to ensure continuity of care of the Soldier and Family.

(d) Conducts educational classes, seeks applicable resources, referrals and advocacy for the Soldier, Family and Cadre.

(e) Attends interdisciplinary team meetings.

(f) Coordinates meetings and appointments.

(g) Enters information into automation systems (AHLTA, PBH-TERM and AWCTS).

(11) Certified Occupational Therapy Assistant (COTA) Roles and Responsibilities. Following the initial assessment by the WTU Occupational Therapist Registered (OT), the WTU COTA implements the established plan and works under the supervision, direction and oversight of the WTU OT. The COTA assists with all aspects of program implementation, as directed by the OT, to ensure a successful transition for the Soldier. All COTA roles and responsibilities are within the scope of practice for occupational therapy.

(12) Physical Therapy Assistant (PTA) Roles and Responsibilities. Following the initial assessment by the WTU Physical Therapist (PT), the WTU PTA implements the established plan and works under the supervision, direction and oversight of the WTU PT. The WTU PTA assists with all aspects of program implementation, as directed by the WTU PT, to ensure a successful transition for the Soldier. All WTU PTA roles and responsibilities are within the scope of practice for a physical therapy assistant.

(13) CTP Management Analyst Roles and Responsibilities. The CTP Management Analyst:

(a) Works directly for the company commander.

(b) Ensures the integrity and accuracy of AWCTS data.

(c) Ensures the quality execution of the processes within AWCTS.

(d) Prepares reports and manages data for the commander.

(14) The Company Executive Officer Roles and Responsibilities:

(a) Assumes command of the company in the absence of the commander.

(b) Oversees company personnel activities.

(c) Keeps the commander informed on Soldier issues that require their attention.

(d) Conducts weekly meetings.

(e) Works with company Cadre and other company elements to resolve any Soldier standard of care issues.

(f) Receives daily updates on unresolved Soldier issues.

(15) The Human Resources (HR) Specialist Roles and Responsibilities:

(a) Performs a wide variety of procedural and substantive clerical work in support of military personnel functions

(b) Is directly responsible for reviewing and ensuring all actions processed are in compliance with regulatory guidelines and local policies.

(c) Maintains all company rosters and functional files in accordance with the approved Army filing system.

(d) Conducts in/out-processing counseling and is primarily responsible for updating AWCTS data.

(e) Screens records.

(f) Executes platoon and NCM assignments.

(g) Inputs personnel data into the Army Medical Department (AMEDD) Human Resources and Warrior Transition Database for all newly assigned Soldiers.

(h) Reviews consolidated reports, statistics and applications and prepares recommendation for personnel actions to higher headquarters.

3-3. Career and Education Readiness (CER) Program Roles and Responsibilities within the Warrior Care and Transition Program (WCTP).

a. Soldier Roles and Responsibilities. Establishing specific, measurable, actionable, realistic and time-bound (SMART) career goals and maintaining motivation will lead to a productive CER activity. Soldiers will be active, aggressive and accountable in meeting goals outlined in their individual CTP. The Soldier's medical care is always the first priority and will be considered when selecting a CER activity. While participating in a CER activity, the Soldier's place of duty is at the CER work site, if not at a medical appointment. The Soldier will:

(1) Collaborate with the Occupational Therapist (OT) to establish SMART career goal(s).

(2) Establish SMART transition outcomes and sub-goal(s) in support of his CER plan.

(3) Be active, aggressive and accountable in meeting goals outlined in his individual CTP.

(4) Collaborate with the Company Transition Coordinator (CO-TC) to research CER activities that support their CTP track and career goal(s).

(5) Participate in a CER activity that supports his CTP track and career goal(s) once he is CER eligible (ideally no later than (NLT) 90-day scrimmage).

(6) Not violate their profile in performing CER activities.

(7) Communicate with SL, CO-TC and OT regarding any issues with their CER activity.

(8) Notify their chain of command and CER work site supervisor NLT 24 hours prior to any missed time at his CER work site unless due to illness or accident.

(9) Meet with the SL to develop a weekly clinical and non-clinical calendar to resolve conflicts between medical appointments and CER activities.

(10) Ensure their NCM is notified of his CER activity schedule so it does not conflict with medical appointments.

b. WTB Commander (CDR) Roles and Responsibilities. The WTB CDR is responsible for the CER program and will define clear roles and responsibilities of Cadre members involved in the CER program. At a minimum, the CER program team is comprised of the Soldier, TC, OT, NCM, SL and other external support programs such as ACES, OWF and E2I. The WTB CDR must communicate the importance of the CER program and the participation rate of eligible Soldiers to his CSM, company commanders, 1SGs, BN-TC and BN OT. The WTB CDR will:

(1) Establish a battalion CER program and communicate objectives to WTU CDRs, Cadre and Staff.

(2) Standardize and publish roles and responsibilities of WTU Cadre and staff members involved in the CER program.

(3) Ensure WTU CDRs monitor and report CER participation.

(4) Establish and develop professional relationships with outside CER support agencies (i.e. OWF RC, E2I RC, Chamber of Commerce, etc.).

(5) Ensure company commanders appoint Composite Risk Management (CRM)-trained individual(s) to conduct job hazard analysis and mitigate safety hazards for each work site.

(6) Receive periodic reports from the BN-TC on CER data and trends analysis.

(7) Provide monthly CER data to the RMC.

(8) Ensure each Soldier has an appropriate CER plan and CER activity during the FTR meeting.

(9) Discuss individual Soldier non-compliance with the interdisciplinary team to determine root cause and administer administrative actions to correct the deficiency as necessary.

(10) Submit a request for exception to policy through RMC WTO to WTC for a work site more than 50 miles from the Soldier's current residence to include training activities.

(11) Ensure all work sites are with federal agencies.

c. WTU CDR Roles and Responsibilities. The WTU CDR is responsible for the company-level CER program and will define clear roles and responsibilities of Cadre members involved in the operation of the CER program. At minimum, the CER program team is comprised of the Soldier, CO-TC, OT, NCM, SL and other external support programs such as ACES, OWF and E2I. The program must support the battalion commander's CER program goals and objectives. The WTU CDR must communicate the importance of the CER program and the participation rate of eligible Soldiers to his 1SG, PSGs, CO-TC and CO OT/COTA support. The WTU CDR will:

(1) Establish a CO CER program that supports the battalion commander's goals and objectives.

(2) Communicate CER goals and objectives to 1SG, PSGs, SLs, CO-TC, Cadre and staff.

(3) Standardize and publish roles and responsibilities of WTU Cadre and staff members involved in the CER program.

(4) Ensure CER data are monitored and reported by the CO-TC to the BN-TC monthly.

(5) Establish and develop professional relationships with outside CER support agencies (i.e. OWF RC, E2I RC, Chamber of Commerce, etc.).

(6) Appoint CRM-trained individual(s) to conduct and document job safety analysis and mitigate safety hazards for each work site (see Appendix 13-3).

(7) Receive periodic reports from the CO-TC on CER data and trends analysis.

(8) Ensure SLs conduct daily accountability of Soldiers at the work site. Ensure SLs contact each Soldier's supervisor at least once a week.

(9) Ensure SLs visit each Soldier's work site at least once a month.

(10) Ensure each Soldier is CER-eligible before CER participation.

(11) Ensure the NCM and SL complete the CER Eligibility document (see Appendix 13-4).

(12) Ensure that Soldiers who choose to participate in a non-OWF internship, education program or Remain in the Army Work Assignments (RIAWA) have the following documents completed.

(a) Work site agreement (See Appendix 13-5).

(b) Work site therapy evaluation form (See Appendix 13-6) (completed by supervisor).

(13) Ensure the OT completes the OT CER assessment referral form (See Appendix 13-7).

(14) Ensure the OT completes work site assessments (See Appendix 13-8).

(15) Ensure CER is discussed in Triad meetings, Scrimmages and FTRs.

(16) Discuss individual Soldier non-compliance with the interdisciplinary team to determine root cause and administer administrative actions to correct the deficiency as necessary.

(17) Request exception to policy for work sites outside of a 50 mile radius through the battalion to RMC WTO to WTC G-1 for WTC CG approval to include opportunities for training.

d. CCU CDR Roles and Responsibilities. The CCU CDR is responsible for the company-level CER program and will define clear roles and responsibilities of Cadre members involved in the operation of the CER program. At minimum, the CER program team is comprised of the Soldier, CO-TC, OT, NCM, SL and other external support programs such as ACES, OWF and E2I. The program must support the battalion commander's CER program goals and objectives. The CCU CDR must communicate the importance of the CER program and the participation rate of eligible Soldiers to his 1SG, PSGs, SLs and TC. The CCU CDR will:

(1) Establish a CCU CER program and communicate CER goals and objectives to 1SG, PSGs, SLs, CO-TC, Cadre and staff.

(2) Standardize and publish roles and responsibilities of CCU Cadre and staff members involved in the CER program.

(3) Ensure CER data are monitored and reported by the CO-TC to the aligned BN-TC monthly.

(4) Establish and develop professional relationships with outside CER support agencies (i.e. OWF RC, E2I RC, Chamber of Commerce, etc.).

(5) Appoint CRM-trained individual(s) to conduct job safety analysis and mitigate safety hazards for each work site.

(6) Provide job safety analysis form to be filled out and submitted by the work site supervisor if a SL or OT cannot inspect due to location (See Appendix 13-3).

(7) Receive periodic reports from the CO-TC on CER data and trends analysis.

(8) Ensure SLs conduct daily accountability of Soldiers at the work site.

(9) Ensure SLs contact each Soldier's supervisor at least once a month.

(10) Ensure each Soldier is CER-eligible before CER participation.

(11) Ensure that NCM and SL complete the CER Eligibility Form (See Appendix 13-1).

(12) Ensure Soldiers complete appropriate paperwork for RIAWA, education/training and/or internship programs.

(13) Ensure that Soldiers who choose to participate in a non-OWF internship, education program or RIAWA have the following documents completed:

- (a) Work site agreement (See Appendix 13-5).
- (b) Work site therapy evaluation form (See Appendix 13-6) (completed by supervisor).

(14) Ensure the OT completes the OT CER assessment referral form (See Appendix 13-7).

(15) CCU can request that TRICARE provide OT assessment for Soldier using local resources.

(16) Ensure CER is discussed in Triad meetings, scrimmages and FTRs.

(17) Discuss individual Soldier non-compliance with the interdisciplinary team to determine root cause and administer administrative actions to correct the deficiency as necessary.

(18) Request exception to policy for work sites outside of a 50 mile radius through the battalion to RMC WTO to WTC G-1 for WTC CG approval to include opportunities for training.

e. Battalion Transition Coordinator (BN-TC) Roles and Responsibilities. The BN-TC is the overall program manager for the battalion CER program. The BN-TC is responsible for coordinating activities with external organizations to develop career, education and training opportunities for Soldiers in the battalion. The BN-TC is also the technical expert for the battalion CDR and the technical advisor to the CO-TCs. In this capacity the BN-TC will collect, evaluate and analyze CER data to ensure all eligible Soldiers are participating in a CER activity that aligns with their CTP track and career goal(s). The BN-TC will also ensure that all in-processing Soldiers are provided an orientation to the CER program. The BN-TC will:

- (1) Review entered transition/CER data in AWCTS for standardization and completion.
- (2) Advise the battalion CDR on CER deficiencies.
- (3) Use AWCTS to evaluate battalion CER compliance.
- (4) Manage CER program activities for the battalion.
- (5) Collect and report CER data from each company and report CER data to the battalion CDR.
- (6) Promote CER success stories throughout the unit, the local community and to WTC Communications Division.
- (7) Educate and train WTB leadership and Cadre in the CER program.
- (8) Advocate for the CER program locally, building support on the installation for work site opportunities.
- (9) Coordinate with ACAP (See Section 13-12).
- (10) Network with Cadre and staff, peers, Army, DOD, DOL, VA, OPM, other agencies, private sector and service providers or resources.
- (11) Build professional relationships.

(12) Coordinate with the following organizations to ensure support for Soldiers/Families in the WTB:

- (a) Social Security Administration (SSA) to learn about disability benefits.
- (b) ACES counselors to develop and administer education plans.
- (c) DOD OWF RC to place Soldiers into federal internships.
- (d) DOD E2I RC to prepare for post Army employment and education Opportunities.

- (e) DOL.
- (f) VA VR&E counselor for vocational assessment, counseling and career development program.
- (g) ACAP to prepare for transition.
- (h) SFAC/ACS.
- (i) Military/Army One Source.
- (j) Community Support Networks.

(13) Develop and maintain a Battalion CER database that documents all Soldier's CER work sites.

(14) Provide orientation to in-processing Soldiers on the CER program within 30 days of assignment/attachment.

(15) Consult with the OT to assist the Soldier in developing initial career goal(s).

(16) Provide technical advice and training to company-level TCs.

f. Company Transition Coordinator (CO-TC) Roles and Responsibilities. The CO-TC is the overall program manager for the company CER program. The CO-TC is responsible for individual coordination with Soldiers and WTU Cadre and staff to place Soldiers in CER activities that support their CTP track and career goal(s). The CO-TC is also responsible for being the CER technical expert for the company commander to advise him on their CER program. In this capacity the CO-TC will collect, evaluate and analyze CER data to ensure all eligible Soldiers are participating in a CER activity that aligns with their CTP track and career goal(s). The CO-TC will also ensure that all Soldiers are referred to appropriate resources to support a successful CER plan such as ACAP, ACES, OWF, etc. The CO-TC will:

- (1) Enter transition/CER data into the AWCTS.
- (2) Advise the company commander on CER deficiencies.
- (3) Use AWCTS to measure company CER compliance.
- (4) Manage CER program activities for the company.
- (5) Collect CER data from each platoon and report CER data to the Battalion Transition Coordinator.
- (6) Report CER participation rates and other requested CER data to the WTU CDR and staff.
- (7) Promote CER success stories throughout the WTU and to the Battalion Transition Coordinator.
- (8) Train WTU leadership and Cadre on the CER program.
- (9) Coordinate with ACAP (See Section 13-12).
- (10) Refer Soldiers to:
 - (a) SSA to learn about disability benefits.
 - (b) ACES counselors to develop and administer education plans.
 - (c) DOD OWF RC to place Soldiers into federal internships.
 - (d) DOD E2I RC to prepare for post Army employment and education Opportunities.
 - (e) Check DOL DVOP/LVER for info on local labor markets and employment search Assistance.
 - (f) Search <http://dvoplverlocator.nvti.ucdenver.edu/> to find local DVOP/LVER contact Information.

(g) VA VR&E counselor for vocational assessment, counseling and career development program.

(h) ACAP to prepare for transition.

(11) Input WTU CER participation rates into the battalion CER database.

(12) Review and implement plans with the Soldier regarding their AWCTS Self Assessment tool for Career-Work Plan, Career-Education and Career-Employment.

(13) Coordinate with OT, CC, SL/PSG and other staff to select CER activities aligned with the Soldier's CTP track, anticipated final medical disposition and career goal(s).

(14) Track CER eligibility decisions made by the (CDR and Medical Management (M2) team (See Appendix 13-1).

(a) Coordinate with OT to receive OT CER assessment, once a Soldier is CER eligible (See Appendix 13-7).

(b) Refer to the Table of Required and Recommended ACAP/CER Activities to determine activities for Soldiers in each CTP track (See Appendix 13- 9).

(c) Collaborate with the OT, SL/PSG, NCM, CC and other staff to implement an individual CER plan for Soldiers, focused on a SMART career goal.

(15) Attend meetings as required by each Soldier's circumstances, or as directed by the WTU CDR, to include Triad meeting, scrimmage and FTR.

(a) Discuss and provide resources to assist with the career domain goal(s).

(b) Revise the plan with the interdisciplinary team if the Soldier is incapable of executing the current career plan.

1. Convene an interdisciplinary team meeting to address a Soldier's non-compliance with their CER plan or inability to execute their CER plan.

2. Track and report work site absences in coordination with the SL.

3. Communicate CER plan and provide CER documents to gaining unit TC for Soldiers who transfer.

(16) Manage the CER program for Soldiers in the WTU.

(a) Coordinate with the OWF RC to place Soldiers in a federal internship (see Section 13-11).

(b) Review OWF monthly and end-of-internship evaluations on each Soldier (see Section 13-11).

(c) Ensure Soldier Work Site Therapy Evaluation Form is completed for all non-OWF work sites (See Appendix 13- 6).

(d) Coordinate with VA VR&E counselors to refer Soldiers for VR&E assessment and career plan development (see Section 13-6).

(e) Coordinate with the VA Coming Home to Work (CHTW) Coordinator to place Soldiers in a federal non-paid work experience (NPWE) that align with the Soldier's CTP track and career goal(s) (see Section 13-6).

(f) Coordinate with ACES and VA VR&E for enrollment in education and/or training activities that align with the Soldier's CTP track and career goal(s).

(g) Document all education/training activities on the Soldier Work Site Agreement (Appendix 13-5).

(h) Coordinate with SL/PSG, Training NCO and CC for RIAWA that align with the Remain in the Army track and career goal.

(i) Complete RIAWA placement and follow up documentation on the Soldier Work Site Agreement (See Appendix 13-5).

g. Nurse Case Manager (NCM) Roles and Responsibilities. The NCM is a registered nurse who works with the Soldier throughout the medical treatment, recovery and rehabilitation. The NCM assesses plans, implements, coordinates, monitors and evaluates options and services to meet the complex health needs of Soldiers. The NCM collaborates with the interdisciplinary team to ensure that each Soldier develops and executes an effective CTP. In this manner, the NCM will advise the interdisciplinary team on CER readiness and resolve conflicts between medical and CER appointments. The NCM will:

(1) Enter CER data into AWCTS and AHLTA.

(2) Notify the TC and OT regarding any clinical issues that affect CER readiness and execution.

(3) Ensure all participants in the scrimmage process understand the Soldier's medical condition for CER planning purposes.

(4) Attend meetings as required by each Soldier's circumstances, or as directed by the unit commander, to include Triad meeting, scrimmage and FTR.

(5) Coordinate with PCM, OT and other clinical providers to determine M2 eligibility for CER.

(6) Notify CO-TC when Soldier has been determined M2-eligible for CER activities.

(7) Document M2 determination about CER eligibility on the standardized unit eligibility determination document (see Appendix 13- 1) and post in the attachments section of AWCTS.

(8) Notify CO-TC, SL and OT regarding any change in medical condition or appointments which impact CER and transition readiness.

h. Occupational Therapist (OT/COTA) Roles and Responsibilities. The OT provides clinical assessments for determining when Soldiers are vocationally ready to begin their CER activity. Using their clinical expertise, the OT functionally evaluates their Soldiers and advises the CO-TC when a Soldier is ready to begin a CER program. For sites that do not have an OT, they must coordinate through TRICARE to have a Soldier functionally evaluated. The OT also provides goal-setting training with an emphasis on the career goal to ensure a Soldier has appropriate career goal(s). The OT will also evaluate work sites to ensure they do not violate a Soldier's profile. The OT will delegate certain CER functions to COTAs. The OT/COTA will:

(1) Complete an initial assessment on the Soldier within 14 days of assignment/attachment to determine a Soldier's functional abilities, ADL status and areas of interest for work reintegration.

(2) Complete Phase I Goal-Setting training NLT 21 days after a Soldier's assignment/attachment to the WTU.

(3) Consult with the BN-TC to assist the Soldier in developing initial career goal(s).

(4) Consult and collaborate with CO-TC, CC, SL/PSG, NCM and other staff to establish a plan for a successful CER participation.

(5) Serve as the assistive technology and American's with Disabilities Act subject matter expert (SME) regarding any needed reasonable accommodations for CER participation.

(6) Request adaptive equipment or reasonable accommodation to assist Soldiers in completing their CER plan.

(7) Coordinate with CC to meet face-to-face with the Soldier and his Family to facilitate initial track selection prior to the initial scrimmage.

(8) Ensure Soldiers develop CER goals using the SMART method.

(9) Attend meetings as required by each Soldier's circumstances, or as directed by the unit commander, to include Triad meeting, scrimmage and FTR.

(10) Coordinate work hardening and reintegration program opportunities for Soldiers not M2/CDR-eligible for CER opportunities.

(11) Notify CO-TC/NCM/SL and PSG when Soldier has completed work hardening and reintegration and is medically capable of completing a CER activity in support of their CTP track and career goal(s).

(12) Advise the NCM on the functional/vocational readiness of the Soldier in support of the M2 determination regarding the Soldier's eligibility for CER activity.

(13) Refer Soldier to CO-TC for CER opportunities when a Soldier is CER-eligible using the OT Assessment of Soldier CER Work Site Limitations Form (See Appendix 13-7).

(a) Conduct work site assessments to determine if they are conducive to the Soldier's profile using WTU Work Site Assessment Form (See Appendix 13-8).

(14) If the same work site is used for multiple Soldiers and the job requirements do not change, the OT is not responsible for going back to the work site, but can evaluate standardized position description compared to the profile. Each work site must be evaluated at least once.

(a) For work sites with restricted access (e.g., NSA), OT must coordinate with the supervisor and discuss work site and the Soldier's limitations. Supervisor must acknowledge they are aware of limitations and will not violate the Soldier's profile.

(b) Coordinate with CO-TC to refer CER-eligible Soldiers to VR&E.

(c) Approve the selected work site and duties to ensure work/internship duties remain goal-oriented and correlate with the CTP.

i. Company Squad Leader (SL) Roles and Responsibilities. The SL is the critical link for the Soldier to the chain of command, the NCM and the PCM. The SL is the first line supervisor for the Soldier and should build a relationship of trust with everyone he contacts to support the Soldier. When supporting CER, the SL should ensure that he maintains daily contact with each Soldier to ensure they are progressing in their CER activity. The SL should also ensure that each of his Soldiers, once CER-eligible, is in a CER activity that supports the Soldier's CTP track and career goal(s). The SL must communicate any issues with a Soldier's CER plan to the commander, CO-TC and OT. The SL must also communicate with their Soldiers' work site supervisors and educational instructors to validate that their Soldiers are progressing positively in their CER activity. The SL will:

(1) Enter CER data in AWCTS

(a) Use AWCTS to measure CER compliance and assist in CER planning

- (2) Collaborate with the OT, CO-TC, NCM, CC and staff to implement an individual CER plan for Soldiers.
- (3) Coordinate with the CO-TC, Training NCO and CC to develop Army Warrior Training (AWT) opportunities for Soldiers on the Remain in the Army CTP track.
- (4) Refer Soldiers in the Remain in the Army CTP track to the CC for reenlistment and reclassification options.
- (5) Ensure all RIAWA placements and follow up documentation is completed (see Appendix 13-8).
- (6) Participate in transfer scrimmages for inbound Soldier to address any CER activities.
- (7) Refer Soldiers to the CO-TC for CER activities.
- (8) Coach, mentor and counsel Soldiers on CER responsibilities.
- (9) Schedule an appointment with the CC and OT prior to the initial scrimmage to facilitate CTP track selection.
- (10) Ensure the Soldier completes Phase I Goal-Setting within 21 days of attachment/assignment to the WTU.
- (11) Meet with Soldiers weekly to discuss CTP goals.
- (12) Attend meetings as required by each Soldier's circumstances, or as directed by the unit commander, to include Triad meeting, scrimmage and FTR.

- (13) Coordinate with OT, CO-TC, NCM, CC and other staff to select CER activities aligned with the Soldier's CTP track, anticipated final medical disposition and career goal(s).
 - (a) Notify CO-TC when Soldier has been determined eligible for CER activities.

- (14) Document Commander's decision regarding CER eligibility on the standardized unit eligibility determination document and post in the attachments section of AWCTS (See Appendix 13-1).
- (15) Refer to the Table of Required and Recommended ACAP/CER Activities to select CER activities (See Appendix 13-9).
- (16) Advise the CO-TC, OT, NCM, PSG and CDR within two working days if a Soldier has to be removed from a CER site for any reason.
- (17) Convene an interdisciplinary team meeting to address the Soldier's non-compliance with their CER plan or inability to execute their CER plan.
- (18) Collaborate with the interdisciplinary team to maintain Soldier accountability related to CER activities, work site and place of duty.
- (19) Assist the Soldier in developing a weekly clinical and non-clinical calendar to resolve any conflicts between appointments and CER hours.
- (20) Maintain a copy of the position description (PD), work site agreement, education plan, completed class transcripts and duty hours in the SL's Soldier file.
- (21) Maintain a copy of the Soldier's completed resume in the Soldier's file and ensure a copy is submitted to ACAP.
- (22) Coordinate with OT services to ensure the OT or COTA conduct work site assessment to determine if site is conducive to the Soldier's positive profile.
- (23) Contact the Soldier's work site supervisor at least once per week.
- (24) Visit the Soldier's work site at least once per month, unless the work site will not allow visitation (i.e. NSA).

(25) Report all work site absences to the CO-TC and other Cadre and staff.

j. CCU Squad Leader (SL) Roles and Responsibilities. The CCU SL has many of the same roles and responsibilities as the WTU SL, except they manage Soldiers in a Community Care environment. CCU SLs will:

(1) Follow all standards as the WTU SL with these exceptions:

(a) Provide job safety analysis form to be filled out and submitted by the work site supervisor if the SL cannot inspect due to location (see Appendix 13-3).

(b) Contact the Soldier's Work Site supervisor at least two times per month.

j. Career Counselor (CC). The Career Counselor in a WTB will assist Soldiers in extensions for continued medical care. The CC also serves as the liaison for COMPO 2 and 3 Soldiers while assigned to the WTU. The career counselor is the point of contact for ETS changes and MAR2 processing. The CC will:

(1) Serve as the POC for expiration of term of service (ETS) changes and Military Occupational Specialty (MOS) Administrative Retention Review (MAR2) processing.

(2) Provide counseling on all aspects of Soldiers' military career to include education, promotion, reclassification, retention, retraining and transition into the Reserve Components

(3) Serve as the COMPO 2/3 liaison while assigned to the WTU.

(4) Counsel Soldiers on GI Bill transfer of education benefits (TEB) process.

(5) Coordinate with OT to meet face-to-face with the Soldier and his Family to facilitate initial CTP track selection prior to the initial scrimmage.

(6) Meet with Soldier within 30 days of assignment/attachment for initial CC counseling.

(7) Provide guidance pertaining to long-term Army career goals including MOS change.

(8) Collaborate with the interdisciplinary team to determine likelihood that a Soldier will remain in the Army.

(9) Attend meetings as required by each Soldier's circumstances, or as directed by the unit commander, to include Triad meeting, scrimmage and FTR.

(10) Coordinate with OT, CO-TC, NCM, SL/PSG and other staff to select CER activities aligned with the Soldier's CTP track, anticipated final medical disposition and career goal(s).

(a) Collaborate with OT, CO-TC, NCM, SL/PSG and other staff to implement an individual CER plan for Soldiers, to include refinement and execution of a SMART career goal.

(b) Review, resource and implement plans with the Soldier based upon the SMART career goal(s) in AWCTS.

(11) Convene an interdisciplinary team meeting to address the Soldier's non-compliance with their CER plan or inability to execute their CER plan.

(12) Counsel the Soldier on their future Army career to include education and eligibility for COAD/COAR.

(13) Assist the Soldier with military education (i.e. correspondence courses, Functional Academic Skills Training (FAST) classes, Defense Language Proficiency Test (DLPT), etc.)

WCTP Soldier and Leader Guide

Section 4

Triad Meetings

Section 4. Triad Meetings

4-1. Triad Meeting Overview. Interdisciplinary coordination is paramount to the successful execution of the Comprehensive Transition Plan (CTP). The weekly Triad meeting is a company-level meeting in which a company's Soldiers are discussed among the interdisciplinary team (IDT) members. These meetings differ from scrimmage and Focused Transition Review (FTR) meetings, as they focus on the administrative and medical concerns of only one Soldier at a time. The meetings serve as a critical communication link for members of the interdisciplinary team.

a. Purpose. The purpose of the Triad meeting is to foster team thinking and to ensure a common operating picture in order to proactively and synergistically assess, plan and track each Soldier's progress toward achieving individual CTP goals in all six domains.

b. Timeline. Triad meetings must be held weekly. High-risk Soldiers will be discussed at every Triad meeting. Lower-risk Soldiers will be discussed at least monthly and ideally more frequently.

c. Responsibilities. As previously noted, the company commander is ultimately responsible for the successful execution of Triad meetings. However the Primary Care Manager (PCM) should be the moderator/facilitator of the meeting. At a minimum, the company commander, PCM, Nurse Case Manager Officer in Charge (NCM OIC), Occupational Therapist (OT)/Certified Occupational Therapist Assistant (COTA), Physical Therapist (PT)/Physical Therapy Assistant (PTA), Transition Coordinator (TC), and Physical Evaluation Board Liaison Officer (PEBLO), plus the Soldier's Squad Leader (SL), Nurse Case Manager (NCM), Licensed Clinical Social Worker (LCSW) and Army Wounded Warrior Program (AW2) Advocate are required to attend all Triad meetings, although not all need be present for the entire meeting. Other individuals such as the VA Liaison, Career Counselor, Ombudsman, Site Coordinator, etc., should attend as directed or invited by the company commander in order to accomplish the objective of effective communication and collaboration. Health Insurance Portability and Accountability Act (HIPAA) rules and regulations must be followed to ensure Soldier's HIPAA information is only discussed with those in a need-to-know status.

d. Required Tasks:

- (1) Discuss, at every Triad Meeting, Soldiers in the following categories:
 - (a) High risk: Soldiers identified as high risk and their risk mitigation plans with highlights of any significant life changes (martial separations, divorce, death in the Family and identification of financial setbacks, etc).
 - (b) Transitioning Soldiers: Discuss any Soldier within 60 days of transition date to ensure that follow-on care is aligned, transition plans are in order and any obstacles or barriers to transition are identified early and resolved prior to the Soldier's actual transition.
 - (c) Soldiers at a civilian inpatient or residential care facility. As a part of the discussion, the NCM will report the length of time in the facility and the plans to transfer the Soldier to a military treatment facility (MTF) if the Soldier will require inpatient care for longer than 30 days.

(d) Reserve Component Soldiers with orders that will expire within 45 days: This can be accomplished by providing a list to the S1 and company commander for their review and resolution. Intent is to prevent any Soldier from falling off of orders unintentionally.

(e) Soldiers with expired profiles or profiles that will expire within two weeks: This can be accomplished by providing a list to the PCM and company commander for their review and resolution. Intent is to ensure both profile management as well as common understanding of the purpose of the specific profile.

(f) Soldiers in the Medical Evaluation Board (MEB) process who have exceeded standard timelines or who have encountered roadblocks.

(g) Soldiers with TRICARE enrollment issues. Intent is to ensure Soldiers are TRICARE-enrolled to their Warrior Transition Unit (WTU)/Community Care Unit (CCU) assignment.

(h) Soldiers with Uniform Code of Military Justice (UCMJ) actions, disciplinary actions or administrative issues. However, military justice disposition is not a medical matter. Therefore, potential military justice dispositions/outcome should not be discussed during the triad meeting. Military justice is an issue to be discussed between the commander and the trial counsel

(2) Every Soldier, regardless of category, must be discussed at least once per month. In this discussion the following components must be addressed:

(a) Projected date a Soldier will meet Medical Retention Determination Point (MRDP), if known. Once MRDP is reached, the chain of command should schedule a Focused Transition Review (FTR) to discuss the Soldier's transition plan and timeline.

(b) General assessment of Soldier's progress on their CTP track and any needed adjustments.

(c) Career and education plans schedule and work site.

(d) The Soldier's adaptive reconditioning program.

(3) Discussions should generally be limited to two to three minutes per Soldier, with exceptions as needed. Specific issues requiring in-depth discussion, but not requiring the full group, should be noted, discussed elsewhere and the result reported back at the next Triad meeting if appropriate.

e. Triad Meeting Process. The members of the company leadership and the interdisciplinary team represent the core of the meeting (. Company Commander, First Sergeant (1SG), PCM, NCM OIC, OT/COTA, PT/PTA, and TC) will typically be present for the entire meeting, whereas the SLs, NCMs, LCSWs, AW2 Advocates and others not covering the entire company will rotate in and out as their Soldiers are being discussed or their skills are required. The PCM is trained in the biopsychosocial model of healthcare, which corresponds well with the six domains of the CTP. As such, the PCM should serve as moderator and facilitator, briefly introducing each case with the Soldier's clinical status and progress toward CTP goals and quickly passing the discussion on to other members of the interdisciplinary team. A summary of status, expectations and any due-outs should close each case, with commander's comments if needed. When Cadre or personnel are no longer needed in the meeting, they should be excused to avoid unnecessary sharing of HIPAA-protected information. Information shared during meetings should be on a need-to-know basis in accordance with HIPAA regulations. The Chaplain, Career Counselor (CC), FRSA, Ombudsman and others are often in attendance, receiving and providing critical information when warranted. After all Soldiers have been discussed, there should be a brief (5

minutes) “around-the-horn” discussion of lessons learned from the session, followed by closing comments from the 1SG and commander.

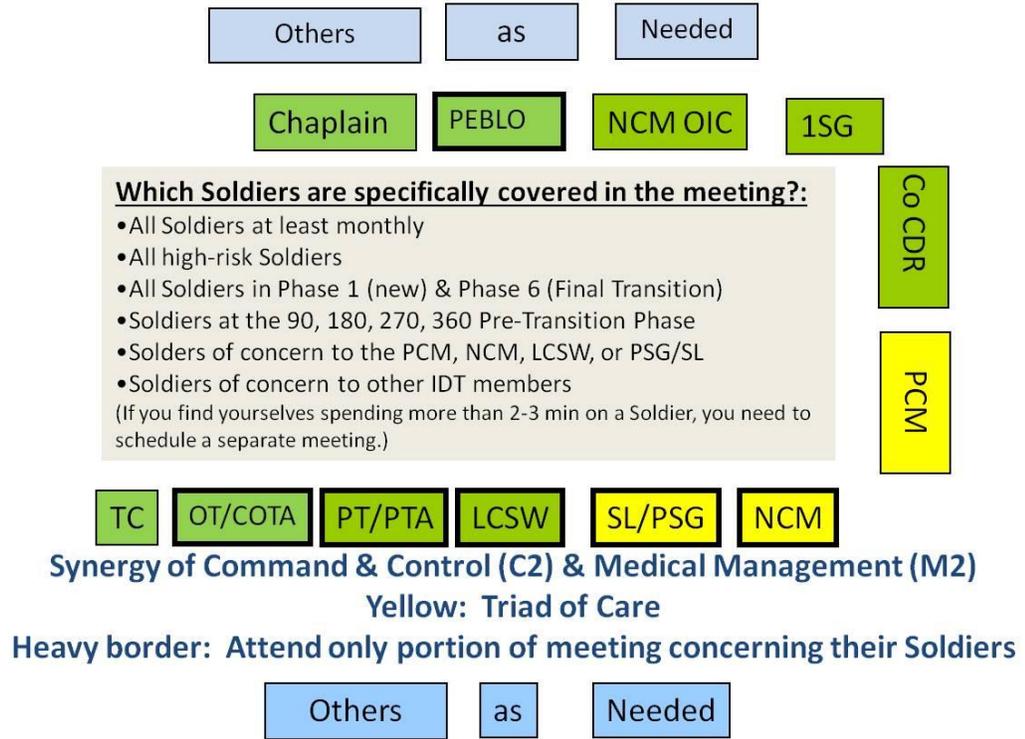


Figure 4-1 (Sample Triad Meeting Set-up)

Section 5. Comprehensive Transition Plan (CTP)

5-1. Comprehensive Transition Plan Description.

a. The Comprehensive Transition Plan (CTP) is owned by the Soldier and supported by the Triad of Care and interdisciplinary team (IDT) to tailor each Soldier's recovery and transition with the opportunities that give each Soldier the greatest chances for a successful transition. All Soldiers assigned or attached to a Warrior Transition Unit (WTU) will begin their CTP upon assignment or attachment to a WTU. The CTP is a dynamic living plan of action that focuses on the Soldier's future. The CTP uses the six CTP domains – career, physical, emotional, social, family and spiritual – to establish goals that map a Soldier's transition plan. The CTP leads each Soldier along the continuum of care where the Soldier will either *Remain in the Army* or *Transition from the Army* to the Veteran status. When a Soldier meets the Medical Retention Determination Point (MRDP), as determined by the Primary Care Manager (PCM), the IDT will finalize their reintegration plan toward returning to the force or separating from the Army through the Integrated Disability Evaluation System (IDES).

b. As the owners of the CTP, the Soldier is empowered to take charge of his own transition and is accountable for developing and achieving his goals. It is important that actions comply with the WTC policy on each Soldier's medical and military responsibilities, which stresses the importance maintaining the Army Values even while recovering from an illness or injury. A Soldier's stay in the WTU will be determined solely by medical needs. Length of stay will not be extended purely to complete a career change (military or civilian). Soldiers are encouraged to utilize all WTU assets available during their stay in a WTU/Community Care Unit (CCU) to assist them in advancing their current career or preparing for a career change while undergoing medical treatment.

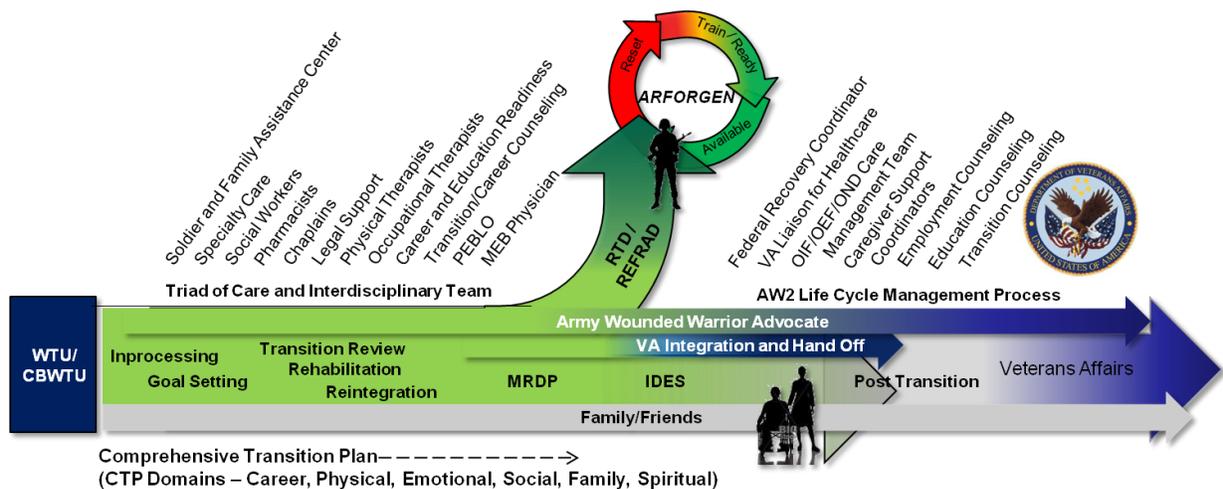


Figure 5-1 (CTP Lifecycle – Continuum of Care)

c. Triad of Care and the IDT. The Triad of Care and the IDT provide the leadership and structure to guide each Soldier through their recovery plan with expertise, guidance, resources and support to ensure each Soldier and their Family focuses on maximizing the opportunities of recovering in a WTU. The Triad of Care, made up of the Squad Leader (SL)/Platoon Sergeant (PSG), Primary Care Manager (PCM) and Nurse Case Manager (NCM), will lead the IDT in supporting the Soldier with training, guidance and counseling. The IDT members include, but are not limited to the following WTU personnel:

- (1) Triad of Care (PCM, NCM, SL)
- (2) WTU Company Commander
- (3) WTU First Sergeant
- (4) WTU Platoon Sergeant
- (5) Licensed Clinical Social Worker (LCSW)
- (6) Clinical Pharmacist
- (7) Occupational Therapist (OT)
- (8) Certified Occupational Therapy Assistant (COTA)
- (9) Physical Therapist (PT)
- (10) Physical Therapy Assistant (PTA)
- (11) Chaplain
- (12) Army Wounded Warrior Program (AW2) Advocate
- (13) Transition Coordinator (TC)
- (14) Career Counselor
- (15) Soldier and Family Assistant Center (SFAC) personnel
- (16) Others as necessary to support the needs of the WTU Soldier.

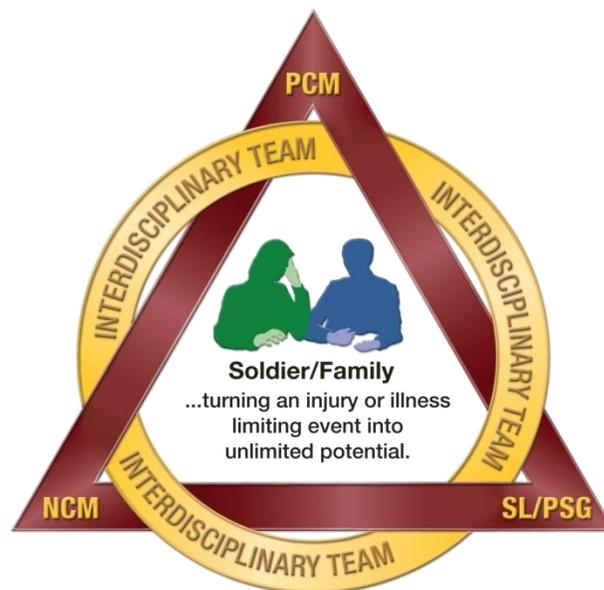


Figure 5-2 (Triad of Care and Interdisciplinary Team (IDT))

d. CTP Processes. The Warrior Care and Transition Program (WCTP) harnesses the five dimensions of strength used by the Comprehensive Soldier and Family Fitness (CSF2) Program and added Career as an essential aspect of a successful transition. More information about CSF2

is available at <http://csf2.army.mil/fivedimensions.html>. The CTP domains are defined below; however the definitions can be interpreted in many ways to align with each individual Soldier's plan:

- (1) Career: A profession for which one trains and which is undertaken as a permanent calling.
- (2) Physical: Performing and excelling in physical activities that require aerobic fitness, endurance, strength, healthy body composition and flexibility derived through exercise, nutrition and training. The physical dimension also encompasses the Army Office of the Surgeon General (OTSG) Performance Triad initiative of sleep, activity and nutrition to improve personal and unit performance, resilience and readiness.
- (3) Emotional: Approaching life's challenges in a positive, optimistic way by demonstrating self control, stamina and good character through choices and actions.
- (4) Social: Developing and maintaining trusted, valued relationships and friendships that are personally fulfilling and foster good communication, including a comfortable exchange of ideas, views and experiences.
- (5) Family: Being part of a Family unit that is safe, supportive and loving that provides the resources needed for all members to live in a healthy and secure environment.
- (6) Spiritual: One's purpose, core values, beliefs, identity and life vision. These elements, which define the essence of a person, enable one to build inner strength, make meaning of experiences, behave ethically, persevere through challenges and be resilient when faced with adversity. An individual's spirituality draws upon personal, philosophical, psychological and/or religious teachings, and forms the basis of their character.



Figure 5-3 (CTP Domains)

e. Automation systems supporting the CTP. The IDT, in consultation with the Soldier, will use the Army Warrior Care and Transition System (AWCTS), counseling records and forms, the Psychological and Behavioral Health – Tools for Evaluation, Risk and Management (PBH-Term) and Armed Forces Health Longitudinal Technology Application (AHLTA), as appropriate, to document all key aspects of his CTP. AWCTS is Health Insurance Portability and Accountability Act (HIPAA) compliant. However, entry of Protected Health Information (PHI) into AWCTS should be limited to the absolute minimum necessary.

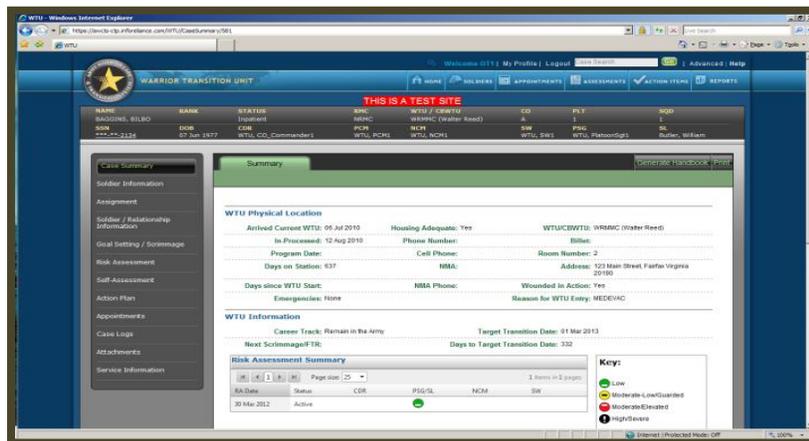


Figure 5-4 (Army Warrior Care and Transition System (AWCTS))

5-2. CTP Tracks

a. Tracks. The two tracks in the CTP are *Remain in the Army* and *Transition from the Army*. The Soldier, in collaboration with his Family, will identify his transition track preference in anticipation to medical disposition. This track will be periodically reviewed by the chain of command and the IDT. The track may change as the Soldier's situation changes, and the Soldier may pursue tasks associated with both tracks. Both the Soldier and the WTU Cadre can further characterize the tracks based on the outcome of the final disposition. These dispositions are detailed below as they describe a disposition to *Remain in the Army* or *Transition from the Army*.

(1) *Remain in the Army*. This track is for all Soldiers who will continue military service. Though Soldiers identify a track preference, all Soldiers are presumed Remain in the Army until the IDT can verify the need to explore Transition from the Army tasks, goals and action plans. Remain in the Army track includes:

(a) Return to Duty (RTD). The clinical leadership in a WTU will identify Soldiers who are ready to RTD once they meet retention standards, in accordance with (IAW) Army Regulation (AR) 40-501, Chapter 3. This includes Active Component Soldiers (COMPO 1) and Reserve Component Soldiers (COMPO 2/3) on Active Guard Reserve (AGR) status who meet retention standards and, upon exiting the WTU, return to a position in an active duty unit. Soldiers who have been processed through the Physical Disability Evaluation System (PDES) and are found fit for duty may also RTD.

(b) Released from Active Duty (REFRAD). In addition to reaching their MRDP with a recommendation to RTD, U.S. Army National Guard (COMPO 2) and U.S. Army Reserve (COMPO 3) will also need to complete many of the tasks associated with separating from the Army, including attendance in the Army Career Alumni Program (ACAP), continuing education, internships and possibly on-base employment preparation. REFRAD includes COMPO 2/3 Soldiers attached to the WTU who meet Army Retention standards and are REFRAD to continue duty in COMPO 2/3 in their current unit and current or alternate Military Occupational Specialty (MOS).

(c) MOS Administrative Retention Review (MAR2). The MAR2 has replaced the MOS/Medical Retention Board (MMRB). This change will enhance the Army's ability to maintain a quality force by ensuring Soldiers are physically qualified to perform their Primary Military Occupational Specialty (PMOS) in a worldwide deployed environment. MAR2 allows Soldiers who meet retention standards, but who cannot fully perform the duties of their present MOS, to be evaluated for retention in a new MOS.

(d) Continuation on Active Duty (COAD)/Continuation on Active Reserve (COAR). Soldiers found Not Fit for Duty may apply to remain in the Army IAW AR 635-40, paragraph 6-7. They must be found unfit, their medical status cannot be deleterious to their health or prejudicial to the best interest of the Soldier or the Army and they must be physically capable to perform useful duty in a qualified MOS. However, the Physical Evaluation Board Liaison Officers (PEBLOs) must submit all requests to the U.S. Army Physical Disability Agency (USAPDA) for decision.

(2) *Transition from the Army*. This track includes all Soldiers who will not continue military service in either an active or reserve status.

(a) Medical Separation. Medical Separation occurs when a Soldier has been found not fit for duty by the PDES and is either medically retired or separated. The process begins with the Medical Retention Determination Point (MRDP), when a Soldier's PCM, in consultation with appropriate specialty personnel, determines whether further medical treatments are reasonably likely to return the Soldier to a fit for duty status. This is a medically-based event, and only a medical provider can declare that it has been reached. If at MRDP the Soldier is deemed not likely to return to a fit status, then he is given a permanent 3 or 4 profile, as medically appropriate, and is referred to the IDES process. This process will determine the Soldier's fitness and arrange for a seamless transfer of care and benefits to Veterans Affairs (VA).

(b) Non-Medical Separation. Non-Medical Separation may occur when an eligible Soldier elects to accept a traditional non-medical retirement after 20 or more years of service, when the Soldier reaches Expiration of Term of Service (ETS) or when the Soldier is subject to administrative, disciplinary or legal separation through chapter or Uniform Code of Military Justice (UCMJ).

5-3. The CTP Processes

All Soldiers, regardless of CTP track, will complete six CTP processes: In-processing, Goal-setting, transition review, rehabilitation, reintegration and post-transition.

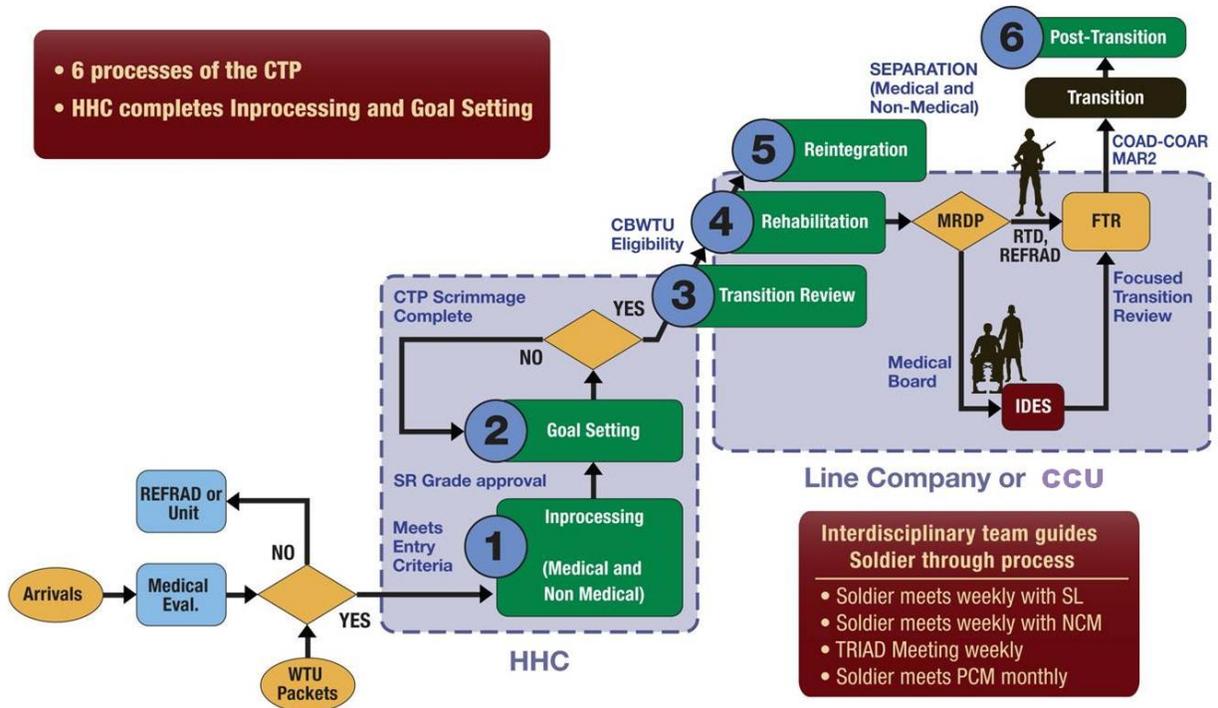


Figure 5-5 (CTP Process)

5-4. In-processing.

a. Immediately upon entry into a WTU/ CCU, the IDT begins clinical and non-clinical assessments and risk mitigation to ensure creation of a plan to resolve the basic needs of Soldiers and their Families. AW2 Advocates support eligible Soldiers throughout the process, starting with in-processing. Assessments are documented in AWCTS, PBH-Term, AHLTA and counseling records. The keys to success during in-processing include: proper reception and orientation, setting expectations, completion of both Parts I and II of the in-processing checklist and completion of the Soldiers' self-assessments. In-processing culminates with the successful completion of the initial scrimmage. Soldiers transferring to a CCU must complete in-processing at a WTU. CCUs will ensure that all Soldiers have a good understanding of their duties and responsibilities as a Soldier attached to a CCU, as well as of the capabilities and support they can expect from the CCU Cadre. The WTU Commander will validate the completion of in-processing of each Soldier assigned or attached to the WTU. Once in-processing is completed, the WTU commander will validate the Soldiers' in-processing and transfer the records to the gaining company (including a CCU company). Transfer will happen as soon as possible or no later than (NLT) 30 days.

WTU DRAFT RECOMMENDED INPROCESSING CHECKLIST PART I			
DAY 1-5 Return to USMC upon completion for verification and filing			
Item #	Item Description	Unit	Remarks/Signature/Date
1	1. Inpatient admission	USMC	
2	2. Inpatient admission	USMC	
3	3. Inpatient admission	USMC	
4	4. Inpatient admission	USMC	
5	5. Inpatient admission	USMC	
6	6. Inpatient admission	USMC	
7	7. Inpatient admission	USMC	
8	8. Inpatient admission	USMC	
9	9. Inpatient admission	USMC	
10	10. Inpatient admission	USMC	
11	11. Inpatient admission	USMC	
12	12. Inpatient admission	USMC	
13	13. Inpatient admission	USMC	
14	14. Inpatient admission	USMC	
15	15. Inpatient admission	USMC	
16	16. Inpatient admission	USMC	
17	17. Inpatient admission	USMC	
18	18. Inpatient admission	USMC	
19	19. Inpatient admission	USMC	
20	20. Inpatient admission	USMC	
21	21. Inpatient admission	USMC	
22	22. Inpatient admission	USMC	
23	23. Inpatient admission	USMC	
24	24. Inpatient admission	USMC	
25	25. Inpatient admission	USMC	
26	26. Inpatient admission	USMC	
27	27. Inpatient admission	USMC	
28	28. Inpatient admission	USMC	
29	29. Inpatient admission	USMC	
30	30. Inpatient admission	USMC	
31	31. Inpatient admission	USMC	
32	32. Inpatient admission	USMC	
33	33. Inpatient admission	USMC	
34	34. Inpatient admission	USMC	
35	35. Inpatient admission	USMC	
36	36. Inpatient admission	USMC	
37	37. Inpatient admission	USMC	
38	38. Inpatient admission	USMC	
39	39. Inpatient admission	USMC	
40	40. Inpatient admission	USMC	
41	41. Inpatient admission	USMC	
42	42. Inpatient admission	USMC	
43	43. Inpatient admission	USMC	
44	44. Inpatient admission	USMC	
45	45. Inpatient admission	USMC	
46	46. Inpatient admission	USMC	
47	47. Inpatient admission	USMC	
48	48. Inpatient admission	USMC	
49	49. Inpatient admission	USMC	
50	50. Inpatient admission	USMC	
51	51. Inpatient admission	USMC	
52	52. Inpatient admission	USMC	
53	53. Inpatient admission	USMC	
54	54. Inpatient admission	USMC	
55	55. Inpatient admission	USMC	
56	56. Inpatient admission	USMC	
57	57. Inpatient admission	USMC	
58	58. Inpatient admission	USMC	
59	59. Inpatient admission	USMC	
60	60. Inpatient admission	USMC	
61	61. Inpatient admission	USMC	
62	62. Inpatient admission	USMC	
63	63. Inpatient admission	USMC	
64	64. Inpatient admission	USMC	
65	65. Inpatient admission	USMC	
66	66. Inpatient admission	USMC	
67	67. Inpatient admission	USMC	
68	68. Inpatient admission	USMC	
69	69. Inpatient admission	USMC	
70	70. Inpatient admission	USMC	
71	71. Inpatient admission	USMC	
72	72. Inpatient admission	USMC	
73	73. Inpatient admission	USMC	
74	74. Inpatient admission	USMC	
75	75. Inpatient admission	USMC	
76	76. Inpatient admission	USMC	
77	77. Inpatient admission	USMC	
78	78. Inpatient admission	USMC	
79	79. Inpatient admission	USMC	
80	80. Inpatient admission	USMC	
81	81. Inpatient admission	USMC	
82	82. Inpatient admission	USMC	
83	83. Inpatient admission	USMC	
84	84. Inpatient admission	USMC	
85	85. Inpatient admission	USMC	
86	86. Inpatient admission	USMC	
87	87. Inpatient admission	USMC	
88	88. Inpatient admission	USMC	
89	89. Inpatient admission	USMC	
90	90. Inpatient admission	USMC	
91	91. Inpatient admission	USMC	
92	92. Inpatient admission	USMC	
93	93. Inpatient admission	USMC	
94	94. Inpatient admission	USMC	
95	95. Inpatient admission	USMC	
96	96. Inpatient admission	USMC	
97	97. Inpatient admission	USMC	
98	98. Inpatient admission	USMC	
99	99. Inpatient admission	USMC	
100	100. Inpatient admission	USMC	

WTU DRAFT RECOMMENDED INPROCESSING CHECKLIST PART II			
DAY 6-29 Return to USMC upon completion for verification and scheduling			
Item #	Item Description	Unit	Remarks/Signature/Date
1	1. Inpatient admission	USMC	
2	2. Inpatient admission	USMC	
3	3. Inpatient admission	USMC	
4	4. Inpatient admission	USMC	
5	5. Inpatient admission	USMC	
6	6. Inpatient admission	USMC	
7	7. Inpatient admission	USMC	
8	8. Inpatient admission	USMC	
9	9. Inpatient admission	USMC	
10	10. Inpatient admission	USMC	
11	11. Inpatient admission	USMC	
12	12. Inpatient admission	USMC	
13	13. Inpatient admission	USMC	
14	14. Inpatient admission	USMC	
15	15. Inpatient admission	USMC	
16	16. Inpatient admission	USMC	
17	17. Inpatient admission	USMC	
18	18. Inpatient admission	USMC	
19	19. Inpatient admission	USMC	
20	20. Inpatient admission	USMC	
21	21. Inpatient admission	USMC	
22	22. Inpatient admission	USMC	
23	23. Inpatient admission	USMC	
24	24. Inpatient admission	USMC	
25	25. Inpatient admission	USMC	
26	26. Inpatient admission	USMC	
27	27. Inpatient admission	USMC	
28	28. Inpatient admission	USMC	
29	29. Inpatient admission	USMC	
30	30. Inpatient admission	USMC	
31	31. Inpatient admission	USMC	
32	32. Inpatient admission	USMC	
33	33. Inpatient admission	USMC	
34	34. Inpatient admission	USMC	
35	35. Inpatient admission	USMC	
36	36. Inpatient admission	USMC	
37	37. Inpatient admission	USMC	
38	38. Inpatient admission	USMC	
39	39. Inpatient admission	USMC	
40	40. Inpatient admission	USMC	
41	41. Inpatient admission	USMC	
42	42. Inpatient admission	USMC	
43	43. Inpatient admission	USMC	
44	44. Inpatient admission	USMC	
45	45. Inpatient admission	USMC	
46	46. Inpatient admission	USMC	
47	47. Inpatient admission	USMC	
48	48. Inpatient admission	USMC	
49	49. Inpatient admission	USMC	
50	50. Inpatient admission	USMC	
51	51. Inpatient admission	USMC	
52	52. Inpatient admission	USMC	
53	53. Inpatient admission	USMC	
54	54. Inpatient admission	USMC	
55	55. Inpatient admission	USMC	
56	56. Inpatient admission	USMC	
57	57. Inpatient admission	USMC	
58	58. Inpatient admission	USMC	
59	59. Inpatient admission	USMC	
60	60. Inpatient admission	USMC	
61	61. Inpatient admission	USMC	
62	62. Inpatient admission	USMC	
63	63. Inpatient admission	USMC	
64	64. Inpatient admission	USMC	
65	65. Inpatient admission	USMC	
66	66. Inpatient admission	USMC	
67	67. Inpatient admission	USMC	
68	68. Inpatient admission	USMC	
69	69. Inpatient admission	USMC	
70	70. Inpatient admission	USMC	
71	71. Inpatient admission	USMC	
72	72. Inpatient admission	USMC	
73	73. Inpatient admission	USMC	
74	74. Inpatient admission	USMC	
75	75. Inpatient admission	USMC	
76	76. Inpatient admission	USMC	
77	77. Inpatient admission	USMC	
78	78. Inpatient admission	USMC	
79	79. Inpatient admission	USMC	
80	80. Inpatient admission	USMC	
81	81. Inpatient admission	USMC	
82	82. Inpatient admission	USMC	
83	83. Inpatient admission	USMC	
84	84. Inpatient admission	USMC	
85	85. Inpatient admission	USMC	
86	86. Inpatient admission	USMC	
87	87. Inpatient admission	USMC	
88	88. Inpatient admission	USMC	
89	89. Inpatient admission	USMC	
90	90. Inpatient admission	USMC	
91	91. Inpatient admission	USMC	
92	92. Inpatient admission	USMC	
93	93. Inpatient admission	USMC	
94	94. Inpatient admission	USMC	
95	95. Inpatient admission	USMC	
96	96. Inpatient admission	USMC	
97	97. Inpatient admission	USMC	
98	98. Inpatient admission	USMC	
99	99. Inpatient admission	USMC	
100	100. Inpatient admission	USMC	

Day 1-5 Inprocessing Checklist PART I

Day 6-29 Inprocessing Checklist PART II

The purpose of the Inprocessing Checklists are to ensure there is a plan in place to resolve the basic needs each Soldiers and their Family

Figure 5-6 (In-processing Checklists – Part I and II)

b. Timeline: In-processing begins once a Soldier is assigned or attached to a WTU. In-processing ends when an individual Soldier completes all in-processing tasks as annotated on the checklists (see Appendix 5-1) and completes the initial scrimmage. All tasks on the In-processing Checklist Part I must be completed within five days of arrival and will be filed in the Human Resources (HR)/S1 files. The In-processing Checklist Part II must be completed NLT 30 days after assignment or attachment or within 30 days of the Soldier’s transition to outpatient status. The NCM and SL will meet with all inpatient Soldiers and their Families to identify areas where WTU assistance may be required.

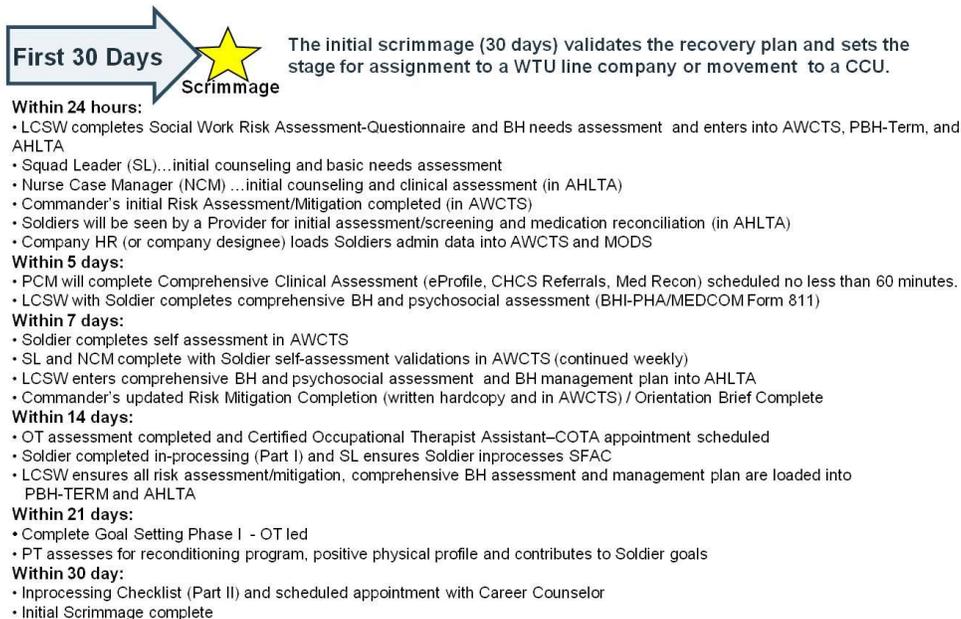


Figure 5-7 (WTU First Thirty Days Timeline)

c. In-Processing Responsibilities: The WTU Headquarters and Headquarters Company (HHC)/In-processing platoons with the IDT have the lead for this process and primary responsibility for ensuring and verifying task completion on the standardized in-processing checklists. The WTU commander has the authority to modify the in-processing requirements to meet the needs of the Soldier.

d. Required Tasks:

(1) The Soldiers will:

(a) Complete all required tasks on the in-processing checklists within the required timelines (see Appendix 5-1).

(b) Attend all appointments.

(c) Complete the initial AWCTS Self-Assessment within seven days of arrival and subsequent self-assessments weekly.

(d) Lead the development of goals.

(e) Actively participate with any action plans identified by the SL and/or NCM.

(2) The SL will:

(a) Assess Soldiers' basic needs and risk assessment within 24 hours of the Soldiers' arrival to ensure Soldiers and their Families have housing, food, clothing and basic needs.

(b) Complete Soldiers' initial counseling and document it on a Department of Army (DA) Form 4856 (Developmental Counseling Form) within five days. (See Appendix 5-3).

(c) Counsel Soldiers on eligibility or ineligibility for transfer to CCU. (See Appendix 5-3).

(d) Validate Soldiers' AWCTS Self-Assessment within seven days of arrival and assist Soldiers with their action plan development to resolve issues. Document these events in both AWCTS action plans tab as well as during monthly counseling.

(e) Ensure that Soldiers and their Families in-process at the Soldier and Family Assistance Center (SFAC) within seven days (WTU only).

(f) Coordinate Soldiers' schedules and ensure there are no conflicts between non-clinical and clinical care activities.

(g) Assist Soldiers in developing and maintaining a detailed daily activity schedule.

(h) Schedule an appointment with the Career Counselor prior to the initial scrimmage.

(i) Communicate all pertinent contact information to the Soldiers and the IDT to establish an effective collaboration for successful transition planning.

(j) Maintain daily accountability for Soldiers.

(k) Meet with Soldiers weekly for ongoing issue resolution, transition facilitation, goal-setting refinement and risk assessment. If an event occurs that may affect the Soldier's risk level, inform the chain of command and the IDT, who will recommend refinement to the risk level and mitigation plan.

(3) The NCM will initiate a clinical assessment and complete a risk assessment within 24 hours of assignment or attachment. The purpose of this initial assessment is to begin to identify the Soldier's immediate needs. A complete comprehensive care plan is not expected with this initial 24-hour assessment. The NCM is expected to complete a comprehensive assessment and, in coordination with the PCM and specialty care providers, begin developing and documenting a care plan within five days. All encounters will be documented in AHLTA. Relevant, non-clinical

information will also be documented in AWCTS as appropriate to facilitate completion of the Soldier's CTP. The NCM will also:

- (a) Include a medication review with each visit to identify compliance or education deficits.
- (b) Validate the Soldiers' self-assessments within seven days of arrival and assist Soldiers with the development of their transition plan.
- (c) Initiate referrals as appropriate and document any identified actionable items in AWCTS.
- (d) Meet with individual Soldiers at least once per week for on-going case management.
- (e) Consult the AW2 Advocate and/or Federal Recovery Coordinator (FRC) as appropriate, and provide or attach the necessary documentation in AWCTS to determine eligibility.
- (f) Collaborate with all members of the IDT to help each Soldier develop a CTP.
- (g) Use the case management process to deliver comprehensive care and services to the Soldiers.
- (h) Document all findings in AHLTA.

(4) An LCSW will:

- (a) Complete initial and ongoing behavioral health (BH) assessments IAW OTSG/Army Medical Command (MEDCOM) policy for BH risk assessment and comprehensive assessment.
- (b) Conduct, within 24 hours, a preliminary behavioral needs and risk assessment of all Soldiers attached/assigned to the WTU using the Social Work Risk Assessment – Questionnaire (SWRA-Q/MEDCOM Form 818-Pilot) and document results in AHLTA and PBH-Term. This task can also be performed by a BH provider.
- (c) Convert the BH risk assessment or SWRA (MEDCOM Form 816-Pilot) into the WTU Risk Assessment four-point scale using AWCTS.
- (d) Notify the WTU commander immediately when an individual Soldier is assessed as severe or high-BH risk.
- (e) Schedule an appointment for Soldiers to meet with the WTU LCSW within five days. (This refinement adds Saturday and Sunday to account with the current policy requiring completion of the initial BH risk assessment and comprehensive assessment in three duty days).
- (f) Provide Soldiers with the Behavioral Health Intake/Psychosocial History Assessment (BHI-PHA)/MEDCOM Form 811-Pilot to complete prior to the scheduled appointment.
- (g) Enter within seven days the BH risk assessment, the results of the comprehensive behavioral health assessment and the plan for Soldiers into AHLTA in the prescribed template for the WTU LCSWs titled Subjective Objective-Behavioral Health Social Worker-Care Manager (SO-BHSW-CM)-MEDCOM.
- (h) Ensure Soldiers assessed at a BH risk level of severe or high risk are reassessed on a weekly basis. Reassess Soldiers assessed as moderate or elevated on a monthly basis and reassess Soldiers assessed as moderate-low, guarded or low on a quarterly basis. If an event has occurred to an individual Soldier that has the potential to affect the Soldier's risk level, then the LCSW will inform the chain of command and the IDT of the recommended refinement to the risk level and mitigation plan.

(5) All Soldiers will be seen by a physician assistant, nurse practitioner or physician who will complete an initial clinical assessment and baseline medication review within 24 hours. Subsequently, the PCM will:

- (a) Complete a comprehensive clinical assessment, to include updating the eProfile, initial referrals and medication reconciliation within five days. Initial assessment appointment should

be scheduled for a minimum of 60 minutes. The eProfile should be written in a positive profile format.

(b) Perform ongoing medication reconciliations in accordance with OTSG/MEDCOM Policy Memo for Warriors in Transition High-Risk Medication Review and Sole Provider Program. Ensure that high-risk Soldiers enrolled in the Sole Provider Program receive no more than a seven day supply of controlled or non-controlled medications at a time, and include only up to three refills for non-controlled prescriptions. PCM will also ensure that Soldiers understand the effects of over-the-counter medications, supplements and other substances such as alcohol and tobacco on their treatment regimen.

(c) Develop, with the Soldier, a preliminary wellness timeline and estimated transition date, and update these during routine assessments. Such assessments should occur at least monthly, and more frequently if indicated by an individual Soldier's medical status.

(d) Report promptly to the chain of command and the IDT any factor likely to alter an individual Soldier's risk level, along with a mitigation plan and any recommended adjustment to that risk level.

(e) Evaluate for eligibility and referrals to the Special Compensation for Assistance with Activities of Daily Living (SCAADL).

(f) Record all pertinent clinical findings in AHLTA.

(6) The WTU commander is responsible for designating an overall risk assessment and developing a mitigation plan for the Soldier within 24 hours of assignment or attachment to the WTU IAW the WTC Policy Memo for Warrior Transition Unit/Community Based Warrior Transition Unit Risk Assessment and Mitigation. The overall risk assessment is based on individual assessments completed by the SL, NCM, and LCSW. The company commander will:

(a) Ensure all members of the Triad of Care are in compliance with the policy.

(b) Ensure the risk-mitigation plan is documented in AWCTS.

(c) Complete a Unit Welcome/Orientation briefing within seven days. The primary objective of this briefing is to set Soldier expectations and instill a transition mindset. (See Appendix 5-2).

(7) The HR Specialist/HHC SL/PSG will input Soldier data into AWCTS and Military Occupational Data System for Soldier in Transition (MODS-WT) module within 24 hours. The arrival date in MODS-WT must match the Soldier's arrival date to the WTU.

(8) The CTP Management Analysts will make the necessary changes to AWCTS to facilitate the schedule.

(9) The OT will:

(a) Complete an initial assessment within 14 days of the Soldier's arrival at the WTU to determine the Soldiers' functional Activities of Daily Living (ADL) status and areas of interest for work reintegration.

(b) Consult and collaborate with other clinical and non-clinical team members to establish an appropriate plan to help facilitate a successful transition for the Soldiers and their Families.

(c) Communicate the plan with the COTA and provide supervision and guidance for program implementation.

(d) Prepare Soldiers for the CTP process by providing Phase I Training and an introduction to Phase II Master Resilience Trainers/Performance Experts (MRT-PEs) CSF2 Goal-Setting. Outline expectations for program compliance and adherence to the CTP.

(e) Act as Subject Matter Expert (SME) for referral for assistive technology and provide consultation for Americans with Disability Act (ADA) requirements.

(10) The PT will complete an initial physical therapy screening and evaluate the Soldiers' abilities and limitations for participation in an Adaptive Reconditioning Program. In addition, the PT will:

- (a) Tailor the initial physical therapy screening to the unique needs of each Soldier.
- (b) Include an initial assessment of Soldiers' physical fitness/adaptive reconditioning activities and interests for the development of the CTP short- and long-term goals.
- (c) Initiate the development of an adaptive reconditioning program for the Soldiers.
- (d) Provide input to the Soldiers and IDT for the development of sub-goals, in any of the six CTP domains, and the Soldiers' transition outcome goals.
- (e) Ensure an individual Soldier's eProfile is appropriate to the Soldier's abilities and limitations and written in a positive profile format.
- (f) Modify an individual Soldier's eProfile, or consult with the physical profile's originating provider for modifications or changes when appropriate.
- (g) Assist with the neuro-musculoskeletal care coordination as appropriate.
- (h) Provide ongoing consultation with all IDT members to ensure completion of all physical therapy requirements.
- (i) Communicate initial assessment results to the IDT members prior to the initial scrimmage.

(11) A Career Counselor will be available at every battalion and brigade to aid Soldiers in selecting their track preference in collaboration with the OT/COTA. Separate companies must utilize a locally available Career Counselor. CCUs must maximize use of National Guard and Reserve retention NCOs resident at local armories and reserve centers. In cases where a local retention NCO is unavailable, CCU will coordinate retention assistance through their respective Regional Medical Command (RMC) Senior Career Counselor.

(12) SFAC will in-process the Soldiers and their Families within seven days of arrival, conduct an orientation tour and schedule referrals as needed to social worker services, finance, Army Substance Abuse Program (ASAP) education, ACAP/Transition Assistance Program (TAP), Child & Youth Services (CYS) Outreach, Veterans Benefits Administration (VBA) representatives, Veterans Health Administration (VHA) representatives and state VA.

(13) The Chaplain will be available to assess religious or spiritual needs and advise the Soldiers and the WTU Commander on the role spirituality plays in healing.

(14) AW2 Advocate will:

- (a) Provide an AW2 orientation briefing at the monthly WTU Newcomer's Briefing.
- (b) Acknowledge CTP referrals within three days of notification.
- (c) Submit supporting medical documentation to appropriate authority to initiate AW2 business processes that determines the Soldier's eligibility for the AW2 Program.
- (d) Assess Soldiers' eligibility, including those referred to CCUs.
- (e) Document current actions in WTU and AW2 AWCTS.
- (f) If an individual Soldier is eligible, the AW2 Advocate becomes the direct interface between the Soldier and non-clinical services.
- (g) Provide technical and resource guidance to applicable stakeholders (AW2 Soldier, IDT, WTU/WTB Commanders, SFAC, etc.).

5-5. Goal-Setting Process.

a. Purpose. The goal-setting process guides Soldiers and their Families in the development of sub-goals, which are priority areas that support the overarching transition/outcome goal. Goal setting is made up of two parts, which build upon each other. Phase I Goal Setting is completed within 21 days, and facilitated by an OT or COTA. Phase I Goal Setting is designed to be more prescriptive than Phase II; because it helps WTU Soldiers create a foundation of functional and occupational goals, which will be reviewed during the initial scrimmage (on day 30). Phase II Goal Setting is facilitated after the initial scrimmage, between days 31 and 90, by CSF2 Training Center (CSF2-TC) MRT-PEs. Phase II Goal Setting affords Soldiers the opportunity to expand their knowledge of the goal-setting process, while providing the freedom to set bigger goals for the transition process and beyond. Sub-goals will also be developed to address priority areas that support the Soldiers' career, physical, emotional, social, family and spiritual domains, and that facilitate successful achievement of their overarching transition/outcome goal.

During this time, the Soldiers will also create action statements that serve as an ongoing roadmap to support healing and transition. Each action statement will be developed using the Specific, Measurable, Actionable, Realistic and Time-bound (SMART) criteria that ensures that Soldiers have a clear understanding of their goals and how to achieve them. This phase of goal setting is also designed to help Soldiers identify sources of internal motivation, which will help them remain committed to their goal plans. Phase II Goal Setting training is part of a 16-hour block of instruction that includes the development of mental skills, building confidence, attention control, energy management, goal setting, integrating imagery and a capstone exercise. Completing the other CSF2 Performance Education Model skills contributes to stronger goal development, sustainment and achievement. This will aide WTU Soldiers in a successful healing and transition process. Examples of SMART action statements are highlighted below:

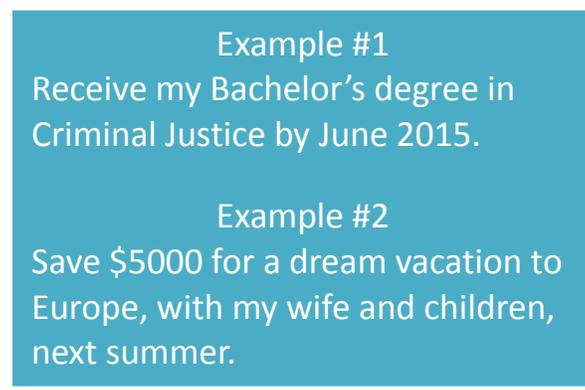


Figure 5-8 (Example of SMART Goals)

b. Goal-setting Responsibilities:

(1) Soldiers and their Families (if appropriate) are responsible for developing their goals. The IDT will support each Soldier throughout the process.

(2) WTU OTs will train IDT members in Phase I Goal Setting training to ensure a standardized process is utilized to help Soldiers set transition goals. The training will be placed upon the unit's training calendar and be conducted annually. In the absence of an OT, the WTU Commander is responsible for selecting the best candidate to perform goal-setting training and goal setting with

the Soldiers and Families. If needed, the WTU commanders may request assistance from MRT-PE Facilitators.

(3) All members of the IDT are responsible for contributing to goal development and ensuring the goals are realistic.

c. Required Tasks: All team members have responsibility to contribute to goal development as they meet with the Soldiers and help them develop appropriate goals. The Soldiers will document these goals in their Introduction to Goal Setting Work Book, and providers will review them at each visit.

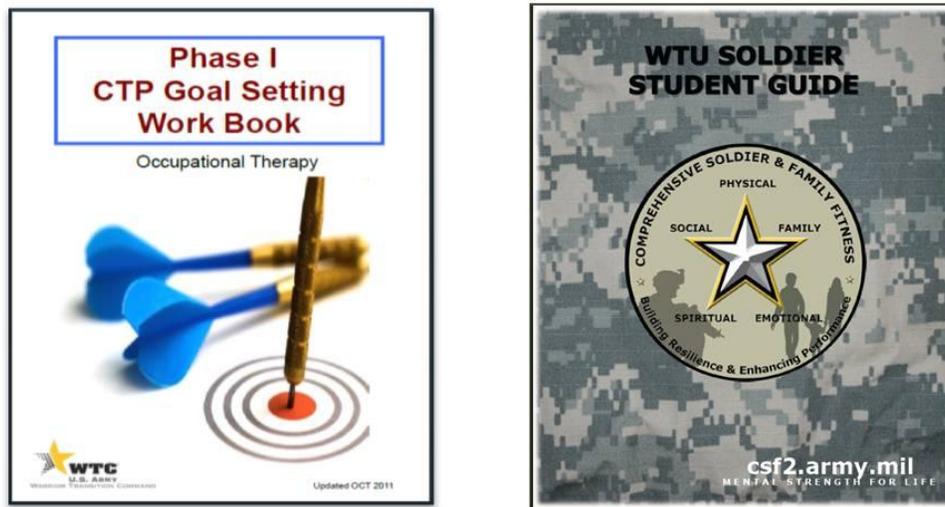


Figure 5-9 (Phase I Goal Setting Work Book)

(1) The Soldiers and their Families, assisted by the IDT, will identify their preferred track, Remain in the Army or Transition from the Army, prior to the initial scrimmage. The decision must take into account an individual Soldier's remaining service obligation, medical condition and prognosis. Soldiers must understand their desired track preference may change throughout the CTP process. The Soldiers develop initial goals to support their track preference. The IDT validates the track preference at the initial scrimmage. The ultimate track selection will be based on the medical outcomes.

(2) The Soldiers, with assistance from the IDT, take their track preference, overarching transition outcome goal, goal-setting areas of improvement (challenges), sub-goals (end-states), and action statements to begin populating AWCTS goal-setting tabs. In the event an individual Soldier is unable to enter his goals and initial track preference independently or with minimal assistance from the OT during the goal-setting process, all IDT members will assist to ensure goals from each domain are entered into AWCTS prior to the initial scrimmage. The WTU commander has the overall responsibility for ensuring goals are prepared and entered in AWCTS prior to the initial scrimmage.

(3) Members of the IDT will identify the Soldiers' medical prognosis and limitations that hinder the Soldiers' pursuit of the desired track. For Soldiers that have selected Remain in the Army track, the IDT will work closely with the Career Counselor to determine whether

remaining in the Army is possible. For Soldiers who prefer the Transition from the Army track, the IDT will work closely with each Soldier to facilitate success for a civilian career.

(4) The OT (or COTA under supervision by the OT) will provide goal-setting training to the Soldiers and their Families. The goal-setting training consists of Phase I Goal-Setting process training, PowerPoint presentation and workbook (Appendix 5-5). Within 21 days, all Soldiers will receive Phase I Goal Setting training. Completion of training and receipt of the workbook will be documented on the In-processing Part II Checklist and in AWCTS.

(5) The Career Counselor, in collaboration with OT or COTA, under supervision of the OT, will meet face-to-face with the Soldiers and their Families to facilitate the initial track preference and provide guidance pertaining to long-term Army career goals including change of MOS. The Career Counselor will collaborate with other team members of the IDT to determine likelihood for individual Soldiers to Remain in the Army. The Career Counselor will continue to counsel the Soldiers throughout their stay on their future Army career, including education and eligibility for COAD/COAR.

(6) AW2 Advocates will participate in the goal-setting process with assigned AW2 Soldiers to:

- (a) Work and support the Soldier/Family and recovery team in establishing and monitoring Soldiers' progress in meeting non-clinical short- and long-term goals.
- (b) Monitor and review opened action plans and note the action taken or assistance provided.
- (c) Review goals and identify an individual Soldier's interest in the COAD/COAR program.
- (d) Document participation and results of scrimmage, Focused Transition Review (FTR) and Triad of Care meetings in AWCTS (WTU and AW2).

(7) The NCM will facilitate the goal-setting process by assisting the Soldiers in developing goals that address their clinical conditions as well as their overall transition plan.

(8) The Chaplain will be available to work with the Soldiers regarding goals that are spiritual in nature. For example, a Soldier may need help establishing a strong connection with a local place of worship while involved in the CTP process.

(9) CSF2 will support the entire WTC footprint with local MRT-PE assets, as well as Mobile Training Teams (MTTs), visiting each site quarterly. In an effort to provide balance across the WTC population, during each site visit MRT-PEs will provide education and training for both Cadre members and Soldiers in the WTUs, adaptive reconditioning assistance to include Warrior Games, and Phase II Goal-Setting instruction. This training promotes the development of mental skills, confidence building, attention control, energy management, goal setting and imagery integration. The specific description of each module in the CSF2 TC Performance Education Model is listed below. MTTs can provide CSF2 Resilience training upon request.

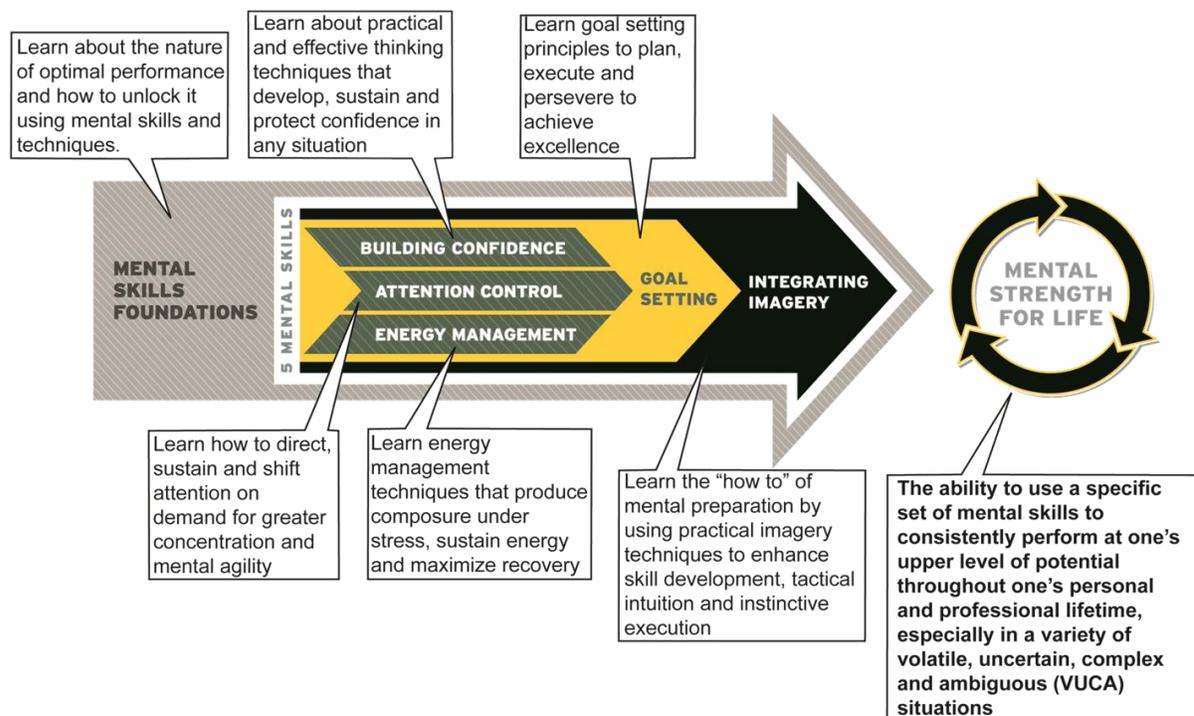


Figure 5-10 (CSF2 Performance Education Model)

(a) **Mental Skills Foundation.** Mental Skills Foundations provide Soldiers with an introductory understanding of important skills crucial for optimal performance and goal achievement. This lesson involves understanding the nature of high performance, cultivating a philosophy of excellence, the relationship between the training and trusting mindset and identifying the unique relationship between thoughts, emotions, physiological states and performance.

(b) **Building Confidence.** Building Confidence works toward educating individuals in understanding how confidence is a result of how one thinks, what one focuses on and how one reacts to the events in life. The lesson seeks to build and preserve confidence that can significantly impact the Soldiers' healing process.

(c) **Attention Control.** Attention Control focuses on how attention works and leverages the skills necessary for identifying what is relevant. This brings a greater awareness to the most important task worthy of our attention at any given time.

(d) **Energy Management.** In Energy Management, individuals are taught to sustain and restore high levels of personal energy while minimizing the negative effects of stress.

(e) **Goal setting.** Goal setting is the most effective performance-enhancing skill that can assist individuals and units in providing purpose, direction, motivation and commitment to accomplishing personal and professional objectives. These core values lay the foundation that Soldiers and Family members can use to establish goals that are personally and professionally meaningful and, thereby, develop the tangible steps used to create a well-documented path to success.

(f) **Integrating Imagery.** Envisioning successful outcomes through detailed mental rehearsals enhances thinking skills and increases confidence and effectiveness. The Integrating Imagery lesson aims to teach Soldiers to utilize practical mental imagery techniques to promote healing and recovery.

5-6. Transition Review Process.

a. Purpose. The transition review process provides the IDT with an opportunity to review Soldiers' goals and progress with a focus on identifying and resolving issues that are impeding goal attainment. Each Soldier must take ownership of his plan to maximize the resources available in the WTU. The different elements of the Transition Review Process (self-assessment, scrimmage and FTR) must all work in concert to best facilitate the Soldiers' successful transition.

b. Timeline. Transition review starts during in-processing and continues throughout the Soldiers' stay in a WTU. All Soldiers will complete the first two processes and the initial scrimmage before transferring to a CCU.

c. Responsibilities. The WTU commander is responsible for establishing local policies and procedures to ensure that the transition review process is effective and required tasks are completed.

d. Transition Process Elements (Self-Assessment, Scrimmage, FTR):

(1) Self-Assessments. Soldiers' self-assessments are among the most important items that Soldiers and the IDT complete throughout the Soldiers' time in the WTU. Self-assessments lay the foundation for a Soldier's CTP and are communication tools that provide information directly from the Soldier to the entire IDT. Self-assessments also provide the groundwork for developing the Soldiers' risk assessment and risk mitigation strategies. The self-assessment process is critical to understanding each Soldier's situation and needs. It is each Soldier's responsibility to complete the self-assessment with honest, candid input and to be participatory in the self-assessment process. The IDT must know what the Soldiers write in the self-assessment, discuss the contents of the self-assessment with the individual Soldier (and others if needed) and develop action plans to manage concerns or issues.

(a) Self Assessment Process:

1. Self-assessments are based within the AWCTS Program. Within AWCTS Self-Assessment Module, the Soldiers provide input on 17 different fields and provide a green, amber or red rating for each field. The fields include work, education, employment, activities of daily living, health care, medication, pain management, weight control, physical fitness, behavioral health, well-being, social, Family, financial, housing, administrative support and transportation. The self-assessment module provides Soldiers with the ability to write concerns and input for each field. The Soldiers then rate the field using the following guidelines: green indicates that a Soldier feels that he has everything in place related to the specified field and does not believe he needs additional assistance, amber indicates the Soldier may need assistance or believes that there are obstacles that may limit his ability to get everything in place for that field; and re" indicates the Soldier is having significant issues and needs assistance.

2. Once the Soldiers complete the self-assessment, the NCM and SL are required to individually review and concur or non-concur with each Soldier's self-assessment. The NCM and SL then create a plan to manage the Soldier's concern(s), if needed, within seven days. If the NCM or the SL non-concur with any field, then the NCM or the SL must create an action plan for that field. Action plans are also within AWCTS Self-Assessment Module. The action plan enables the NCM or SL to identify and task other members of the IDT that need to participate in

order to assist the Soldier. It also provides an electronic record of the actions taken by the NCM or SL to assist the Soldier within the Action Item Detail Log. A Soldier's NCM or SL can update the status of an action item as complete when they assess the issue or concern has been rectified or mitigated.

3. To ensure the IDT is aware of each Soldier's self-assessment input and the NCM's and SL's input IAW HIPAA rules and regulations, the SL is required to bring each Soldier's self-assessment to the IDT meetings at least once per month and discuss. Not all individuals on the IDT need to know all information. What contents are shared and to whom should be decided IAW HIPAA rules and regulations. In addition, self-assessments will be discussed at all scrimmages and FTRs.

4. Self-assessments should be completed upon arrival and weekly while in HHC. Once the Soldiers transition to the line companies, the frequency is based upon the individual Soldier's risk assessment: high risk will be completed weekly, moderate risk will be completed every two weeks, and low risk will be completed monthly. If a change in risk level occurs, a self-assessment must be completed, even if the risk goes from high to a lower level. NCMs and SLs must review and concur or concur with the completed self-assessment during the seven-day window that the self-assessment is open. All of the Soldier's self-assessments, whether complete or incomplete, are maintained within AWCTS throughout the course of the Soldier's time in the WTU.

(b) Transition Review Responsibilities:

1. Battalion Commanders:

- Ensure all Soldiers provide honest and candid input and complete their self-assessments in a timely manner.
- Ensure NCMs and SLs validate the self-assessments within the required timeframes.
- Ensure NCMs and SLs open appropriate action items for all non-concur fields and provide closure when the issue is resolved or mitigated.

2. Company Commanders:

- Manage the self-assessment program for respective Soldiers.
- Ensure all Soldiers complete their self-assessments in a timely manner.
- Ensure SLs review, discuss with Soldier and concur or non-concur with Soldiers' self-assessments within prescribed timeframe.
- Ensure SLs open action items for all self-assessment fields in which they non-concurred.
- Ensure SLs bring a printed copy of the self-assessment to IDT meetings and scrimmages.

3. Senior NCMs:

- Ensure NCMs review and concur or non-concur with their respective Soldier's self-assessments within the prescribed timeframe.
- Ensure NCMs inform clinical stakeholders of any pertinent information that impacts that Soldier's medical plan of care.

4. NCMs:

- Review, discuss with Soldier and concur or non-concur with respective Soldiers' self-assessments within the prescribed timeframe.
- Inform relevant clinical personnel of pertinent information that impacts that Soldier's medical plan of care.

5. SLs:

- Review, discuss with Soldier and concur or non-concur with respective Soldiers' self-assessments within the prescribed timeframe.
- Inform relevant clinical personnel of pertinent information that impacts that Soldier's medical plan of care.

AWCTS Self Assessment (Identifies Soldier Issues Early)

Work Plan	Behavioral Health
Education	Well Being
Employment	Social
Activities of Daily Life	Family
Health Care	Financial
Medication	Housing
Pain	Administrative
Weight Control	Support
Physical Fitness	Transportation

Successful Transition depends on the Soldier's (and Family's) participation and candor with the very personal issues the inter-disciplinary teams can help work to resolve

Figure 5-11 (AWCTS Self-Assessment)

(2) Scrimmage. The scrimmage is an informal meeting with the Soldier's IDT that uses the six domains of strength (career, physical, emotional, social, family and spiritual) to develop and refine a future-oriented transition plan. The scrimmage is designed to engage the Soldier in finalizing identified goals, sub-goals and supporting action statements for their time in the WTU and the future. The scrimmage is a discussion held between the Soldier and the IDT to ensure the Soldier is getting all the support he needs to successfully recover.

(a). Scrimmage Process. The Soldier and specific IDT will gather in a comfortable setting with computer access (AWCTS) and the ability to capture conversation both electronically on the scrimmage worksheet and on a white board to ensure all the discussion concerning the Soldier's future recovery plan is captured (documented in AWCTS on the scrimmage worksheet).

1. The minimum required attendees for all scrimmages are the Soldier, SL/PSG, NCM, OT or COTA and the LCSW or BLSW. AW2 Advocates are required to attend for all assigned AW2 Soldiers. The Soldier and IDT must always stress the importance of Family participation if they are available. Every effort should be made to invite the Soldier's primary Family members. The Soldier's Family is welcome and encouraged, but the Soldier will not be penalized if Family members are unable to attend.

2. Scrimmages are required within the first 30 days, at 90 days and at quarterly intervals (180 days, 270 days, 360 days, etc) thereafter. FTRs will count as scrimmages when they occur.

3. At the completion of a scrimmage (or FTR) the Soldier and the IDT will sign the scrimmage worksheet, which will then become a contract between the Soldier and the IDT, and the line SL will ensure it is saved in AWCTS. The NCM will post the signed scrimmage into AHLTA.

(b) Scrimmage Requirements and Responsibilities:

1. Pre-Scrimmage Preparation. Prior to entering the actual scrimmage, the BLSW or SSA will work with the Soldier to ensure developed goals are entered into AWCTS Scrimmage tool, validate the six domains and ensure no clinical information that violates HIPAA Policy is entered. The SL will also ensure the Soldier's goals are updated in AWCTS to populate the scrimmage worksheet.

2. Initial Scrimmage. The HHC LCSW has the responsibility to schedule and organize the initial scrimmage. At the initial scrimmage, in addition to the required attendees from HHC, the line company SL/PSG, NCM, LCSW and OT or COTA are also required to ensure there is a warm hand-off from HHC to the line company (includes CCU). The commander will validate that the initial scrimmage is complete and acceptable.

3. The Line Company BLSW has the responsibility to schedule and organize the follow-on scrimmages. Scrimmages will validate the Soldier's goals, develop and refine completion of action statements/plans, and refine the Soldier's future transition outcome goal.

4. CCUs are still responsible to execute quarterly scrimmages. CCUs will utilize technology (such as video teleconference, audio teleconference and Defense Connect Online (DCO), etc.) to facilitate ongoing scrimmages.

5. Specific roles and responsibilities for the Soldiers and IDT:

- The Soldier and his Family will bring and be prepared to discuss his most recent self-assessment and the transition goal(s), sub-goals and action statements in each domain. Sub-goals should support the action plan developed through AWCTS for all red and amber items designated by the Soldier's self-assessment, as well as additional sub-goals designed to accomplish the transition goal. These goals and action statements should already be pre-loaded on the AWCTS scrimmage worksheet. The discussion during a scrimmage is dependent on the effort and participation by the Soldier and the knowledge and participation of the IDT.

- The LCSW facilitator will create an appropriate setting for the scrimmage. His responsibility is to facilitate the scrimmage, address each domain and keep each team member focused and actively participating. The facilitator will ensure that the discussion remains task-oriented and focused on the goals, action statements (goal setting) and action plans (from self-assessment) that support each domain. The facilitator will ensure that there is ample opportunity for consideration and discussion on the quality and adequacy of proposed goals. It is essential that the IDT actively seeks input and concurrence of the goals from the Soldier and his Family in order to promote the Soldier's ownership of the final CTP.

- The SL/PSG represents the non-clinical SME in the scrimmage process. The line SL/PSG will bring the current scrimmage results, Soldier's current calendar, the Soldier's self-assessment, monthly counseling statements and any other administrative or counseling documentation. The SL/PSG will participate in the goal discussions and will ensure the Soldier has the necessary resources to make progress with his goals and action statements/plans. The SL/PSG documents the plan in AWCTS (or on a manual scrimmage worksheet) and acts as the scribe during the execution of the scrimmage. The SL/PSG will print out the results of the scrimmage for signature at the conclusion of the scrimmage with the primary participants (Soldier, SL, LCSW and NCM).

Soldiers NAME (LAST, FIRST MI):		Comprehensive Transition Plan Scrimmage Worksheet			This is the Soldier's Plan to ensure future success!
Date CTP Conducted: _____		Track Preference: _____ / Transition Outcome Goal: _____			
Write the over-arching Transition Goal from Goal Setting					
Six CTP Domains (Challenges)		Action Statements that support the Sub Goals			Sub Goals
		Month: _____	Month: _____	Month: _____	
Careers:					
List all issues and challenges that apply					
Physical:					
Emotional:					
Social:					
Family:					
Spiritual:					
Soldier's Signature: _____		Next CTP Scrimmage Date: _____			
Special Leader (Name and Signature): _____		Target Transition Date (CTP): _____			
Health Care Manager (Name and Signature): _____		Additional Notes: _____			
Social Worker (Name and Signature): _____					
		Schedule the next scrimmage (you can always refine later)			

Don't forget to make the scrimmage a "contract" with the Soldier/Family

List all action statements that help us achieve our sub goals and Transition Outcome Goal

List your Sub Goals per domain (list or paragraph)

Load the goal setting results in AWCTS to pre-populate the scrimmage worksheet print out

Figure 5-12 (Scrimmage Worksheet)

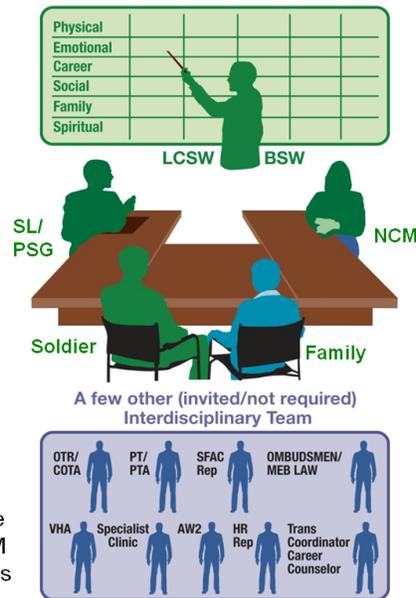
- The NCM is the clinical SME in the scrimmage process and will make certain all participants fully understand the Soldier's medical condition. The NCM fully participates in helping the Soldier set transition goals and documents the scrimmage results in AHLTA.
- The OT/COTA is the career domain SME in the scrimmage process. The OT/COTA is encouraged but not required to attend. They provide insight on the effects a Soldier's condition may have on his career goals and keep the NCM informed of all clinical conditions that may affect the recovery plan.
- The AW2 Advocate will attend all scrimmages, FTRs and Triad of Care meetings for each assigned AW2 Soldier to review goals, track results, provide necessary input and document results in AWCTS (WTU and AW2).
- The PT/PTA is the physical domain SME, as related to the Adaptive Reconditioning Program and physical fitness, in the scrimmage process. The PT/PTA is encouraged but not required to attend. During the initial scrimmage, the PT may provide insight on the initial physical therapy assessment and development of the Soldier's Individual Adaptive Reconditioning Program. During follow-on scrimmages, either the PT or PTA may provide input regarding the effects that a Soldier's physical condition may have on his goals and keep the NCM informed of all conditions if attendance is not feasible.

Squad Leader:

1. Captures discussion on scrimmage worksheet (inputs data into aCTP)
2. Participates with all domain discussion and acts as the commander's representative.
3. Plays an active role with work plan (career) development
4. Follows up daily and with monthly counseling (resource goals)
5. Holds Soldier accountable

WTU Soldier:

1. Brings goal setting results
2. Participates actively—owns his/her future plan
3. Brings Family members
4. Sets SMART goals and tasks that achieve the desired future
5. Follows up with SL daily, NCM weekly and discusses changes monthly with PCM and SL during counseling.



LCSW/BLSW Facilitator:

1. Facilitates discussion—scribes on board (SMART goals)
2. Serves as behavioral health expert during all discussion (emotional domain)
3. Gives referrals as needed—provides follow-up with the Soldier
4. Follows up with Soldier's primary providers

Nurse Case Manager:

1. Acts as the medical expert (physical domain)
2. Provides PCM input
3. Helps create SMART medical goals
4. Provides guidance with other domains
5. Follows-up with Soldier's weekly and review scrimmage results.

Figure 5-13 (Scrimmage Execution)

6. Execution of the scrimmage. The scrimmage should be a comfortable discussion between the IDT and the Soldier to ensure everyone is focusing on the Soldier's recovery plan, which is captured on the scrimmage worksheet. The IDT should create an informal environment for the Soldier and the Soldier should feel comfortable enough to discuss his personal recovery plan in detail.

- The LCSW begins by introducing all participants. During the scrimmage, a medical representative (PCM or NCM) provides the group with sufficient medical background to provide the context needed to confirm the Soldier's challenges, action statements, plans and goals. The scrimmage may be utilized as the warm hand-off to the CCU in the case of an initial 30-day scrimmage. AWCTS will be pre-loaded with the transition goal, challenges, action statements (from goal setting), action plans (from self-assessment) and sub-goals (end-states) prior to the meeting and will be shared by the Soldier. For scrimmages after the initial scrimmage, the results will be carried forward, and the Soldier and IDT should be prepared to discuss events and actions that were met or not met.

- After introductions, the IDT should let the Soldier present his initial comments and plan. They may start with concerns or problems they are having, or they may discuss their transition track preference followed by a review of each goal for each domain. It is important to remember that the goals belong to the Soldier. The staff should not attempt to impose their wishes on the Soldier or interrupt the Soldier when they do not like what is being said. Additionally, members of the Soldier's IDT should not try to fill uncomfortable silence when waiting for a Soldier to answer a question. The scrimmage is a conversation between the IDT and Soldier, not a briefing. IDT members in attendance will comment on the appropriateness of the goals and the action statements/plans based on their evaluation of the Soldier staying within their area of expertise. Attendees will recommend revisions to the scrimmage worksheet if the actions or goals are not appropriate. Before completion of the initial scrimmage, the Soldier and IDT will project an initial Target Transition Date (listed in AWCTS as TTD). The TTD is meant

to help manage the Soldier's expectation. The SL/PSG enters the TTD discussed by the IDT at the scrimmage and validated by OT support and oversight.

- In addition to the sub-goals (end-states), the IDT staff will assist the Soldier in defining the activities, services or treatment(s) needed to attain the Soldier's goals, (e.g., attend individual therapy, participate in adaptive reconditioning and work rehabilitation programs, etc.). These will become the sub-goals in AWCTS that support the achievement of the overarching transition outcome or goal. The group may also recommend additional goals and resources to support the Soldier's plan. For example, resources may be available through the local SFAC.

- The Career Counselor and/or transition coordinator may participate in the scrimmage and will counsel the Soldier and his Family on the Soldier's likelihood to Remain in the Army based on medical prognosis and Army needs. The Career Counselor will work with the Soldier and local units to provide opportunities for the Soldier to work in his current MOS or other Army career fields if returning to his current MOS is unlikely. The transition coordinator will work with the Soldier to review all opportunities if a Soldier will likely separate from the Army.

- If a lack of transition or progress due to some internal or external barriers becomes apparent, the facilitator (in conjunction with WTU commander) may schedule an FTR (detailed below) with the principal stakeholders to address and confront the barriers and form a plan to facilitate progress. This FTR can be organized and conducted with varying degrees of formality, which is discussed in greater detail in the following paragraph.

(3) Focused Transition Review. The FTR is an informal meeting and it is similar to the scrimmage. However, FTRs have a different purpose that ensures a common understanding between the Soldier/Family, the chain of command and the IDT. The primary difference is inclusion of the WTU commander, who leads the FTR. The group reviews the Soldier's transition plan progress and develops a new plan for the remaining transition actions and sub-goals. Additionally, the FTR acts as feedback and an after action review of the process for each Soldier and the supporting IDT. For COMPO 2/ 3 Soldiers, the WTU commanders will establish a formal relationship with the Soldier's Reserve Component (RC) command or representative to assist in resolving Soldier's issues. This RC command or representative will provide advisory support to the WTU commander for transition, completion of action plans that support the Soldier, and may adjudicate actions regarding RC Soldiers in non-compliance. The FTR follows the same general procedures as the scrimmage but is led by the senior company representative along with battalion representation to support as needed (Figure 5-14). The FTR is a specific time (approximately one hour) set aside by the company commander to:

- (a) Focus all the WTU resources available to the Soldier's transition plan (scrimmage results),
- (b) Identify where the IDT was successful and where it can improve execution of the CTP and
- (c) Further tailor each Soldier's transition plan.

Once the Soldier reaches his MRDP, or the company commander identifies a requirement to assemble the IDT, the WTU commander facilitates the execution of the FTR. Like the scrimmage, the FTR remains inclusive versus exclusive, and all relevant participants are invited. Although the Soldier leads the discussion, the company commander ensures that the discussion is productive and stays focused on the future success of the Soldier and his Family. The FTR ensures Soldier, Family and IDT have used all resources available to resolve all issues and created action plans to successfully transition every Soldier. In addition to the IDT and the WTU's company level leadership, brigade or battalion leadership representative(s) (if unit is part

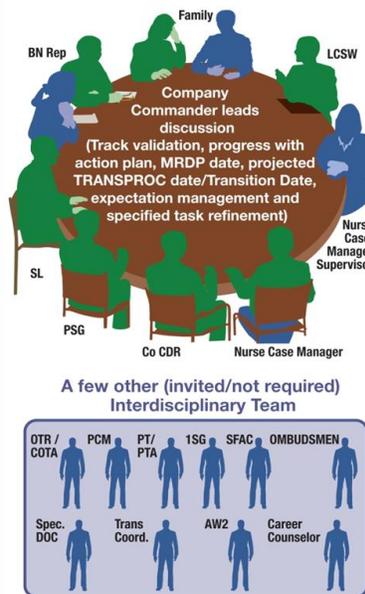
of a battalion or brigade) attend to support the Soldier's identified requirements and provide oversight to ensure the quality of the overall CTP process. The FTR members will review the scrimmage plan; develop and refine the Soldier's future disposition and track; and project Medical Evaluation Board (MEB) start and completion dates and/or Transition Point Processing System (TRANSPROC) dates to reduce as much uncertainty as possible for the Soldier and his Family. This discussion should make every use of issues identified on the Soldier's self-assessment, scrimmage, clinical notes and Transition Readiness Checklist, as well as areas of concern identified during weekly NCM counseling and monthly SL counseling. Upon completion of the FTR, the Soldier and Family should have refined action statements and sub-goals and a specific transition outcome goal or plan that can be accomplished while assigned or attached to the WTU. The WTU Cadre and staff should have clear understanding of suspense dates for specific actions required by them to assist the Soldier and Family in attaining his goals. For CCUs, FTRs will be held with the Soldier and his Family face to face if at all possible but may be conducted via telephone or video teleconference if an in-person visit is not feasible. Civilian providers invited by the command or the Soldier may also participate.

Squad Leader:

1. Ensures relevant updates and past scrimmage data are brought into the discussion.
2. Participates with all domain discussion and acts as the commander's representative.
3. Plays an active role with work plan (career) development
4. Follows up daily and with monthly counseling (resource goals)
5. Holds Soldier accountable

WTU Soldier:

1. Brings goal setting results
2. Actively participates—owns his/her future plan
3. Brings Family members
4. Sets SMART goals and tasks that achieve the desired future
5. Follows up with SL daily, NCM weekly and discuss changes monthly with PCM and SL during counseling.



LCSW Facilitator:

1. Facilitates in a supportive role to the commander—scribes on board (SMART goals).
2. BLSW captures data on scrimmage worksheet in aCTP.
3. Serves as behavioral health expert during all discussion (emotional domain)
4. Give referrals as needed—provides follow-up with the Soldier
5. Follows up with Soldier's primary providers

Nurse Case Manager:

1. Acts as the medical expert (physical domain)
2. Provides PCM input
3. Help create SMART medical goals
4. Provides guidance with other domains
5. Follows up with Soldier's weekly and review scrimmage results.

Figure 5-14 (FTR Execution)

(4) Synchronization of the Scrimmage and FTR timelines. The initial scrimmage is within the first 30 days of assignment/attachment. The 90-day scrimmage is facilitated with company commander oversight to validate the transition plan (this scrimmage is executed using the FTR format). Scrimmages will occur at quarterly intervals (180 days, 270 days, 360 days, etc.) thereafter. If MRDP is reached, the company commander will facilitate a FTR with battalion oversight to assess the Soldier's progress, status of the transition plan and the proficiency of the IDT's efforts. The FTR replaces the subsequent quarterly scrimmage and serves to provide the Soldier with a TTD, to finalize his transition plan and to introduce the Transition Readiness Checklist to help map the Soldier's final tasks.

For Soldiers that have been in the WTU for over 730 days, the WTU battalion commander will lead an FTR. The commander will determine what issues are delaying the Soldier's transition timeline and will immediately address the barriers. The WTU company commander, IDT and the Soldier will document a plan to address the barriers, review and update scrimmage goals and document the transition plan on a counseling statement and scrimmage worksheet to be signed by the company commander and the Soldier.

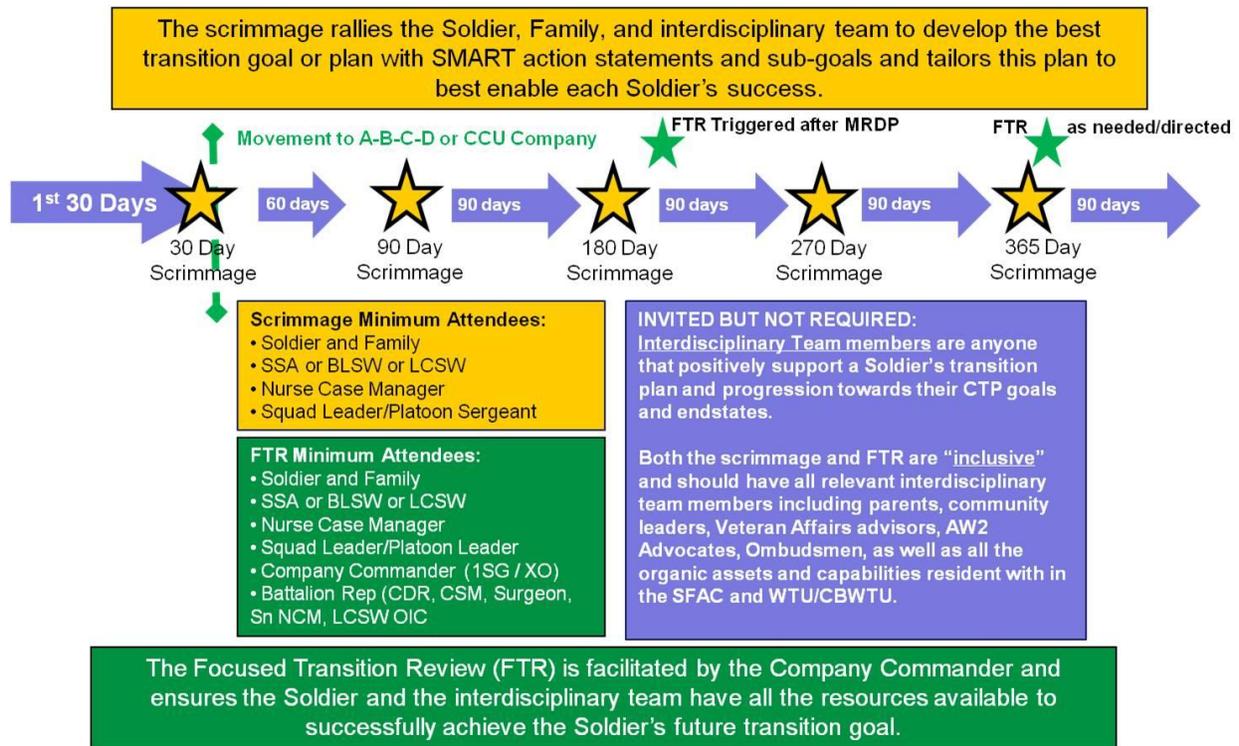


Figure 5-15 (Transition Review Timeline)

5-7. Rehabilitation Process.

a. Purpose. The rehabilitation process provides appropriate clinical and non-clinical interventions to support the Soldier's transitional goals. The rehabilitation progress and outcomes provide the PCM with information to determine the Soldier's MRDP and substantiates the Soldier's ability to remain in the Army.

b. Timeline. The rehabilitation phase begins as early as possible, including during inpatient status immediately following injury, and provides appropriate clinical and non-clinical interventions (vocational rehabilitation, education, adaptive reconditioning activities, etc.) beyond the initial assessment appointments with the Soldier's PCM and necessary specialty providers. Medical treatment and mandatory activities will continue until the Soldier is formally released from the WTU. The rehabilitation process evolves in concert with the transition process as sub-goals are achieved, refined and updated. When the Soldier meets his MRDP, the rehabilitation process continues while the MDRP triggers the Reintegration Process.

c. Rehabilitation Areas of Concentration.

(1) Continuance of each Soldier's Recovery Plan. The Soldier continues to develop, update and refine his recovery plan, captured in the scrimmage worksheet, throughout the time in a WTU. The IDT tracks, encourages and provides resources for each Soldier along their recovery and transition track and incorporates oversight while maintaining each Soldier's compliance with the program.

(2) Transition review compliance and participation. Throughout the rehabilitation process, the Soldier must complete:

- (a) The self-assessment (required weekly in the HHC, but commanders can adjust the requirement out to monthly after the first 30 days)
- (b) Quarterly scrimmages
- (c) FTRs (at the 90 day mark, around MRDP and as needed).

It is essential for Soldiers to continue to develop and refine their goals throughout each step during transition review and through each step of the reintegration process.

(3) Adaptive Reconditioning Program participation. Every Soldier must participate in a minimum of 150 minutes of moderate intensity exercise each week through Adaptive Reconditioning activities in accordance with the WTU policy on each Soldier's medical and military responsibilities, as well as their local command and their IDT guidance. In addition, every Soldier will incorporate the Performance Triad of Sleep, Activity and Nutrition into their healing and transition plan to ensure they are maximizing recovery opportunities.

(4) Career and Education Readiness (CER) participation. CER-eligible Soldiers participate in one or more CER activities. There are three categories of CER activity: (1) Remain in the Army Work Assignments (RIAWA), (2) education and training and (3) internships. The physical location where a CER activity is conducted is considered to be a CER worksite. CER worksites must comply with the WTC work-site selection policy. Work site is defined as "where a Soldier participates in a work activity that aligns with their CTP Track and long-term goals". Eligibility for CER activity is based upon two distinct evaluations made by Medical Management (M2) and the WTU commander. The M2 evaluation must conclude that the Soldier is medically, emotionally and physically ready to participate in a CER activity while continuing medical treatment. The NCM, in collaboration with the IDT, is responsible for coordinating the evaluation of CER eligibility with all members of M2; the NCM is also responsible for documenting the results. The Commander's evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity. The company commander is responsible for the CER eligibility evaluation, and the SL is responsible for documenting the results.

d. Rehabilitation Responsibilities and Tasks.

(1) The Soldier will be actively engaged and attend all required appointments and activities while adhering to the established medical (recovery) plan. A Soldier's mandatory activities include, but are not limited to, participation in appropriate rehabilitative processes, Adaptive Reconditioning Program and CER programs in support of their transition track and goals.

(a) The Soldier will begin participation in adaptive reconditioning activities (to include doctrinal physical readiness training) only when the following has occurred: (1) the Soldier has

been assessed by the WTU PT, or in the absence of a WTU PT, another appropriate health care provider; (2) the Soldier's eProfile is current; and (3) the Soldier's goals/Adaptive Reconditioning Program has been validated by the scrimmage process or has been modified and validated during the weekly Triad meetings. CCU Soldiers, in conjunction with their NCM, SL/PSG and PCM, will develop an Adaptive Reconditioning Program tailored to their physical capabilities.

(b) The Soldier needs to have a solid plan for transition by his 90-day scrimmage. Soldier career goals may be modified at any scrimmage. However, for most Soldiers, goals should be solidified by the 90-day scrimmage, as well as a determination regarding CER eligibility (See Section 14). Input for changes may come from the IDT or the Soldier based on outcomes of CER activities. CER is supported in the WTUs by civilian Transition Coordinators (TC). TCs will work with the OTs and Career Counselors to ensure that Soldiers are placed in internship, education or Remain in the Army work activities that support their transition track and career goal(s). For Soldiers that are not CER eligible, the OT may place them in work therapy activities until they are determined CER eligible. Soldiers must be determined eligible to participate in CER activities. Eligibility for CER activity is based on two distinct evaluations made by the M2 team and the Mission Command team. The M2 evaluation must conclude that the Soldier is medically, emotionally and physically ready to participate in a CER activity or activities while continuing medical treatment. The NCM, in collaboration with the registered OT, is responsible for coordinating the M2 evaluation of CER eligibility with all members of M2; the NCM is also responsible for documentation. The Mission Command evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity or activities. The commander is responsible for the Mission Command evaluation of CER eligibility and the SL is responsible for documentation.

(2) The WTU commander has overall authority, accountability and responsibility for the conduct of each Soldier's progress through the CTP, including implementation of the Adaptive Reconditioning Program and CER Program.

(a) The Adaptive Reconditioning Program is addressed within the broad framework of Army physical readiness training doctrine and allows for Soldier accountability, but is designed for and modified to the unique needs of wounded, ill and injured Soldiers and WTU commands.

Adaptive reconditioning activities are any physical activities conducted by wounded, ill and injured Soldiers on a regular basis for purposes of optimizing physical well-being, returning to an active productive lifestyle and helping to achieve any of the Soldier's sub-goals and transition outcome goals. Adaptive reconditioning activities are professional rehabilitation services, delivered as part of the CTP rehabilitation process, to aid in the reconditioning of any of the Soldier's six CTP domains. Activities can include, but are not limited to, competitive and non-competitive adaptive sports, doctrinal physical readiness training exercises, aquatic exercises, therapeutic recreational/leisure activities (community- or Morale, Welfare and Recreation (MWR)-based), gym-based exercise programs, clinic-based exercise programs, clinical home exercise programs, functional training and human performance optimization.

(b) The WTU commander is responsible for providing a robust CER program to support the transitional goal(s) of Soldiers in their unit. The Commander must establish CER goals and communicate these goals to the IDT. The Commander must also use their TC to effectively track performance metrics.

(3) The IDT will:

(a) Identify appropriate clinical interventions, coordinate for services and assess effectiveness of interventions.

(b) Provide the PCM with information needed to identify the Soldier's MRDP.

(c) In consultation with the Soldier, select appropriate personal, adaptive reconditioning and CER activity/activities for each Soldier. The selection of activities will be consistent with the Soldier's functional abilities, the long-term career goals documented in the Soldier's CTP and the expected time remaining before reaching MRDP. No Soldier of any component may participate in an internship, work-therapy assignment or non-paid work experience at any location other than a federal agency. Soldiers will not be moved to an alternate WTU merely to perform an Operation Warfighter (OWF) or other type internship. Soldiers who intend to attend college classes will develop an education plan with the Army Continued Education System (ACES) Educational Specialist located in the SFAC or in the garrison, or with a VA Vocational Rehabilitation and Employment (VR&E) counselor.

(4) The NCM will track the Soldier's progress on meeting his goals in all six domains. The weekly NCM meeting discussion will be documented in both AWCTS and AHLTA. CCU Soldiers are responsible for all follow-on appointments and must keep the NCM informed of the results of all appointments.

(5) The SL will assist the Soldier in developing and maintaining a daily activities calendar (aligned with the Soldier's clinical and non-clinical plan of care) and track the Soldier's appointments. The SL will ensure that the Soldier's calendar reflects a productive duty day in keeping with his goals. The SL will maintain a file of the Soldier's CER plan and progress. The SL should refer Soldiers to the TC for information regarding transition activities such as CER, VA and Department of Labor (DOL).

(6) The OT (or COTA under the supervision of the OT) will monitor the Soldier's progress in meeting his goals as established for the six domains of strength, specifically for the Career domain. Participation in occupational therapy may include continuation with goal-setting training, life skills classes and adaptive reconditioning activities. The OT will consult and collaborate with the transition coordinator for CER tasks in preparation for CER work sites, education or internships. For Soldiers that are not CER-eligible, the OT should place them in work therapy activities to prepare the Soldier for CER work site/internship placements.

(7) The LCSW will provide ongoing evaluation to determine and update the Soldier's behavioral health (BH) management plan, based on the Soldier's and Family's needs. The LCSW acts as the BH consultant/liaison for the WTU and will provide ongoing BH care management, education, advocacy and resource referral, and may provide short term therapy and crisis intervention to the Soldier and Family.

(8) Transition Coordinator (TC). The TC, working with the OT, will refer eligible Soldiers to the ACAP, VA VR&E Counselor, OWF, Regional Coordinator (RC), DOD Education and Employment Initiative (E2I) RC, ACES and other agencies for services to support their goals. The TCs will provide verification to the WTU Commander that all eligible Soldiers are in a CER program supporting their chosen career tracks and goals. Additionally, the TC will provide awareness and access to additional opportunities (i.e., job fairs, career day events). TC and SL will refer to the Table of Required and Recommended CER Activities for Soldiers who will Separate, REFRAD, or Remain in the Army and direct the Soldiers to appropriate CER activities based upon their career track and goal(s). A copy will be provided to the Soldiers and their

- (i) Reassess the Soldier's clinical and non-clinical status to modify the Soldier's adaptive reconditioning activities as needed.
- (j) Assist with physical profile determinations to identify the Soldier's physical abilities and limitations.
- (k) Categorize Soldiers into appropriate adaptive reconditioning activities groups.
- (l) Assist with the neuro-musculoskeletal care coordination as appropriate.
- (m) Contribute to program outcome measurement and metrics.
- (n) Train and utilize the WTU PTAs, Cadre and other available qualified personnel to conduct safe and effective Adaptive Reconditioning Programs and activities.

(11) AW2 Advocate will:

- (a) Review CTP Dashboard and self-assessment every 30 days.
- (b) Confirm Soldier has processed through IDES with VA Liaison/IDES staff and document occurrence in AWCTS.
- (c) Document participation and results of scrimmage, FTR and Triad of Care meetings in AWCTS (WTU and AW2).

5-8 . Reintegration Process.

a. Purpose. The Reintegration Process is designed to specifically prepare each Soldier and his Family for a successful transition back to the force or to civilian life as a Veteran.

b. Timeline. This process begins as soon as a Soldier is ready to begin reintegration tasks, but no later than MRDP and continues throughout the Soldier's remaining tenure in the WTU. Execution of the appropriate Transition Readiness Checklist begins 180 days before the Soldier's anticipated discharge (TTD) or with MRDP and the initiation of the MEB/Physical Evaluation Board (PEB) process, whichever comes first. The reintegration process culminates with the Soldier's completed transition from the WTU.

c. Reintegration Responsibilities. The SL/PSG has the overall lead for this process. The TC, in collaboration with the OT, has responsibility for providing the Soldier with CER opportunities and referrals in support of transition track and career goals. SL and NCM, in coordination with TRICARE OT/PT and other medical specialists, identify appropriate opportunities and assist Soldiers with CER opportunities in the local community. (See Section 13 for specific CER guidance on COMPO 2/3 Soldiers).

d. Required Tasks.

(1) The Soldier will implement all aspects of their CER plan by meeting with the TC and identifying research, tasks and activities that need to be completed to support their desired career goals. ACAP must be completed at this time if it has not been completed previously. Task completion and required documents will be tracked in the Soldier's individual ACAP file. All separating Soldiers, including Soldiers that will REFRAAD, must complete a resume of choice (federal or corporate) NLT 90 days prior to transition.

TRANSITION READINESS CHECKLIST FOR COMPO 1, REMAIN IN THE ARMY

Transition Readiness Items	Task Status (GARR)					Comments	Responsible for Initiation and Documentation	Final Status (GARR)
	180	90	60	30	7			
CEP ITEMS								
1. Active Guard Reserve (AGR) status								
2. Reserve Component (RC) status								
3. RC duty station								
4. RC duty station								
5. RC duty station								
6. RC duty station								
7. RC duty station								
8. RC duty station								
9. RC duty station								
10. RC duty station								
11. RC duty station								
12. RC duty station								
13. RC duty station								
14. RC duty station								
15. RC duty station								
16. RC duty station								
17. RC duty station								
18. RC duty station								
19. RC duty station								
20. RC duty station								
21. RC duty station								
22. RC duty station								
23. RC duty station								
24. RC duty station								
25. RC duty station								
26. RC duty station								
27. RC duty station								
28. RC duty station								
29. RC duty station								
30. RC duty station								
31. RC duty station								
32. RC duty station								
33. RC duty station								
34. RC duty station								
35. RC duty station								
36. RC duty station								
37. RC duty station								
38. RC duty station								
39. RC duty station								
40. RC duty station								
41. RC duty station								
42. RC duty station								
43. RC duty station								
44. RC duty station								
45. RC duty station								
46. RC duty station								
47. RC duty station								
48. RC duty station								
49. RC duty station								
50. RC duty station								
51. RC duty station								
52. RC duty station								
53. RC duty station								
54. RC duty station								
55. RC duty station								
56. RC duty station								
57. RC duty station								
58. RC duty station								
59. RC duty station								
60. RC duty station								
61. RC duty station								
62. RC duty station								
63. RC duty station								
64. RC duty station								
65. RC duty station								
66. RC duty station								
67. RC duty station								
68. RC duty station								
69. RC duty station								
70. RC duty station								
71. RC duty station								
72. RC duty station								
73. RC duty station								
74. RC duty station								
75. RC duty station								
76. RC duty station								
77. RC duty station								
78. RC duty station								
79. RC duty station								
80. RC duty station								
81. RC duty station								
82. RC duty station								
83. RC duty station								
84. RC duty station								
85. RC duty station								
86. RC duty station								
87. RC duty station								
88. RC duty station								
89. RC duty station								
90. RC duty station								
91. RC duty station								
92. RC duty station								
93. RC duty station								
94. RC duty station								
95. RC duty station								
96. RC duty station								
97. RC duty station								
98. RC duty station								
99. RC duty station								
100. RC duty station								

Transition Readiness Checklist(s) For COMPO 1, 2, and 3

TRANSITION READINESS CHECKLIST FOR COMPO 2 AND 3, REMAIN IN THE ARMY

Transition Readiness Items	Task Status (GARR)					Comments	Responsible for Initiation and Documentation	Final Status (GARR)
	180	90	60	30	7			
CEP ITEMS								
1. Active Guard Reserve (AGR) status								
2. Reserve Component (RC) status								
3. RC duty station								
4. RC duty station								
5. RC duty station								
6. RC duty station								
7. RC duty station								
8. RC duty station								
9. RC duty station								
10. RC duty station								
11. RC duty station								
12. RC duty station								
13. RC duty station								
14. RC duty station								
15. RC duty station								
16. RC duty station								
17. RC duty station								
18. RC duty station								
19. RC duty station								
20. RC duty station								
21. RC duty station								
22. RC duty station								
23. RC duty station								
24. RC duty station								
25. RC duty station								
26. RC duty station								
27. RC duty station								
28. RC duty station								
29. RC duty station								
30. RC duty station								
31. RC duty station								
32. RC duty station								
33. RC duty station								
34. RC duty station								
35. RC duty station								
36. RC duty station								
37. RC duty station								
38. RC duty station								
39. RC duty station								
40. RC duty station								
41. RC duty station								
42. RC duty station								
43. RC duty station								
44. RC duty station								
45. RC duty station								
46. RC duty station								
47. RC duty station								
48. RC duty station								
49. RC duty station								
50. RC duty station								
51. RC duty station								
52. RC duty station								
53. RC duty station								
54. RC duty station								
55. RC duty station								
56. RC duty station								
57. RC duty station								
58. RC duty station								
59. RC duty station								
60. RC duty station								
61. RC duty station								
62. RC duty station								
63. RC duty station								
64. RC duty station								
65. RC duty station								
66. RC duty station								
67. RC duty station								
68. RC duty station								
69. RC duty station								
70. RC duty station								
71. RC duty station								
72. RC duty station								
73. RC duty station								
74. RC duty station								
75. RC duty station								
76. RC duty station								
77. RC duty station								
78. RC duty station								
79. RC duty station								
80. RC duty station								
81. RC duty station								
82. RC duty station								
83. RC duty station								
84. RC duty station								
85. RC duty station								
86. RC duty station								
87. RC duty station								
88. RC duty station								
89. RC duty station								
90. RC duty station								
91. RC duty station								
92. RC duty station								
93. RC duty station								
94. RC duty station								
95. RC duty station								
96. RC duty station								
97. RC duty station								
98. RC duty station								
99. RC duty station								
100. RC duty station								

TRANSITION READINESS CHECKLIST FOR COMPO 1,2,3 – TRANSITION FROM THE ARMY

Transition Readiness Items	Task Status (GARR)					Comments	Responsible for Initiation and Documentation	Final Status (GARR)
	180	90	60	30	7			
CEP ITEMS								
1. Active Guard Reserve (AGR) status								
2. Reserve Component (RC) status								
3. RC duty station								
4. RC duty station								
5. RC duty station								
6. RC duty station								
7. RC duty station								
8. RC duty station								
9. RC duty station							</	

3. Participate in available career related education and training that supports the Soldier transition track and career goal(s). Refer Soldier to the ACES counselor for educational counseling.

4. Attend ACAP training as early as possible, NLT MRDP, to complete Pre-separation Counseling and checklist (DD 2648/2648-1), MOS Crosswalk, Financial Planning, Department of Labor Employment Workshop (DOLEW), VA Benefits Briefing I & II, DOL Transition Assistance Program (TAP) workshop, VA Disabled Transition Assistance Program (DTAP) briefing and prepare a mandatory resume (see Section 13 for additional details).

5. Meet with DOL REALifelines Counselor for individual counseling related to employment research, contacts and opportunities in the Soldier's home community. Points of contact will be provided for home community American Job Center, DVOP counselor, LVER, Chambers of Commerce, and other identified employers and Transition Assistance Advisors (TAA).

6. Meet with VA VR&E counselor to receive counseling and services.

7. Identify additional local and regional resources closer to home through the Career Counselor and state specific TAA, which include access to Inter-Service Family Assistance Committees (ISFAC).

(2) The WTU commander will develop an accountability system for Soldiers on transition leave. The risk designation, CTP and medical care will serve as the basis to determine how frequently the IDT will contact the Soldier during transition leave. Soldiers that are determined to be high risk must be contacted by phone call twice daily, at minimum, while on transition leave. If Soldiers do not answer their phone, they must be counseled that their leave can be cancelled and they will have to report back to the unit until their separation date. The Commander will review each Soldier's Transition Readiness Checklists NLT 30 days prior to the Soldier's transition.

(3) The TC or SL/PSG has the lead in referring and coordinating CER opportunities for the Soldier in support of his career goals. The transition coordinator will coordinate with the OT to provide contacts, training and evaluation to assist the Soldier with their career goals. The transition coordinator will also coordinate with federal agencies to place Soldiers into OWF internships. SLs will work with the Soldier to identify local CER activities for each Soldier. This CER plan will be approved by the commander. SLs have primary responsibility for their Soldier's Transition Readiness Checklist. In a WTU, the TC has primary responsibility with the SL to verify completion of the Transition Readiness Checklist. However, each task on the transition readiness checklist lists a Cadre member who is responsible for initiation and documentation.

(4) HR personnel will ensure the Soldier, who has applied for VBA benefits through the Benefits Delivery at Discharge (BDD) process, receives a release date between the 20th and 27th days of the month (25th and 27th day is optimal).

(5) The NCM will schedule and coordinate required post transition follow-on care appointments, resources, and continued case management services. The NCM will ensure Soldiers are referred to appropriate VHA and VBA personnel as outlined below.

(a) Transfer to Veterans Affairs Medical Center (VAMC): The NCM will ensure all eligible Soldiers meet with the VHA/DOD Liaison (LNO) (if assigned to the MTF) who will assist the Soldiers with their enrollment into the VA healthcare system and with the transfer (for discharge and convalescent care) to VAMC closest to the Soldier's home. The NCM will also contact the

receiving Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) liaisons and VAMC Case Manager to discuss transition care needs, as appropriate.

(b) NCMs at WTUs without a VHA/DOD LNO will assist the Soldier with completion of VA form 1010EZ (www.1010ez.med.va.gov) omitting dependent and financial information. NCMs will contact the OEF/OIF/Operation Noble Eagle (ONE) Program Coordinator or representative at the VAMC closest to the Soldier's home to coordinate transition care needs.

(c) For Soldiers returning to duty, the NCM will coordinate with the gaining medical management team to alert them of arriving WTU alumni so that they can screen the Soldier for the need of future case management services.

(6) The TC will ensure that the Soldier completes and updates their Transition Readiness Checklist once they are past their MRDP and ensures the Soldier meets with a VBA representative as soon as disposition is known. Additionally, the SL will ensure the Soldier completes the out processing checklist (see Appendix 5-7).

(7) The LCSW will conduct a BH risk assessment with the Soldier 14 days prior to transition from the WTU.

(8) Transition Coordinator and the OT will assess and refer potentially qualifying Soldiers to VR&E.

(9) AW2 Advocate will:

(a) Review the CTP for actionable items.

(b) Identify transition dates and track milestones outlined in the reintegration checklist to ensure successful transition into the civilian community or continued Army service.

(c) Collaborate and coordinate with the NCM, SL/PLT SGT and other CTP stakeholders to prepare the AW2 Soldier and Family for seamless transition.

(d) Document AW2 Soldier's linkage to VA entities in WTU AWCTS.

(e) Review benefits with the Soldier and Family Member/Caregiver.

(f) Complete LCMP assessment and attach to AW2 AWCTS prior to out processing to ensure warm hand-off to gaining AW2 Advocate (Figure 5-18: AW2 LCMP Assessment Tool).

(g) Attach available documents to AW2 AWCTS (e.g. VA Rating information, Retirement orders, DA 199 and DD 214).

Army Wounded Warrior Program (AW2) Lifecycle Management Assessment Tool

17 Focus Areas:

Administrative	Housing
Activities of Daily Living	Medication
Behavioral	Pain
Care Coordination	Social
Education	Transition
Employment	Transportation
Family	Well-Being
Financial	Work Plan
Health Care	

ARMY WOUNDED WARRIOR PROGRAM (AW2) LIFECYCLE MANAGEMENT ASSESSMENT TOOL (LCMP)			
<small>Instructions: Advocates in conjunction and consultation with their AW2 Soldier or Veteran will identify the presence of issues. Advocates will place an X in the appropriate YES box to indicate presence of an issue. Advocates must complete an initial LCMP assessment tool once the Soldier or Veteran has completed at least 180 days as an eligible AW2. Advocates must attach the LCMP Tool for supervisory review and potential status change when no Core issues are identified. If the Advocate does not identify any core issues, the Advocate must assess for the appropriate LCMP phase. Advocates must reassess identified issues until they are resolved. Core issues are in red. WTU OPCOMED AW2. Advocates must complete an initial assessment on all AW2 Soldiers exiting the WTU.</small>			
Soldier's Name	Advocate's Name	Date	
01. Administrative Issues	Yes	07. Family Issues	Yes
AW2 Eligibility		Child Custody	Family meds
Awards		Child Support	Mail meds
CRSC		Family Conflict	Med dosage
DEERS Data	Guardianship		Med supply
DD 214	Power of Attorney	12. Pain	Yes
Release of Information	Support Structure	Chronic pain	
02. ADL Issues	Yes	08. Financial Issues	Yes
ACL or IADL Assistance		Bankruptcy	Pain mgmt
CAPS Equipment	CRSC	13. Social	Yes
SEGWAY	Debt Counseling	Support	
Service Dog	Inadequate Income	14. Transition	Yes
03. Behavioral Issues	Yes	Issue > 30 Days	Renegation
Child Counseling	Reliant on aid	Relocation	
Family Counseling	Stable Income	MEB/PFB	
Marriage Counseling	SBP	VA Compensation	
Military One Source	SQLI	VA Health Benefits	
PTSD Counseling	Side-by-Side	VA DEFOIF Linkage	
04. Coordination Issues	Yes	SCAADL	Retirement Orders
Benefits	TSGLI	15. Transportation	Yes
GTP and TRIAD Care	VSGLI	Dependable transport	
Education and Training	09. Health Care	Yes	Driver's license
Family Support	Access to care	Household Goods	
Federal Recovery (FRC)	MEDICARE Part A	Mileage Reimbursement	
Unmet Medical Need	MEDICARE Part B	VA adaptive vehicle	
05. Education	Yes	Nursing Home	16. Well-being
Education Goals	Safety	Occupational functioning	Yes
GI Bill Transfer	Terminal illness	Recreational functioning	
Tuition assistance	TRICARE	Social functioning	
Vocational Rehabilitation	10. Housing Issues	Yes	17. Work Plan
VA Chapter 35 Benefits	Adaptive housing	Civilian employment	
06. Employment Issues	Yes	Eviction notice	COAD/COAR
ACAP	Foreclosure notice	18. Retirement Status	Yes
AW2 Career Cell	Mortgage payment	TDRL	
Conflict at Work	Rent payment	PDRL	
Employment Goals	Stable Housing	19. Other	Yes
Resume			
Spouse Employment			
Advocate's LCMP Recommendation			
LCMP Phase			Yes
Transition Management - 30 day contact			
Progressive Management - 90 day contact			
Supportive Management - 180 day contact			
Lifetime Management - 180 day contact			
Findings:			

Figure 5-18 (Lifecycle Management Assessment Tool)

5-9. Post Transition Process.

a. Post Transition refers to the period after a Soldier has exited the WTU. The Soldier is under the guidance of his gaining unit (manning report AAA-162), the VA and/or the AW2 program, if eligible.

b. The AW2 Advocate will confirm the Soldier has processed through the VA and completed out processing. The AW2 Advocate will ensure that the warm hand-off to the VA is documented in AWCTS and the Soldier is transferred to new AW2 Advocate.

5-10. Soldier Transfers to CCU or other WTU. Soldiers who meet the transfer eligibility criteria and have completed their initial scrimmage are eligible for transfer. They must have a current validated self-assessment and be registered in AWCTS. SL and NCM must have action plans in place and documented in AWCTS to address red and necessary amber items in the self-assessment. The Soldiers must have an identified medical plan requiring a minimum of 60 days of care. Phase I Goal Setting training must be completed and the individual Soldier's career track identified. Goals and sub-goals must be identified and documented in AWCTS. Risk assessment, designation and mitigation must be completed. Soldiers that complete all transfer requirements prior to 30 days in a WTU may be transferred prior to the 30-day mark if they are eligible for transfer. Soldiers designated as high risk will not be transferred from WTU to CCU. All high-risk Soldiers transferring from WTU to WTU or CCU to WTU must have an escort during transfers. The gaining unit will be included in the Soldier's scrimmage to facilitate a warm hand-off. The use of technology is encouraged to ensure full participation by the gaining unit. Soldiers will not be transferred before the gaining commander acknowledges acceptance in AWCTS.

Soldiers are not required to have a CER program identified before transfer but must participate in a CER opportunity that aligns with their career track and career goal(s) within 60 days of being eligible, once in a CCU. Soldiers transferred to a CCU due to terminal causes are not required to participate in a CER program but are not prohibited from participating if the Soldier wants to and clinical team finds them eligible.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-1

In-Processing Checklists

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART I

DAY 1-5; Return to S1/HR upon completion for verification and filing

RNK and Full Name:		Last 4:	
Projected Company:		Escort identified (if needed)	Escort Name:
#	IN-PROCESSING TASKS	Section	Remarks /Signature / Date
1	Sign-in (DA Form 647)	BN S1/CO HR	
2	Copy of orders	BN S1/CO HR	
3	COMPO: AC / ARNG / USAR / AGR / Retiree Recall	BN S1/CO HR	
4	ETS / MRD order end date: _____	BN S1/CO HR	
5	DEROS next 9 months: Y / N Date: _____	BN S1/CO HR	
6	REFRAD order end date: _____ (NG/USAR only)	BN S1/CO HR	
7	PDMRA worksheet (if applicable)	BN S1/CO HR	
8	Copy of profile	BN S1/CO HR	
9	Warrior Photo in uniform	BN S1/CO HR	
10	Personal information data sheet	BN S1/CO HR	
11	Emergency data (DD93, SGLV)	BN S1/CO HR	
12	Army Knowledge Online (AKO account)	BN S1/CO HR	
13	Current/last evaluation (NCOER/OER/AER)	BN S1/CO HR	
14	Date last eval: _____; if exceeds 90 days Follow up	BN S1/CO HR	
15	Promotable? Y / N; TIS _____ TIG _____ validated Y/N	BN S1/CO HR	
16	Awards pending: Y / N; Type: _____	BN S1/CO HR	
17	Purple Heart/Combat Award Status:	BN S1/CO HR	
18	Received/Orders: Y / N Status: _____	BN S1/CO HR	
19	Award ceremony: Y / N Status: _____	BN S1/CO HR	
20	Medal set: Y / N Status: _____	BN S1/CO HR	
21	eMilpo arrival transaction complete	BN S1/CO HR	
22	ORB/ERB/2-A/2-1 update (non-transferrable FLAGS)	BN S1/CO HR	
23	Meal card (if required)(within 24 hours)	BN S1/CO HR	
24	Change of address (card)	BN S1/CO HR	
25	Mailroom	BN S1/CO HR	
26	ADPAAS	BN S1/CO HR	
27	MODS input (within 24 hours)	BN S1/CO HR	
28	AWCTS input (HR Specialist or CTP Analyst)(within 24 hours)	BN S1/CO HR	
#	Primary Care Manager: Insert full name, location; phone #	Section	Remarks /Signature / Date
29	Initial intake assessment within 24 hours	MTF-Provider	
30	Full intake with in 5 Days	PCM	
31	Updated profile	PCM	
32	PHA status GO / NOGO	PCM	
33	Evaluate eligiblty for SCAADL	PCM	
34	Initial medication reconciliation	PCM	
#	Nurse Case Manager: Insert full name, location, phone #	Section	Remarks /Signature / Date
35	Initial intake assessment within 24 hours	NCM	
36	Complete and submit AWCTS risk assessment within 24	NCM	
37	Full intake within 5 Days	NCM	
38	Initial referrals/appointments made	NCM	
39	AW2 referral (is applicable)	NCM	
40	Initial medication review	NCM	
41	Recommend Warrior on CBWTU transfer eligibility (if applicable)	NCM	
42	PDHA (if applicable); scheduled follow-up _____	NCM	
43	PDHRA (if applicable); scheduled follow-up _____	NCM	
#	Social Worker: Insert full name, location; phone #	Section	Remarks /Signature / Date
44	Initial screen within 24 hours	SW	
45	Complete and submit AWCTS risk assessment within 24	SW	
#	SL/PSG: Insert full name, location; phone #	Section	Remarks /Signature / Date
46	Initial risk assessment (in AWCTS) within 24 hours	SL/PSG	
47	Review Warrior Handbook w/contact info	SL/PSG	
48	Initial counseling (DA Form 4187)	SL/PSG	
49	Counsel on CCU eligibility/ineligibility	SL/PSG	

46	Initial risk assessment (in AWCTS) within 24 hours	SL/PSG	
47	Review Warrior Handbook w/contact info	SL/PSG	
48	Initial counseling (DA Form 4187)	SL/PSG	
49	Counsel on CCU eligibility/ineligibility	SL/PSG	
	Privately Owned Weapons Y / N Status of POWs:		
49	_____	SL/PSG	
20	Housing/lodging issues identified: Y / N	SL/PSG	
	Power Of Attorney for housing/lodging issues:		
51	_____	SL/PSG	
52	Update barracks/housing roster (strip maps)	SL/PSG	
53	Family needs identified: Y / N (within 24 hours)	SL/PSG	
	Transportation needs identified and arranged: Y / N within		
54	24 hours	SL/PSG	
	Initiate self-assessment after completion of the Reception		
55	Checklist	SL/PSG	
#	Commander: Insert full name, location; phone #	Section	Remarks /Signature / Date
56	Initial risk assessment with in 24 hours	CDR	
57	Submit risk mitigation plan in AWCTS with in 24 hours	CDR	
58	Issue No Alcohol Order (if required)	CDR	
59	Welcome orientation/expectation brief	CDR	
#	1SG: Insert full name, location; phone #	Section	Remarks /Signature / Date
60	Warrior is housed w/Battle Buddy (if required)	1SG	
61	Assigned Battle Buddy's Name: _____	1SG	
#	BN S4/CO SUPPLY: Insert location and phone #	Section	Remarks /Signature / Date
62	Room key programming (barracks only)	BN S4/SUPPLY	
63	Validate accommodations meet Warriors requirements	BN S4/SUPPLY	
64	Issue government laptop	BN S4/SUPPLY	
65	Issue linen (if required)	BN S4/SUPPLY	
66	Issue unit crests, patches, reflector belt/vest	BN S4/SUPPLY	
67	Complete hand receipts	BN S4/SUPPLY	
68	Explain process of placing a facility maintenance request	BN S4/SUPPLY	
#	BN/CO FINANCE IN-PROCESSING: Insert location, phone #	Section	Remarks /Signature / Date
	Defense Travel System update, Government travel card		
69	(tracker)	BN/CO Finance	
70	Finance LES review	BN/CO Finance	
71	Update WIA data base	BN/CO Finance	
72	File 1351-2	BN/CO Finance	
73	Travel Voucher	BN/CO Finance	
74	Pay issue(s) for follow-up: Y / N	BN/CO Finance	
#	PAD: Insert location and phone #	Section	Remarks /Signature / Date
75	Update CHCS/MODS/DTMS	PAD	
76	Copy of profile	PAD	
77	TMDS/JPTA Update	PAD	
78	Copy of LOD: Y / N (if No, initiate LOD if necessary)	PAD	
#	DEERS: Insert location and phone #	DEERS	Remarks /Signature / Date
	Update/enroll dependents in DEERS (bring 2 forms of ID		
79	and any required documents	DEERS	
#	TRICARE Service Center (TSC): Insert location and phone #	TRICARE	Remarks /Signature / Date
80	Meet and Greet	TRICARE	
	SPECIAL INSTRUCTIONS: Return to S1/HR upon completion		
	for verification and filing in BNS1/HR Personnel File		

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART II						
DAY 6-29; Return to HHC upon completion for verification/filing and scrimmage scheduling						
RNK and Full Name:		Last 4:		Squad Leader:		
Projected Company:		Escort identified (if needed)		Escort Name:		
#	Sr. WTU Commander: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
1	Meet and greet	CMD				
#	SR. WTU NCO: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
2	Meet and greet	1SG/CSM				
#	Chaplain: Insert full name, location, phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
3	Meet and greet	Chaplain				
#	Ombudsman: Insert full name, location, phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
4	Meet and greet	Ombudsman				
#	Social Worker: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
5	Behavioral Health Initial Assessment with in 5-10 days	SW				
6	Family needs assessment (in conjunction w/SFAC)	SW				
#	SFAC Insert location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
7	Tour SFAC	SFAC				
8	SFAC Director	SFAC				
9	SFAC information and referral	SFAC				
10	Provided a copy of the SFAC, Soldier and Family Hero Handbook	SFAC				
11	SFAC social work services coordinator	SFAC				
12	SFAC financial counselor	SFAC/ACS				
13	SFAC ASAP (if applicable)	SFAC/ACS				
14	SFAC education counselor	SFAC/ACS				
15	ACAP/GPS familiarization	SFAC/ACS				
16	CYS Liaison	SFAC/ACS				
17	Outreach	SFAC/ACS				
18	Military Human Resources Coordinator	SFAC/ACS				
21	Veteran's Health Administration (VHA)	SFAC/ACS				
22	Veteran's Benefits Representative (VBA)	SFAC/ACS				
23	VA familiarization (can be part of the Welcome Orientation)	SFAC				
24	Reintegration Briefing (can be part of the Welcome Orientation)	SFAC				
25	Department of Labor Representative (if applicable)	SFAC/ACS				
#	SL/PSG: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
26	CIF record tracker (if applicable)	SL/PSG				
27	SOC or FLIPL needed from previous unit: Y / N	SL/PSG				
28	POV/POM matrix/safety inspection/insurance validation	SL/PSG				
29	Collect APFT card	SL/PSG				
30	Conduct height/weight and tape	SL/PSG				
31	Family Care Plan (FCP) Update	SL/PSG				
32	In-process Voting Assistance Officer (VAO)	SL/PSG				
33	Current legal issues: Y / N	SL/PSG				
34	Follow-up w/legal assistance; date: _____	SL/PSG				
35	Marital/relationship issues: Y / N	SL/PSG				
36	Follow-up w/SW or FAP; date: _____	SL/PSG				
37	Obtain local friend's contact information	SL/PSG				
38	Read command policies	SL/PSG				
#	Leagal Services	Section	WT	Mil	Civ	Remarks /Signature / Date
39	Attend mandatory Soldiers' MEB Counsel Briefing	SMEBC				
40	Follow-up with Soldiers' MEB	SMEBC				

#	BN S4/CO SUPPLY: Insert location and phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
41	Complete DA 3078 (Initial inventory; if required)	BN S4/SUPPLY				
42	CIF layout (complete DA 3645-1R; if required)	BN S4/SUPPLY				
43	Turn-in CIF records (if required)	BN S4/SUPPLY				
#	OT: Insert location and phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
44	Initial screening within 14 days	OT				
45	Support Soldier's self-assessment within 7 days	OT				
46	Introduction to OT classes within 14 days	OT				
47	Goal Setting Class within 21 days	OT				
#	PT: Insert location and phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
48	Initial screening within 21 days	PT				
49	eProfile (positive profile format) reviewed, modified, or initiated within 21 days	PT				
50	Initial development of IARP and input provided to Soldier's CTP goal setting process prior to initial Scrimmage	PT				
51	Coordination of neuromusculoskeletal care (as appropriate)	PT				
#	AW2 Advocate: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
52	Assess program eligibility	AW2				
53	Special needs Identified and addressed	AW2				
#	Family Readiness Support Assistant: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
54	Family data sheet	FRSA				
#	TRAINING SPECIALIST: Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
55	Turn-in training records	Co Training				
56	Update DTMS	Co Training				
57	FMR Screening (PHA/MEDPROS check)	Co Training				
#	Dental: Insert location and phone # (bring records if available)	Dental Clinic	WT	Mil	Civ	Remarks /Signature / Date
58	Initial Orientation					
#	Optometry: Insert location and phone #	Optometry Clinic	WT	Mil	Civ	Remarks /Signature / Date
59	Initial Orientation					
#	Career Counselor: Insert full name, location; phone #	Career Counselor	WT	Mil	Civ	Remarks /Signature / Date
60	Meet and greet					
#	RC/NG LIAISON (RC/NG ONLY): Insert full name, location; phone #	Section	WT	Mil	Civ	Remarks /Signature / Date
61	OMPF records brief	RC/NG LNO				
62	TCS/MOB orders	RC/NG LNO				
#	MISCELLANEOUS CADRE IN-PROCESSING TASKS (if applicable)	Section	WT	Mil	Civ	Remarks /Signature / Date
63	Personnel Security	BN S2				
64	Voicemail/email signature block	BN S6				
65	User registration (MEDDAC 1629)	BN S6				
66	User statement (MEDDAC 472)	BN S6				
	SCRIMMAGE DATE: _____					
	SPECIAL INSTRUCTIONS: Return to HHC upon completion for verification of completeness, scheduling of CTP					Signature and Date of HHC Verifying Official

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-2

Orientation Brief

WARRIOR CARE AND TRANSITION PROGRAM

WTU Orientation Brief
By HHC Commander/1SG
For New WTU Soldiers and their Families
CURRENT DATE

"The views, opinions and findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision, unless so designated by other official documentation."



FOUO/Pre-Decisional

AGENDA

2

- Mission Statement
- What is the Comprehensive Transition Plan (CTP)
- Soldier Expectations
- Action Plan Review and Reintegration
- Additional Resources



WARRIOR CARE AND TRANSITION PROGRAM

3

OUR MISSION



As the Army's proponent for Warrior Care and Transition; provide centralized oversight, guidance, and advocacy empowering **wounded, ill, and injured Soldiers, Veterans, and Families** through a comprehensive transition plan for successful reintegration back into the force or into the community with dignity, respect and self-determination.



WTU Mission Statement

Provide mission command, primary care and case management for recovering Soldiers as the Army's premier capability to set the conditions for healing and promote the timely return to the force or transition to civilian life.

WTU Soldier Mission

My recovery is my fight. I will win my fight to recover as I heal and transition back to the fighting force or successfully into the community with dignity, respect and self-determination.

".. turning an injury or illness limiting event into unlimited potential."

Example Only: Insert your WTU Mission above



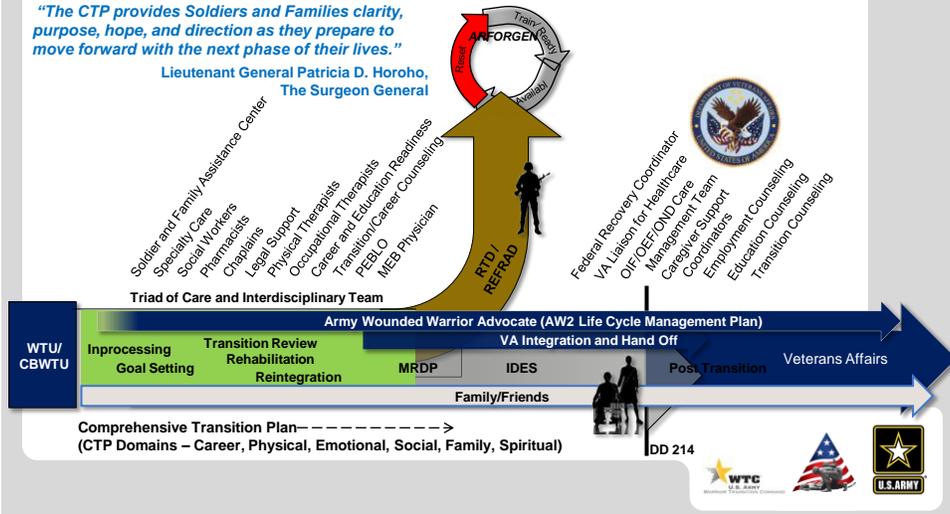
4

CONTINUUM OF CARE (COMPREHENSIVE TRANSITION PLAN)

"These leaders and health care professionals are charged with ensuring Soldier's needs are met, their care is coordinated, and their Families concerns addressed." DAIG Final Report

"The CTP provides Soldiers and Families clarity, purpose, hope, and direction as they prepare to move forward with the next phase of their lives."

Lieutenant General Patricia D. Horoho,
The Surgeon General



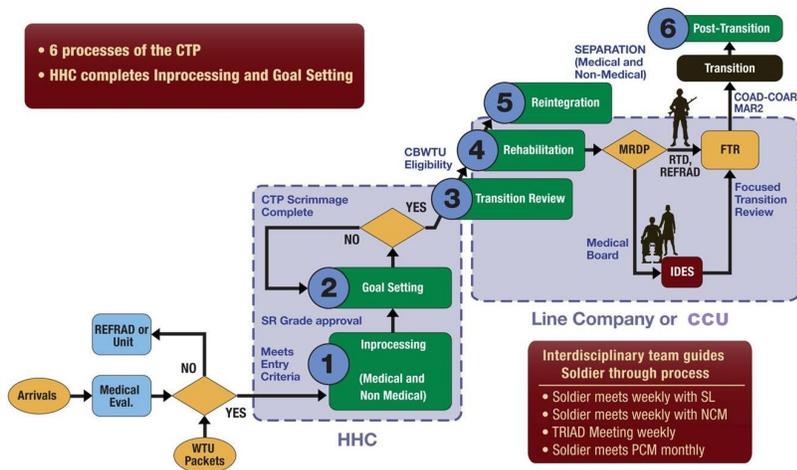
CONTINUUM OF CARE (COMPREHENSIVE TRANSITION PLAN)

- The CTP is a holistic process to accomplishing your transition plan while in the WTU that addresses six main dimensions: career, physical, emotional, social, Family and spiritual.
- It is your primary focus and will help lead to a successful transition for you and your Family.
- The CTP is process to enable each Soldier to complete a successful transition to their desired goal.
- Elements of CTP have been automated to allow each Soldier and ability provide the inter-disciplinary team with information regarding self assessment, goals and sub-goals.



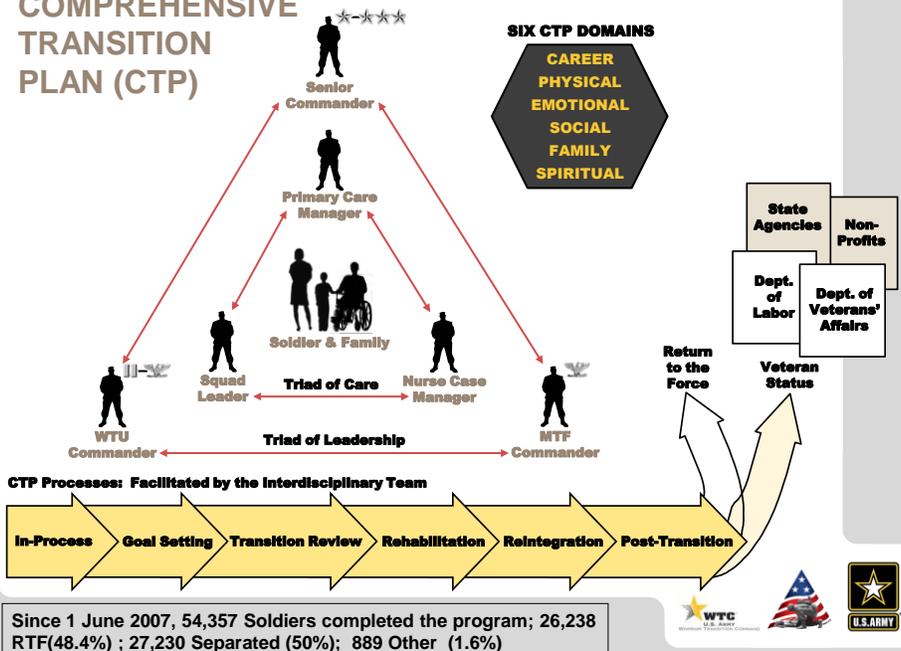
CTP PROCESS FLOWCHART

- 6 processes of the CTP
- HHC completes Inprocessing and Goal Setting



COMPREHENSIVE TRANSITION PLAN (CTP)

8



Since 1 June 2007, 54,357 Soldiers completed the program; 26,238 RTF(48.4%) ; 27,230 Separated (50%); 889 Other (1.6%)

INTERDISCIPLINARY TEAM AND TRIAD OF CARE

- The Soldier and his Family develop his CTP with the support and guidance of the interdisciplinary team. The WTU/CBWTU uses an interdisciplinary team model to tailor care and focus effort toward a Soldier's recovery, rehabilitation, and reintegration. The Soldier's needs will drive the makeup of the interdisciplinary team. The interdisciplinary team is made up of clinical providers and non-clinical leaders/supporters that play a positive and active role in the Soldier's transition plan.
- The Soldier is the cornerstone of his/her recovery and transition plan and is ultimately responsible for the success of their transition plan.



COMPREHENSIVE SOLDIER FITNESS (CSF) AND COMPREHENSIVE TRANSITION PLAN (CTP)

WTC harnesses the five *dimensions of strength* from the Army's Comprehensive Soldier Fitness (CSF) and adds the Career Domain to make six Comprehensive Transition Plan Domains.

The six CTP Domains provides Soldiers the framework for their successful transition (world class medical care, non clinical oversight, empowered goal setting and continued self assessment).

Career
Physical
Emotional
Family
Social
Spiritual



As the owner of the CTP, the Soldier is empowered to take charge of his own transition and is accountable for developing and achieving his goals!



CTP DOMAIN DEFINITIONS (1 OF 2)

- (1) **Career.** A profession for which one trains and which is undertaken as a permanent calling.
- (2) **Physical.** Performing and excelling in physical activities that require aerobic fitness, endurance, strength, healthy body composition and flexibility derived through exercise, nutrition and training. The physical dimension also encompasses the Office of the Surgeon General (OTSG) Performance Triad initiative of sleep, activity, and nutrition to improve personal and unit performance, resilience and readiness.
- (3) **Emotional.** Approaching life's challenges in a positive, optimistic way by demonstrating self control, stamina and good character with your choices and actions.



CTP DOMAIN DEFINITIONS (2 OF 2)

- (4) **Social.** Developing and maintaining trusted, valued relationships and friendships that are personally fulfilling and foster good communication including a comfortable
- (5) **Family.** Being part of a family unit that is safe, supportive and loving, and provides the resources needed for all members to live in a healthy and secure environment.
- (6) **Spiritual.** One's purpose, core values, beliefs, identity, and life vision. These elements, which define the essence of a person, enable one to build inner strength, make meaning of experiences, behave ethically, persevere through challenges, and be resilient when faced with adversity. An individual's spirituality draws upon personal, philosophical, psychological, and/or religious teachings, and forms the basis of their character.



CTP IN-PROCESSING CHECKLISTS

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART I		
DAY 1-5: Return to WTC upon completion for verification and filing		
Item	Due	Responsible Party
1. Basic needs assessment	06/15/2024	Responsible Party
2. Risk assessment and mitigation	06/15/2024	Responsible Party
3. Administrative processes	06/15/2024	Responsible Party
4. Medical assessment	06/15/2024	Responsible Party
5. Orientation	06/15/2024	Responsible Party
6. Meet Triad of Care	06/15/2024	Responsible Party
7. Self Assessment	06/15/2024	Responsible Party
8. Medication Reconciliation	06/15/2024	Responsible Party

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART II		
DAY 6-29: Return to WTC upon completion for verification and filing		
Item	Due	Responsible Party
1. Medical specialty evaluations	06/29/2024	Responsible Party
2. Goal Setting training	06/29/2024	Responsible Party
3. Track identification	06/29/2024	Responsible Party
4. Supporting staff	06/29/2024	Responsible Party
5. CBWTU/Remote care eligibility determination	06/29/2024	Responsible Party
6. SFAC	06/29/2024	Responsible Party

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART I		
DAY 1-5: Return to WTC upon completion for verification and filing		
Item	Due	Responsible Party
1. Basic needs assessment	06/15/2024	Responsible Party
2. Risk assessment and mitigation	06/15/2024	Responsible Party
3. Administrative processes	06/15/2024	Responsible Party
4. Medical assessment	06/15/2024	Responsible Party
5. Orientation	06/15/2024	Responsible Party
6. Meet Triad of Care	06/15/2024	Responsible Party
7. Self Assessment	06/15/2024	Responsible Party
8. Medication Reconciliation	06/15/2024	Responsible Party

WTC DRAFT RECOMMENDED INPROCESSING CHECKLIST PART II		
DAY 6-29: Return to WTC upon completion for verification and filing		
Item	Due	Responsible Party
1. Medical specialty evaluations	06/29/2024	Responsible Party
2. Goal Setting training	06/29/2024	Responsible Party
3. Track identification	06/29/2024	Responsible Party
4. Supporting staff	06/29/2024	Responsible Party
5. CBWTU/Remote care eligibility determination	06/29/2024	Responsible Party
6. SFAC	06/29/2024	Responsible Party

Day 1-5 Inprocessing Checklist PART I

Day 6-29 Inprocessing Checklist PART II

The purpose of the Inprocessing Checklists are to ensure there is a plan in place to resolve the basic needs each Soldiers and their Family



SOLIDER EXPECTATIONS (1 OF 2)

- Day 1-5 Intake
 - Basic needs assessment
 - Risk assessment and mitigation
 - Administrative processes
 - Medical assessment
 - Orientation
 - Meet Triad of Care
 - Self Assessment
 - Medication Reconciliation
- Day 6-29 In-processing
 - Medical specialty evaluations
 - Goal Setting training
 - Track identification
 - Supporting staff
 - CBWTU/Remote care eligibility determination
 - SFAC

WTC DRAFT RECOMMENDED RECEPTION INTAKE CHECKLIST PART I		
DAY 1-5: Return to WTC upon completion for verification and filing		
Item	Due	Responsible Party
1. Basic needs assessment	06/15/2024	Responsible Party
2. Risk assessment and mitigation	06/15/2024	Responsible Party
3. Administrative processes	06/15/2024	Responsible Party
4. Medical assessment	06/15/2024	Responsible Party
5. Orientation	06/15/2024	Responsible Party
6. Meet Triad of Care	06/15/2024	Responsible Party
7. Self Assessment	06/15/2024	Responsible Party
8. Medication Reconciliation	06/15/2024	Responsible Party



SOLIDER EXPECTATIONS

(1 OF 2)

- Day 1-5 Intake
 - Basic needs assessment
 - Risk assessment and mitigation
 - Administrative processes
 - Medical assessment
 - Orientation
 - Meet Triad of Care
 - Self Assessment
 - Medication Reconciliation
- Day 6-29 In-processing
 - Medical specialty evaluations
 - Goal Setting training
 - Track identification
 - Supporting staff
 - CBWTU/Remote care eligibility determination
 - SFAC

WTC SLIDER RECOMMENDED RECEPTION INTAKE CHECKLIST PART 1		
WTC & WTC Partners for SLIDER when completing the verification and intake		
Item #	Item Description	Responsible Organization / Date
1	WTC SLIDER Intake	WTC
2	WTC SLIDER Intake	WTC
3	WTC SLIDER Intake	WTC
4	WTC SLIDER Intake	WTC
5	WTC SLIDER Intake	WTC
6	WTC SLIDER Intake	WTC
7	WTC SLIDER Intake	WTC
8	WTC SLIDER Intake	WTC
9	WTC SLIDER Intake	WTC
10	WTC SLIDER Intake	WTC
11	WTC SLIDER Intake	WTC
12	WTC SLIDER Intake	WTC
13	WTC SLIDER Intake	WTC
14	WTC SLIDER Intake	WTC
15	WTC SLIDER Intake	WTC
16	WTC SLIDER Intake	WTC
17	WTC SLIDER Intake	WTC
18	WTC SLIDER Intake	WTC
19	WTC SLIDER Intake	WTC
20	WTC SLIDER Intake	WTC
21	WTC SLIDER Intake	WTC
22	WTC SLIDER Intake	WTC
23	WTC SLIDER Intake	WTC
24	WTC SLIDER Intake	WTC
25	WTC SLIDER Intake	WTC
26	WTC SLIDER Intake	WTC
27	WTC SLIDER Intake	WTC
28	WTC SLIDER Intake	WTC
29	WTC SLIDER Intake	WTC
30	WTC SLIDER Intake	WTC
31	WTC SLIDER Intake	WTC
32	WTC SLIDER Intake	WTC
33	WTC SLIDER Intake	WTC
34	WTC SLIDER Intake	WTC
35	WTC SLIDER Intake	WTC
36	WTC SLIDER Intake	WTC
37	WTC SLIDER Intake	WTC
38	WTC SLIDER Intake	WTC
39	WTC SLIDER Intake	WTC
40	WTC SLIDER Intake	WTC
41	WTC SLIDER Intake	WTC
42	WTC SLIDER Intake	WTC
43	WTC SLIDER Intake	WTC
44	WTC SLIDER Intake	WTC
45	WTC SLIDER Intake	WTC
46	WTC SLIDER Intake	WTC
47	WTC SLIDER Intake	WTC
48	WTC SLIDER Intake	WTC
49	WTC SLIDER Intake	WTC
50	WTC SLIDER Intake	WTC
51	WTC SLIDER Intake	WTC
52	WTC SLIDER Intake	WTC
53	WTC SLIDER Intake	WTC
54	WTC SLIDER Intake	WTC
55	WTC SLIDER Intake	WTC
56	WTC SLIDER Intake	WTC
57	WTC SLIDER Intake	WTC
58	WTC SLIDER Intake	WTC
59	WTC SLIDER Intake	WTC
60	WTC SLIDER Intake	WTC
61	WTC SLIDER Intake	WTC
62	WTC SLIDER Intake	WTC
63	WTC SLIDER Intake	WTC
64	WTC SLIDER Intake	WTC
65	WTC SLIDER Intake	WTC
66	WTC SLIDER Intake	WTC
67	WTC SLIDER Intake	WTC
68	WTC SLIDER Intake	WTC
69	WTC SLIDER Intake	WTC
70	WTC SLIDER Intake	WTC
71	WTC SLIDER Intake	WTC
72	WTC SLIDER Intake	WTC
73	WTC SLIDER Intake	WTC
74	WTC SLIDER Intake	WTC
75	WTC SLIDER Intake	WTC
76	WTC SLIDER Intake	WTC
77	WTC SLIDER Intake	WTC
78	WTC SLIDER Intake	WTC
79	WTC SLIDER Intake	WTC
80	WTC SLIDER Intake	WTC
81	WTC SLIDER Intake	WTC
82	WTC SLIDER Intake	WTC
83	WTC SLIDER Intake	WTC
84	WTC SLIDER Intake	WTC
85	WTC SLIDER Intake	WTC
86	WTC SLIDER Intake	WTC
87	WTC SLIDER Intake	WTC
88	WTC SLIDER Intake	WTC
89	WTC SLIDER Intake	WTC
90	WTC SLIDER Intake	WTC
91	WTC SLIDER Intake	WTC
92	WTC SLIDER Intake	WTC
93	WTC SLIDER Intake	WTC
94	WTC SLIDER Intake	WTC
95	WTC SLIDER Intake	WTC
96	WTC SLIDER Intake	WTC
97	WTC SLIDER Intake	WTC
98	WTC SLIDER Intake	WTC
99	WTC SLIDER Intake	WTC
100	WTC SLIDER Intake	WTC



SOLIDER EXPECTATIONS

(2 OF 2)

- Be honest and upfront. Don't suffer in silence. Play an active role in your care.
- Counseling and Assessment:
 - Initial counseling from new SL and Nurse Case Manager will take place.
 - Monthly counseling surrounding but not limited to risk level, mitigation plan, performance, promotion eligibility/ineligibility, AWCP status, and eligibility or ineligibility for CBWTU transfer.
 - Front of the line medical appointments (access to care standards).
- Career, Education and Training expectations:
 - It is important to stay active and focused on your future goals.
 - Once medically cleared, you will be placed in a command approved career, education, internship or military training agreement which aligns with your career transitional goals to Remain in the Army or Transition from the Army.
- Goals will be revisited, progress toward completion will be updated and others will be revised during your time here.
- Transition begins as soon as you start in-processing into the unit. The formal portion of reintegration (checklist) will begin once the WTU determines if you meet medical retention standards. Maximizing your time and utilizing all available resources will be key to your successful pre-transition.



CTP POLICY COMPLIANCE AND SETTING THE SOLDIER UP FOR SUCCESS

First 30 Days



The initial scrimmage (30 days) validates the recovery plan and sets the stage for assignment to a WTU line company or movement to a CCU.

Within 24 hours:

- LCSW completes Social Work Risk Assessment-Questionnaire and BH needs assessment and enters into AWCTS, PBH-Term, and AHLTA
- Squad Leader (SL)...initial counseling and basic needs assessment
- Nurse Case Manager (NCM) ...initial counseling and clinical assessment (in AHLTA)
- Commander's initial Risk Assessment/Mitigation completed (in AWCTS)
- Soldiers will be seen by a Provider for initial assessment/screening and medication reconciliation (in AHLTA)
- Company HR (or company designee) loads Soldiers admin data into AWCTS and MODS

Within 5 days:

- PCM will complete Comprehensive Clinical Assessment (eProfile, CHCS Referrals, Med Recon) scheduled no less than 60 minutes.
- LCSW with Soldier completes comprehensive BH and psychosocial assessment (BHI-PHA/MEDCOM Form 811)

Within 7 days:

- Soldier completes self assessment in AWCTS
- SL and NCM complete with Soldier self-assessment validations in AWCTS (continued weekly)
- LCSW enters comprehensive BH and psychosocial assessment and BH management plan into AHLTA
- Commander's updated Risk Mitigation Completion (written hardcopy and in AWCTS) / Orientation Brief Complete

Within 14 days:

- OT assessment completed and Certified Occupational Therapist Assistant-COTA appointment scheduled
- Soldier completed in-processing (Part I) and SL ensures Soldier inprocesses SFAC
- LCSW ensures all risk assessment/mitigation, comprehensive BH assessment and management plan are loaded into PBH-TERM and AHLTA

Within 21 days:

- Complete Goal Setting Phase I - OT led
- PT assesses for reconditioning program, positive physical profile and contributes to Soldier goals

Within 30 day:

- Inprocessing Checklist (Part II) and scheduled appointment with Career Counselor
- Initial Scrimmage complete



INITIAL SELF ASSESSMENT (USING AWCTS)

WTU / CBWTU Soldiers complete a weekly self assessment during the first 30 days while in processing into the unit. Self assessments are validated by the Squad Leader and Nurse Case Manager.

AWCTS Self Assessment (Identifies Soldier Issues Early)

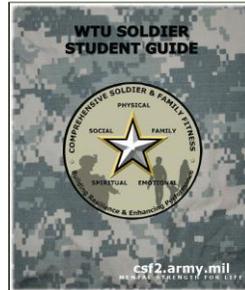
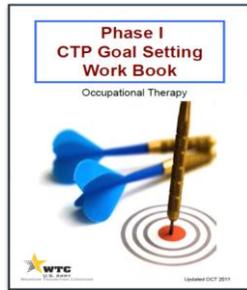
Work Plan	Behavioral Health
Education	Well Being
Employment	Social
Activities of Daily Life	Family
Health Care	Financial
Medication	Housing
Pain	Administrative
Weight Control	Support
Physical Fitness	Transportation



Successful Transition depends on the Soldier's (and Family's) participation and candor with the very personal issues the inter-disciplinary teams can help work to resolve



GOAL SETTING (PHASE I AND PHASE II)



Note: Goal Setting is an OT lead CHCS scheduled appointment. The CTP Scrimmage highlights the results of Goal Setting and provides the “one page word picture” of how we plan to achieve our Transition Outcome/Goal.



TRANSITION REVIEW (SELF ASSESSMENT, SCRIMMAGE, FTR)

Transition Review Process: The Transition Review process is made up of the Self-Assessment, Scrimmage and Focused Transition Review. Both the scrimmage and the Focus Transition Review are formal meetings (in an informal setting) with the Soldier and Family's interdisciplinary team.

- Facilitated by the CSW
- Six domains of strength (career, physical, emotional, social, Family and spiritual) to highlight a future oriented action plan.
- Develop SMART goals and measures of success
- Attendees the Soldier and his/her Family, Intake SL, and Nurse Case Manager and assigned line company SL and Nurse Case Manager.
- Other attendees may be included at the discretion of the Commander.
- Completion of the initial Scrimmage serves as the formal hand-off to the line company.
- Follow on Scrimmages will refine and update the Soldier's goals.



SCRIMMAGE EXECUTION

Squad Leader-

1. Captures discussion on scrimmage worksheet (inputs data into AWCTS)
2. Participates with all domain discussion and acts as the commander's representative.
3. Plays an active role with work plan (career) development
4. Follow-up daily & with monthly counseling (resource goals)
5. Holds Soldier accountable

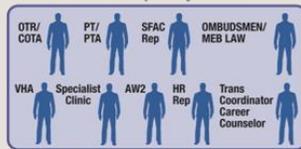


LCSW / BLSW Facilitator-

1. Facilitates discussion – scribes on board (SMART goals)
2. BH expert during all discussion (emotional domain)
3. Give referrals as needed- provide f/u with SM
4. Follow-up with Soldier's primary providers

WTU Soldier-

1. Brings goal setting results
2. Actively participates – owns his/her future plan
3. Brings family members
4. Sets SMART goals and tasks that achieve the desired future
5. Follow-up with SL daily, NCM weekly and discuss changes monthly with PCM and SL during counseling.



* list is not all-inclusive

Nurse Case Manager-

1. Medical expert (physical domain)
2. Provide PCM input
3. Help create SMART medical goals
4. Provide guidance with other domains
5. Follow-up with Soldier's weekly and review scrimmage results.

SCRIMMAGE WORKSHEET

Soldier's NAME (LAST, FIRST MI): _____ This is the Soldier's Plan to ensure future success!

Date CTP Conducted: _____ / Transition Outcome Goal: _____

Track Preference: _____

Write the over-arching Transition Goal from Goal Setting

Six CTP Domains (Challenges)	Action Statements that support the Sub Goals			Sub Goals
	Month: _____	Month: _____	Month: _____	
Career:				
Physical:				
Emotional:				
Social:				
Family:				
Spiritual:				

Don't forget to make the scrimmage a "contract" with the Soldier/Family

List all issues and challenges that apply

List all action statements that help us achieve our sub goals and Transition Outcome Goal

List your Sub Goals per domain (list or paragraph)

Load the goal setting results in AWCTS to pre-populate the scrimmage worksheet print out

Schedule the next scrimmage (you can always refine later)

Soldier's Signature: _____ Date: _____

Special Leader (Name and Signature): _____ Date: _____

Special Leader (Name and Signature): _____ Date: _____

Special Leader (Name and Signature): _____ Date: _____

Next CTP Scrimmage Date: _____

Print Transition Date (PTD): _____

Additional Notes: _____



TABLE FOR REQ/REC ACAP AND CER ACTIVITIES

Required Activities for Soldiers on all career paths, including Employment, Education, Technical Training, Entrepreneurship, and Remain in the Army	Recommended Activities for Soldiers on the Education Career Path	Recommended Activities for Soldiers on the Remain in the Army Career Path
<p>Required Activities for Soldiers on all career paths, including Employment, Education, Technical Training, Entrepreneurship, and Remain in the Army</p> <ul style="list-style-type: none"> Attend ACAP Pre-separation Counseling Complete DD Form 2448 (A or X) Form 2448-1 (RUC) (keep a copy on file) Register for VA benefits at www.va.gov Develop a 12-month budget based on current and post-transition expenses Evaluate opportunities for continuing military service as a reservist (separate only) Obtain military skill set for corresponding civilian skills (MOS) criterion Identify Document eligibility & requirements for licenses, certification, apprenticeships Complete the TTR Document meeting CRS for the chosen career path Select and comply with CRS for one of the career paths Visit the Education Center to assess job skills and interests Attend VA benefits brief (I and II) Complete a measure of choice (keep a copy on file) Attend the DOL/ER workshops Prepare an educational transition timeline Determine Soldier's eligibility for participation in one or more CER activities Participate in a CER activity: internship, apprenticeship, education/training or RIAWA Identify Soldier's CER work site Enter Soldier's CER work site complying with WTC Work Site Policy Memo 13-001 <p>Recommended Activities for Soldiers on all career paths, including Employment, Education, Technical Training, Entrepreneurship, and Remain in the Army</p> <ul style="list-style-type: none"> Evaluate future personal and family housing/transportation requirements Consider possibility of transferring Post-SIT GI Bill benefits to dependents Create and/or update personal legal documents Identify document chronic medical/dental problems and seek treatment (DSM/Family) Schedule initial counseling sessions with the ACAP Transition Counselor Apply for VA benefits based on individual facts and circumstances Research options for survivor benefit plan (SBLP) (discuss options with spouse) Research and compare VGLI to other insurance Renew GI 14 enrollment Visit Relocation Assistance Program office Schedule a visit to the area where you plan to live Contact the Workforce Development Office Decide on a certified marketplace program Refer to VA VRRE employment counselor for vocational assessment (separate only) Complete NLT MRPD or home application (separate and COMPO 1/2/3 only) <p>Required Activities for Soldiers on the Employment Career Path</p> <ul style="list-style-type: none"> Complete the employment readiness assessment before and after attending DOL/ER Prepare and submit a Job Application Packet to at least two potential employers Register with local DOL Career One-Stop Center; Contact the DVOP and LIVER at destination Obtain the local "good cause" certificate <p>Recommended Activities for Soldiers on the Employment Career Path</p> <ul style="list-style-type: none"> Research potential locations regarding post-separation/transition opportunities Establish a personal network of professional peers and mentors 	<p>Required Activities for Soldiers on the Education Career Path</p> <ul style="list-style-type: none"> Join one or more professional organizations Start assembling a wardrobe for the next job Review post-military service employment counseling Make multiple copies of service and medical records Learn how to job search process, target posting resumes and applying for jobs Conduct informational interviews Send resume and legal interviewing for jobs Attend laborer resume workshop Attend corporate resume workshop Attend interview skills workshop Attend job-search for Contact Veterans' apps for home destination <p>Recommended Activities for Soldiers on the Education Career Path</p> <ul style="list-style-type: none"> Complete an education needs assessment Identify, compare, and select academic institutions based on specific selection criteria Prepare and submit an education application to an academic institution Schedule one-on-one sessions with the academic counselor from the preferred institution Connect with the Student Veteran Organization at the preferred institution Meet with ACEES Coordinator Identify degree plan or training program with ACEES Obtain of Bill, scholarships and grants with ACEES <p>Recommended Activities for Soldiers on the Education Career Path</p> <ul style="list-style-type: none"> Sign up for college entrance exams, training opportunities, honor programs, college courses, or certification exams Apply for honor stipends with ACEES Take basic skills training (TABE) Enroll in Basic Skills Enhancement Program (BSEP) Enroll in correspondence courses (keep a copy on file) Enroll in college courses (keep a copy on file) <p>Required Activities for Soldiers on the Technical Training Career Path</p> <ul style="list-style-type: none"> Complete an education needs assessment Identify, compare, and select the institution based on specific selection criteria Prepare and submit an education application to an academic institution Schedule one-on-one sessions with the academic counselor from the preferred institution Connect with the Student Veteran Organization at the preferred institution <p>Recommended Activities for Soldiers on the Technical Training Career Path</p> <ul style="list-style-type: none"> Attend the Entrepreneurship Workshop Travel to a business plan Determine the legal requirements of the business <p>Recommended Activities for Soldiers on the Entrepreneurship Career Path</p> <ul style="list-style-type: none"> Attend a counseling session with an SBA advisor Complete application to SBA Identify anticipated financial requirements and sources of capital for the business <p>Required Activities for Soldiers on the Remain in the Army Career Path</p> <ul style="list-style-type: none"> Meet with TRMCA NCA, GC, SA, to develop RIA activities Attend training required for new MOS Participate in Army Veteran Training Participate in Army Veteran MOS level 1-4 skill sets Choose a CER activity in which to participate: apprenticeship, internship or education 	<p>Recommended Activities for Soldiers on the Remain in the Army Career Path</p> <ul style="list-style-type: none"> Review OT Scope (A)/VA Complete mandatory Army training Pass APF and regulatory standards Complete DD Form 2448-1 (RUC) (keep a copy on file) Identify opportunities for continuing military service as a reservist (separate only) Obtain military skill set for corresponding civilian skills (MOS) criterion Identify Document eligibility & requirements for licenses, certification, apprenticeships Complete the TTR Document meeting CRS for the chosen career path Select and comply with CRS for one of the career paths Visit the Education Center to assess job skills and interests Attend VA benefits brief (I and II) Complete a measure of choice (keep a copy on file) Attend the DOL/ER workshops Prepare an educational transition timeline Determine Soldier's eligibility for participation in one or more CER activities Participate in a CER activity: internship, apprenticeship, education/training or RIAWA Identify Soldier's CER work site Enter Soldier's CER work site complying with WTC Work Site Policy Memo 13-001

Table of Required and Recommended ACAP and CER Activities

Note: Directs each Soldier to the appropriate CER activities based upon their career track and goal(s).

TRANSITION READINESS CHECKLISTS

TRANSITION READINESS CHECKLIST FOR COMPO 1, REMAIN IN THE ARMY

Transition Readiness Items	Task Status (GASB)							Comments	Responsible for	Task Status (GASB)
	N	M	S	M	S	M	F			
1. For Camp 23 Soldiers who will Remain in the Army										
2. For all Soldiers who will Transition from the Army										

TRANSITION READINESS CHECKLIST FOR COMPO 2 AND 3, REMAIN IN THE ARMY

Transition Readiness Items	Task Status (GASB)							Comments	Responsible for	Task Status (GASB)
	N	M	S	M	S	M	F			
1. For Camp 23 Soldiers who will Remain in the Army										
2. For all Soldiers who will Transition from the Army										

TRANSITION READINESS CHECKLIST FOR COMPO 1,2,3 - TRANSITION FROM THE ARMY

Transition Readiness Items	Task Status (GASB)							Comments	Responsible for	Task Status (GASB)
	N	M	S	M	S	M	F			
1. For Camp 23 Soldiers who will Remain in the Army										
2. For all Soldiers who will Transition from the Army										

Instructions for Completing Transition Readiness Checklists

There are three Transition Readiness Checklists:

- For Camp 23 Soldiers who will Remain in the Army
- For Camp 23 Soldiers who will Remain in the Army
- For all Soldiers who will Transition from the Army

Completion of Transition Readiness Checklists should be initiated NLT MRPD or 180 days prior to anticipated discharge, whichever comes first. Code you receive without local items will be three checklists.

Task Status is indicated by filling the cell with green, amber, red, or black (GASB) for each item. The GASB rating is determined by the responsible individual(s).

GREEN task complete

AMBER task needed ongoing, and on-schedule for completion

RED task not initiated on time and/or progress is well behind schedule

BLACK task does not apply to the Soldier

(Remain in the Army, COMPO 1) – (Remain in the Army, COMPO 2,3) – (Transition from the Army)
 Note: Each Soldier starts filing a checklist out after MRPD with the future focused/proactive assessment

ADDITIONAL RESOURCES

- Warrior Handbook
- Soldier Family Assistance Center (SFAC)
- Personal Nurse Case Manager
- Primary Care Manager
- Social Workers
- Physical Therapy
- Occupational Therapy
- Army Wounded Warrior Program (AW2)
- COAD/COAR
- Ombudsman
- Chaplain
- Physical Evaluation Board Liaison Officers exclusively for Warriors
- MEB/PEB legal counsel exclusively for Warriors
- Supply, Finance and Patient Administration assets at company level
- Education opportunities
- Military/non-military training opportunities
- Operation Warfighter/VA Coming Home to Work Program
- Department of Labor
- Employment, Education and Internship
- Veteran's Affairs, Veteran's Health Administration
- Veteran's Benefits Administration Social Security
- Warrior Handbook
- Military (Army) One Source
- Army Emergency Relief (AER)
- Army Career Alumni Program (ACAP)
- Vet Corps
- American Legion
- Social Security
- Military (Army) One Source
- Army Emergency Relief (AER)
- Army Career Alumni Program (ACAP)
- Army Community Service (ACS)
- Child Youth Service (CYS)
- Army Family Advocacy Program (AFAP)
- Disabled Sport USA
- United States Olympic Committee (Paralympics)
- Veterans of Foreign War

Etc, Etc, Etc....the list of providers, support organizations and community support is almost endless...



- Add installation or foot print maps



- CDR/CSM/1SG comments on Warrior Code of Conduct

26



Questions?



WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-3

Counseling Statement

DEVELOPMENTAL COUNSELING FORM		
For use of this form, see FM 6-22; the proponent agency is TRADOC.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.	
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.	
ROUTINE USES:	The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.	
DISCLOSURE:	Disclosure is voluntary.	
PART I - ADMINISTRATIVE DATA		
Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	
PART II - BACKGROUND INFORMATION		
<p>Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)</p> <p>Event-Oriented (Reception and Integration)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Welcome to the Warrior Transition Unit (WTU/CCU) <input type="checkbox"/> Conduct Initial counseling <input type="checkbox"/> WTU policies and guidelines <input type="checkbox"/> Encourage open communication <input type="checkbox"/> Familiarize the Soldier on their Change of Command <p>NOTE: Ensure all data in Part I is complete and that the counselor and Soldier sign and date.</p>		
PART III - SUMMARY OF COUNSELING		
Complete this section during or immediately subsequent to counseling.		
<p>Key Points of Discussion:</p> <p>Welcome to the unit. As a Soldier in Transition your mission is to heal and transition, either back to duty or to become a successful Veteran. As a member of this unit, your duties and responsibilities are as follows:</p> <ol style="list-style-type: none"> 1. Accountability: All formations are mandatory. Accountability formations are at _____ and _____ Monday through Friday. Arrive at least 15 minutes early. If there is a reason you will be late or knowingly absent from a formation you must contact your Chain of Command, beginning with your SL. If he/she cannot be reached it is your responsibility to continue calling up your chain until you are able to speak with someone regarding your tardiness or absence. A voice mail is not acceptable. 2. Place(s) of Duty (POD): Formation, appointments, training, worksites, town halls, other mandatory events as deemed appropriate by command and events you volunteer/sign up for are defined as your POD. Non-communicated absence will not be tolerated. You must communicate with your chain of command if an issue arises surrounding your attendance to any of the above mentioned place(s) of duty. 3. Physical Training and Adaptive Physical Training/Sports: Five hours of PT a week is required and will be conducted with the unit IAW the limits of your medical profile. Your SL will provide you with the PT program and schedule. You must maintain your physical fitness and conditioning and adhere to the Army weight control standards IAW FM 3-22.20 and AR 600-9 respectively. 4. Illicit Drug Use/Alcohol Use/Medication Management: Use and/or possession of any illegal substance(s) and paraphernalia (to include but not limited to performance enhancers/designer drugs) will not be tolerated. Consumption of alcohol while possessing a No Alcohol Profile and/or Order, underage drinking, alcohol storage or consumption in the barracks will not be tolerated. Misuse of prescription medications, utilization and/or possession of another person's prescription medication, having another person hold your prescription medication will not be tolerated. I will disclose of all prescription medications and over-the-counter medications, dietary supplements and herbal products. 5. Once medically cleared, regardless of rank, I will be assigned a meaningful worksite within medical profile limits, commensurate with my grade and aligns supports and aligns with my comprehensive transition plan. The assigned worksite will not require me to conduct duties which will violate my profile; nor will I at any time violate my profile. 6. The Trial Defense Service can provide advice on military disciplinary issues. The Office of Soldiers'MEB Counsel will provide representation in Medical Evaluation Board proceedings and can assist with civilian legal matters. <p>PLACE LEGAL MAGIC BULLET STATEMENT HERE FROM JAG.</p>		
OTHER INSTRUCTIONS		
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.		

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

Items I will carry on me at all times: ___ I have received a copy of my chain of command contact cards.

___ I will ensure my profile is kept up to date and will carry it on me at all times.

___ I will reference and update my CTP on a regular basis. I understand this is a tool for my transition success.

I acknowledge I have been provided the following: ___ I have received a welcome packet for myself and my Family/Support System.

___ I have received/access to the SFAC Soldier and Family Hero Handbook.

___ My battle buddy is _____; phone number is _____. By definition a battle buddy is a partner of a Soldier that watches the other. If I have any issues or concerns with/or about my battle buddy I will address them immediately with my SL/PSG.

My Dueouts: ___ I will review company policies memos #? through #? located _____ prior to my monthly counseling which will acknowledge such.

___ I have received a copy of the Warrior/Soldier Handbook and will review it prior to my first monthly counseling which will acknowledge such.

I understand: ___ I will participate in counseling, worksite review, sensing sessions and CBWTU referral eligibility/ineligibility on a monthly basis.

___ I will work on establishing, adjusting and achieving my transition goals.

___ I will follow my medical plan for recovery and transition plan for successful preparation for my future.

___ I understand if I am of age and am authorized to consume alcohol, I will do so responsibly.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- o Provide an environment for growth, learning and rehabilitation.
- o Encourage open and honest communication between Soldiers and all Cadre. It is essential for Soldiers to communicate openly and honestly with their Nurse Case Manager, Social Worker, Primary Care Manager and their chain of command.
- o Monitor, assist and encourage Soldiers in setting and achieving their transition goals.
- o Ensure all Soldiers maintain their military bearing and live the Army values.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-4

CCU Eligibility

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

The purpose of this counseling session is to review your eligibility for transfer to a Community Care Unit (CCU) or WTU. This counseling also reinforces the importance of Family involvement in the recovery process and encourages Family participation in your care plan.

By signing this statement you will indicate your understanding of your disposition for a CCU/WTU transfer due to the reasons listed below and that the reasons have been explained to you by your SL and/or NCM.

Per MEDCOM OPOD 09-34, Annex S, page S-2, para 4 (Centralized Warrior Transfer Process).

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Eligible for transfer: YES NO

Reason not eligible (NCM/SL initial applicable):

- Treatment plan pending _____
- Does not meet CCU criteria _____
- Soldier is high risk _ _____
- Level of care not available in Soldier's community _____
- Soldier is encumbered by admin hold or UCMJ _ _____
- Residence not established _ _____
- No reliable transportation _____
- Lives within 50 miles of established WTU _ _____
- Requires < 60 days of treatment _____
- Support system not in place (i.e. spouse/parents, etc...) _____
- Other: _____

I will not cancel and/or reschedule any appointments. If I have a scheduling conflict I will inform my SL and NCM immediately.

I will bring all medications to every appointment with my PCM, Psychiatrist and NCM. I will include over the counter medications, supplements and herbal medicines I am currently taking. I will inform my providers of the energy drinks I consume so the contents of the beverage can be added to my med list, if needed.

I will discuss my eligibility to transfer to a CCU or another WTU with my NCM once a month at a minimum and if not eligible I will continue to work on my detailed plan of action with my chain of command.

I understand I am encouraged to include my Family in my care plan. This can be done in person, telephonically or via VTC (if unit and Family have capability).

I (circle one) DO DO NOT wish to have my Family involved in my care plan. SM initials: _____

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

If eligible for transfer, Soldier will:

-- list actions the Soldier must take to prepare for transfer and what SL/NCM will do to assist.

If not eligible for transfer, Soldier will:

-- list actions the Soldier must take in order to become eligible for transfer to CCU/WTU with applicable suspenses.

Assessment Date: (set date for next counseling session).

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

SL/NCM will assist Soldier in identifying tasks, timelines and suspenses for completion of required tasks. Follow up in ___ days to assess status of meeting suspenses. Share a copy of the counseling statement with the TRIAD so the team can assist with achieving goals in the plan of action.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-5

Phase I Goal Setting Workbook

What is Goal Setting?

“The process of honestly looking at where you are, making a decision about where you want to go, and giving yourself a real fighting chance to get there. This is what goal setting is all about.”

Workbook Objectives

- Understand the Goal Setting Process
- Describe goal setting and how it works
- Identify SMART goal format.
 - S - Specific**
 - M - Measureable**
 - A - Actionable**
 - R - Realistic**
 - T - Time-bound**
- Create a process for achieving transition/outcome goals
- Construct a goal sheet for your personal transition.

Step 1: What is your Transition/Outcome goal ?

Step 2: Reflection
My Personal Strengths

What are some of assets and abilities that you would consider to be areas of strength, in each of the six domains.

Career	Physical	Emotional	Social	Family	Spiritual
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

My Personal Areas of Improvement (Challenges)

What are some areas of Improvement that can be made in each of your six domains of strength? List those things that you would like to be better, or stronger at in your life.

Career	Physical	Emotional	Social	Family	Spiritual
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Potential Barriers (Issues)

What obstacles/barriers do you have that may make it difficult to achieve your goals?

Step 3: Develop Your Sub Goals

Directions: Brainstorm and list areas that you wish to focus on, based on your reflection in Step 2, within each of the Six Domains of Strength. In the box, either select one that you would to develop, or identify a common theme most like to work on in class. We will develop the sub goals for each Domain.

Brainstorm Sub Goal Ideas

Transfer one Sub Goal

Career	<u>Earn a degree</u> _____ _____ _____	} 
Physical	<u>Attend medical appointments</u> _____ _____ _____	} 
Emotional	<u>To be humble</u> _____ _____ _____	} 
Social	<u>Get involved with Community</u> _____ _____ _____	} 
Family	<u>Provide financial stability</u> _____ _____ _____	} 
Spiritual	<u>Explore my values and beliefs</u> _____ _____ _____	} 

Step 4a: Develop SMART Action Statements

Action Statements: Three to five powerful self-statements about what you plan to do, on a regular basis, to achieve your goals. The plan is the heart of any goal setting process. You must become clear of the actions that you can follow day after day, for as long as it takes until you reach your goal. The action statements should be SMART, to ensure that you are giving your all to this pursuit.

“What do I need to do on a regular basis, to achieve my goal?”

What is a SMART Goal?

S - Specific

M - Measurable

A - Actionable

R - Realistic

T - Time-bound

Career

Sub Goal: Earn a degree

S: I

M: take 6 credit hours

A: get a 3.5 GPA

R: Introduction to Engineering/College Algebra

T: after the completion of my time at the WTU

GOAL: I work with my Occupational Therapist to take the appropriate steps for earning my bachelor’s degree after my time in the WTU.

Physical

Sub Goal : Attending Medical Appointments

S: I

M: walk 1 mile daily

A: lose 8 pounds

R: to pass the tape test

T: in 3 months

GOAL: I will walk 1 mile daily to lose 3 pounds in 3 months to pass the next tape test.

Step 4b: Creating an Attitude Statement

Attitude Statement: Powerful self-statement about something you want, phrased as if you already have it. To develop your attitude statement, answer the question:

“How do I need to think about myself and my performance while working toward my goals?”

Look back to the strengths that you listed in the Step 2 exercise. List one strength for each domain below that will help you build strong attitude statement , specifically for your goal.

Career _____

Physical _____

Emotional _____

Social _____

Family _____

Spiritual _____

Now it is time to use these “strengths” to create strong affirmation statements. Remember the formula for these statements. They must be:

- 1. First-person**
- 2. Present-tense**
- 3. Positive**
- 4. Powerful**

Choose the strength that best impacts your pursuit of this goal for each Domain below, and make a powerful attitude statement that creates energy, optimism, and enthusiasm during your goal setting process. For example:

Strength = Determination

Attitude Statement = “I know that I have the determination to achieve my goals, no matter how big they are.”

Career _____

Physical _____

Emotional _____

Social _____

Family _____

Spiritual _____

When rehearsed repeatedly, these powerful self-statements promote greater confidence, concentration, and motivation to intensify your Actions.

6

Step 5: Set and Pursue Short-term Goals

What can you add to your daily to-do list that will move you closer to your outcome goal?

What techniques will you use to pursue your to-do list?

DAILY TO DO LIST: DAY 1		
Priority (of 10)	Time (hours)	Completed <input checked="" type="checkbox"/>
TODAY'S ACTION GOAL:		<input type="checkbox"/>
TODAY'S ATTITUDE GOAL:		<input type="checkbox"/>

Step 6 : Commit Yourself Completely

How will you stay connected with your outcome goal on a regular basis?

What background image(s) will you use to stay committed?



Who can support me and hold me accountable to my goal?

How often will I check in with this person?

Step 7: Monitor Your Progress

How often will you revisit/revise your goal process?

Which aspects of your goal process will you monitor during your weekly IPR to determine sustains and changes?



Step 1:

Transfer from page 3 in the workbook

Step 3:

Transfer from page 4 in the workbook

Step 4: Transfer from pages 5 & 6 in the workbook

<p>Transition/Outcome Goal</p> <p>Transition Out and become an amazing chef within six months!</p> <p>Career Sub Goal</p> <p>I am an amazing chef!</p> <p>SMART Action And Attitude Statements</p>	<p>1. I explore my GI Bill benefits in the next two weeks IOT attend culinary school.</p> <p>2. I do online research about the best/right culinary schools for Me, daily, until I find the right fit.</p> <p>3. I apply to three culinary schools/ programs by July in order to begin my studies for the Fall of this year.</p> <p>"I communicate through cooking."</p> <p>"I inspire!"</p>
<p>Physical Sub Goal</p> <p>My Outer Me!</p> <p>SMART Action And Attitude Statements</p>	<p>1. I explore/ try one new activity each week in order to push my profile.</p> <p>2. I push my Thursday walk/ run 1 minute more each week!</p> <p>3. Monday through Friday, I eat healthy... 4 portioned, planned meals and 2 snacks.</p> <p>4. Every day, I drink 8 glasses of water!</p> <p>"Food is my fuel!"</p> <p>"I make this workout look too damn easy!"</p>
<p>Emotional Sub Goal</p> <p>The curious Me!</p> <p>SMAET Action And Attitude Statements</p>	<p>1. I give 20 minutes to me, for me, everyday.</p> <p>2. I take 5 minutes to reflect (and be curious) when my reaction to a situation is out of proportion... even for me!</p> <p>3. I cook one amazing meal for myself each week.</p> <p>4. I review my goals and attitude statements daily.</p> <p>"I succeed from within!"</p> <p>"I inspire... with my control!"</p>

(Example)

Name _____

Step 3:

Transfer from page 4 in the workbook

Social Sub Goal

I develop my chef network!

SMART Action And Attitude Statements

1. I meet one new chef each week to develop my network.
 2. I search online and join a blog within 60 days to exchange recipes to broaden my cookbook...
 3. I join cooking-related groups on Facebook and update my status twice per week.
 4. I attend one community cooking class per month.
- "I consistently learn from others."*
- "I inspire!"*

Family Sub Goal

The "Family" Me!

SMART Action And Attitude Statements

1. I cook one amazing, sit down meal for my family each week.
 2. I, with my family, plan the greatest vacation ever, each and every year.
 3. I listen... I actively listen when I am with my family.
 4. I make time for a quality conversation every day with my spouse.
- "I choose my family."*
- "I am present and focused!"*

Spiritual Sub Goal

My Inner Me!

SMART Action And Attitude Statements

1. I give 20 minutes to me, for me, everyday.
 2. I read one chapter from MY reading list, five days a week.
 3. I review my goals and attitude statements daily.
 4. I explore my core values and beliefs, and make sure I am living them weekly.
- "I succeed from within!"*
- "I am an important piece of something much bigger than myself..."*

(Example)

Name _____

Step 1:
Transfer from page 3
in the workbook

Step 3:
Transfer from page 4 in
the workbook

Step 4: Transfer from pages 5 & 6 in the workbook

Transition/Outcome Goal	Career Sub Goal	Physical Sub Goal	Emotional Sub Goal	SMART Action And Attitude Statements					
				SMART Action And Attitude Statements					
				SMART Action And Attitude Statements					

(In-class Copy)

Name _____

Step 3:

Transfer from page 4 in the workbook

Social Sub Goal

Family Sub Goal

Spiritual Sub Goal

Step 4: Transfer from pages 5 & 6 in the workbook

SMART Action And Attitude Statements	

SMART Action And Attitude Statements	

SMART Action And Attitude Statements	

(In-class Copy)

Name _____

Step 3:

Transfer from page 4 in the workbook

Social Sub Goal

--

Family Sub Goal

--

Spiritual Sub Goal

--

Step 4: Transfer from pages 5 & 6 in the workbook

SMART Action And Attitude Statements	

SMART Action And Attitude Statements	

SMART Action And Attitude Statements	

(In-class Copy)

Name _____

Step 1:
Transfer from page 3
in the workbook

Step 3:
Transfer from page 4 in
the workbook

Step 4: Transfer from pages 5 & 6 in the workbook

Career Sub Goal

SMART
Action
And
Attitude
Statements

Physical Sub Goal

SMART
Action
And
Attitude
Statements

Emotional Sub Goal

SMART
Action
And
Attitude
Statements

Transition/Outcome Goal

(Extra Copy)

Name _____

Step 3:
Transfer from page 4 in
the workbook

Social Sub Goal

SMART
Action
And
Attitude
Statements

Family Sub Goal

SMART
Action
And
Attitude
Statements

Spiritual Sub Goal

SMART
Action
And
Attitude
Statements

(Extra Copy)

Name _____

OT Goal Setting Worksheet 2011

Name _____ Rank _____ Date _____ CO: _____

Transition/Outcome Goal (Step 1): Upon completion of my time in the WTU, I would like to:

1. Remain in the Army
2. Separate from the Army

Domain: Career

Sub Goal :	1. _____
	SMART Action Statement(s):
	a. _____ (30 days)
	b. _____
Sub Goal :	2. _____
	SMART Action Statement(s):
	a. _____ (60 days)
	b. _____
Sub Goal :	3. _____
	SMART Action Statement(s):
	a. _____ (90 days)
	b. _____
	Attitude Statement(s):

Domain: Physical

Sub Goal :	1. _____
	SMART Action Statement(s):
	a. _____ (30 days)
	b. _____
Sub Goal :	2. _____
	SMART Action Statement(s):
	a. _____ (60 days)
	b. _____
Sub Goal :	3. _____
	SMART Action Statement(s):
	a. _____ 90 days
	b. _____
	Attitude Statement(s):

OT Goal Setting Worksheet 2011

Name _____ Rank _____ Date _____ CO: _____

Transition/Outcome Goal (Step 1): Upon completion of my time in the WTU, I would like to:

1. Remain in the Army
2. Separate from the Army

Domain: Family

Sub Goal :

1. _____

SMART Action Statement(s):

a. _____ (30 days)

b. _____

Sub Goal :

2. _____

SMART Action Statement(s):

a. _____ (60 days)

b. _____

Sub Goal :

3. _____

SMART Action Statement(s):

a. _____ (90 days)

b. _____

Attitude Statement(s):

Domain: Spiritual

Sub Goal :

1. _____

SMART Action Statement(s):

a. _____ (30 days)

b. _____

Sub Goal :

2. _____

SMART Action Statement(s):

a. _____ (60 days)

b. _____

Sub Goal :

3. _____

SMART Action Statement(s):

a. _____ (90 days)

b. _____

Attitude Statement(s):

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-6

Scrimmage Worksheet

Track Preference: _____ / Transition Outcome Goal:

Six CTP Domains (Challenges)	Action Statements that support the Sub Goals		
	Month: _____	Month: _____	Month: _____
Career:			
Physical:			
Emotional:			
Social:			
Family:			
Spiritual:			
Soldier's Signature:	Next CTP Scrimmage Date:		
Squad Leader (Name and Signature):	Target Transition Date (TTD):		
Nurse Case Manager (Name and Signature):	Additional Notes:		
Social Worker (Name and Signature):			

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 5-7

Out-Processing Checklist

WTC DRAFT RECOMMENDED OUT PROCESSING CHECKLIST			
No Earlier than 15 Days from Final Out Processing; Return to S1/HR upon completion			
RNK and Full Name:		Last 4:	
Company:		Escort identified (if needed) Escort Name:	
	S1/Company HR	Section	Remarks /Signature / Date
1	Orders	S1/CO HR	
2	Evaluation - NCOER / OER (if required)	S1/CO HR	
3	Copy of Profile	S1/CO HR	
4	ERB / ORB / 2-A / 2-1 / eMILPO / Transactions	S1/CO HR	
5	Mailroom (Change of Address Card)	S1/CO HR	
6	Meal Card (last out processing day)	S1/CO HR	
7	PDMRA worksheet (if applicable)	S1/CO HR	
8	Leave Form (DA 31)	S1/CO HR	
9	AWCTS Update	S1/CO HR	
#	Finance	Section	Remarks /Signature / Date
10	Review Pay and Allowances	Finance	
11	Refer to Social Security Benefits Advisor (as needed)	Finance	
#	S4/Supply	Section	Remarks /Signature / Date
12	CIF Records	S4/Supply-Log	
13	Barracks (Linen, Key, Equipment)	S4/Supply-Log	
#	NCM/PCM	Section	Remarks /Signature / Date
14	Medical Plan of Care	NCM/PCM	
15	Medication	NCM/PCM	
#	LCSW	Section	Remarks /Signature / Date
16	Closing of Risk Assessment	LCSW	
#	Chaplain	Section	Remarks /Signature / Date
17	Exit interview	Chaplain	
#	AW2 (if applicable)	Section	Remarks /Signature / Date
18	AW2 Advocate counseling form	AW2	
#	MTF/PAD/MEB	Section	Remarks /Signature / Date
19	MODS Data Entry	PAD / MEB	
20	DTMS	PAD / MEB	
21	CHCS Update	PAD / MEB	
22	FMR Review / Update	PAD / MEB	
23	Medical Records	MTF	
#	Dental	Section	Remarks /Signature / Date
24	Dental Records	Dental	
#	RC Liaison (if applicable)	Section	Remarks /Signature / Date
25	RC (NG / RES) Liaison Interview	RC LNO	
26	OMPF Records Brief	RC LNO	
27	TCS Orders / MOB Orders	RC LNO/AW2	
#	SFAC	Section	Remarks /Signature / Date
28	Soldier Family Assistance Center (Out Processing Checklist)	SFAC	
29	TRICARE / DEERS	SFAC / S1	
30	Social Services	SFAC	
31	U.S. Department of Labor DVOP/LVER Referral	SFAC/DOL	
32	Army Education Counselor	ACES/SFAC	
#	VA (if applicable)	Section	Remarks /Signature / Date
33	Veteran Health Administration (VA Medical Plan of Care)	VA	
34	Veteran Benefits Administration (VA Benefits)	VA	
35	Vocational Rehabilitation and Education (VR&E)	VA / ACAP	
#	ACAP	Section	Remarks /Signature / Date
36	Transition Assistance Program (TAP)	ACAP	
37	Disabled Transition Assistance Program (DTAP)	ACAP	
38	Veteran Affairs Benefits (VA Benefits)	ACAP	
#	Lodging	Section	Remarks /Signature / Date
39	Housing / Billeting	Lodging	
#	SATO	Section	Remarks /Signature / Date
40	Flight Ticketing	Travel Section	
#	Garrison	Section	Remarks /Signature / Date
41	ID Card Section	Garrison	
42	Transition Center (Final Out Processing)	Garrison	
43	Military Personnel Division	MPD	
#	Judge Advocate General (JAG)	Section	Remarks /Signature / Date
44	Legal Readiness (Wills, Powers of Attorney, Advanced Medical Directives, and MEB/PEB)		
Signatures			
		Platoon Sergeant / Squad Leader	
		First Sergeant (1SG)	
		Company Commander	

WCTP Soldier and Leader Guide

Section 6

U.S. Army Wounded Warrior Program (AW2) Operations

Section 6. U.S. Army Wounded Warrior Program (AW2) Operations

6-1. AW2 Background. In April 2004, the U.S. Army introduced an initiative to enhance the care and support of severely wounded, injured and ill Soldiers, Veterans and their Families/Caregivers. AW2 supports severely wounded, ill and injured Soldiers, Veterans and their Families throughout their recovery and transition. Through the local support of an AW2 Advocate, AW2 strives to foster the Soldier's independence. Soldiers who qualify for AW2 are assigned to the program as soon as possible after arriving at a Warrior Transition Unit (WTU).

6-2. AW2 Eligibility. To qualify for AW2, a Soldier must suffer from wounds, illness or injuries incurred in the line of duty (LOD) after 10 September 2001 in support of overseas contingency operations and:

- Receive or expect to receive at least a 30% rating from the Integrated Disability Evaluation System (IDES) for one of the conditions listed below:
- Post-traumatic stress disorder (PTSD).
- Severe traumatic brain injury (TBI).
- Severe loss of vision/blindness.
- Severe hearing loss/deafness.
- Fatal / incurable disease with limited life expectancy.
- Loss of limb.
- Spinal cord injury.
- Permanent disfigurement.
- Severe burns.
- Severe paralysis.

6-3. VASRD or IDES Rating. Receive a 30% rating or greater for one Veterans Affairs Scheduled Rating Decision (VASRD) as rated by the Physical Evaluation Board (PEB) in any other Special Category (SPECAT)/ Enabling Care (EC) or combat/combat-related condition; **OR** receive a combined 50% IDES rating for any other combat/combat-related condition.

6-4. Advocate Branch (AB). The Advocate Branch (AB) is responsible for managing the activities of the AW2 supervisors and AW2 Advocates. The AB Chief implements the broad planning guidance and policies associated with the AW2 Advocates' operations and functions. Regional supervisors, contract lead representatives and quality control (QC) specialists are also responsible for monitoring and analyzing the effectiveness of the AW2 Advocates.

a. AW2 Advocates. AW2 Advocates are positioned at locations throughout the country at most military installations, embedded in Warrior Transition Units (WTUs), Military Treatment Facilities (MTFs), and Department of Veterans Affairs (VA) Polytrauma Centers and VA facilities. Every AW2 Soldier/Veteran is paired with an AW2 Advocate, who guides him throughout the recovery and transition process and educates him on the benefits and resources available. Together they collaborate to establish goals for the Soldier's and Family's futures from evacuation to the personal needs and abilities of the individual AW2 Soldier or Veteran. As AW2 Soldiers and Veterans achieve milestones throughout the process, the AW2 Advocate empowers them to take command of their own recovery as they transition back to the force or fully integrate into the VA system. Some of the ways AW2 Advocates assist include:

(1) Connecting Soldiers, Veterans and their Families/Caregivers with community and national resources, including financial services and service animal organizations.

(2) Guiding Soldiers, Veterans and their Families/Caregivers by providing access to federal benefits in agencies such as the U.S. Army, Department of Defense and VA; assisting in applications for Special Compensation for Assistance with Activities of Daily Living (SCAADL) and Non-Medical Attendant (NMA).

(3) Providing career and education counseling.

(4) Navigating medical evaluations including the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) and the Integrated Disability Evaluation System (IDES) process

(5) Navigating medical care requirements, including the VA system, to ensure continuity of care

b. Advocate Roles and Responsibilities and WTU Integration. AW2 Advocates are under the operational control of the WTU Commander, serving as an integral part of the Soldier's Comprehensive Transition Plan (CTP). (See *Figure 6-1: CTP and the Advocate Roles and Responsibilities*).

Processes	CTP	AW2 Advocate Roles/Responsibilities
Intake	<p>TRIAD ASSESSMENT Soldier and his/her Family/s immediate clinical and non-clinical needs, setting expectations, conducting risk assessments and mitigation plan development.</p>	<p>AW2 ADVOCATE ASSESSMENT AW2 Advocates reveiw and assess for AW2 eligibility, identifying the presence or absence of issues for potential AW2 Soldier and his/her Family</p>
Assessment	<p>INTERDISCIPLINARY TEAM ASSESSMENT Holistic process assessment conducted with each Soldier which includes the current status on the Soldier and his/her Family goals, issues and transition plan</p>	<p>CTP NOTIFICATION AW2 Advocates acknowledge/access CTP referrals within three days</p>
Goal Setting	<p>INTERDISCIPLINARY TEAM Contribute to goal development as they meet the Soldier to help him/her develop aproprate goals</p>	<p>AW2 ADVOCATE ROLE within the INTERDISCIPLINARY TEAM Soldier and his/her Family will work together in the development of Specific, Measurable, Actionable, Realistic and Time-Driven (SMART) Goals</p>
Focused Transition Review (FTR)	<p>INTERDISCIPLINARY TEAM Goals, issues and progress review</p>	<p>GOAL REVIEW AW2 Advocate, Soldier and Family review and track short- and long-term goals, identify and mitigate issues impacting goal attainment</p>
Rehabilitation	<p>CLINICAL and NON-CLINICAL INTERVENTIONS Supports transitional goals and plans. Focuses on Soldier's ability to remain in the Army.</p>	<p>LIFECYCLE MANAGEMENT PLAN (LCMP) ASSESSMENT 30 day LCMP Assessment, scrimmages and FTR participation. <i>Soldier has not reached Medical Retention Decision Point (MRDP) at this time.</i></p>
Reintegration	<p>TRANSITION TRACKING Prepare each Soldier and his/her Family for a successful transition back to the force or to civilian life as a Veteran.</p>	<p>MILESTONE TRACKING Actionable items, identify transition path, dates and milestones. Monitor successful transition into the civilian community or back into the Army.</p>
Post-Transition	<p>POST WTU/CCU Soldier has exited the WTU/CCU. The Soldier is under the guidance of his/her unit, AW2 (if eligible) and VA.</p>	<p>LIFETIME MANAGEMENT Soldier exiting the WTU/CCU, AW2 Advocate assessment continues throughout the four phases of the LCMP.</p>

Figure 6-1 (CTP and the Advocate Roles and Responsibilities)

6-5. AW2 Contact Center. The AW2 Contact Center provides a means for continuous support to Soldiers and Veterans by receiving calls from Soldiers, Veterans, their Families and Caregivers and referring them to an appropriate staff member. The AW2 Contact Center can be reached toll-free at (877) 393-9058 or from overseas DSN at (312) 221-9113. The email address is usarmy.pentagon.medcom-wtc.mbx.contact-center@mail.mil.

6.6 Life Cycle Management Plan (LCMP). The LCMP (Figure 5-19) is an AW2 case management strategy used to identify and track Soldiers' and Veterans' transitional progress with the goal of assisting them in reaching their independence. Soldiers and Veterans who have achieved greater independence will have a reduction in contact and case management by an AW2 Advocate. An Advocate's contact frequency with the Soldier or Veteran will decrease based on the presence and/or severity of identified issues. This reduction in contact frequency does not result in a reduction in AW2 services or support. The AW2 Advocate completes a LCMP assessment tool (*Figure 5-19*) to identify their Soldier's or Veteran's progress to independence based on the following LCMP:

- (a) LCMP 1** – Management Support: Soldier/Veteran receives contact every 30 days.
- (b) LCMP 2 – Progressive: Soldier/Veteran receives contact every 90 days.
- (c) LCMP 3 – Supportive: Soldier/Veteran receives contact every 180 days.
- (d) LCMP 4 – Lifetime: Soldier/Veteran receives no contact by Advocate.

**Note: All AW2 Soldiers assigned to WTUs are in LCMP 1.

6.7 Advocate Support Branch (ASB). ASB provides direct support and assistance to AW2 Advocates, AW2 Soldiers/Veterans and their Families/Caregivers in resolving Soldier's and Veteran's issues. ASB consists of the following Subject Matter Experts (SMEs): finance (active duty and retirement), VA liaison, career and employment, U.S. Army human resources, medical specialist representatives (AW2 eligibility) and operations manager who manages the AW2 Army Warrior Care and Transition System (AWCTS) (See Section 11 for AWCTS).

WCTP Soldier and Leader Guide

Section 7

Community Care Units (CCUs)

Section 7. Community Care Units (CCUs)

7-1. CCU Description

a. What is Community Care? Community Care maintains the ongoing care and health care providers for Soldiers healing at home while realigning their management to installation-based Warrior Transition Units (WTUs). A dedicated company of Cadre provides medical management and mission command of Soldiers within their designated area of responsibility.

b. Community Care Units (CCU) are located at WTUs at major Army installations to simplify mission command structures, expedite transfers home and increase support for Soldiers by giving CCU Cadre increased access to Army programs, and the ability to leverage installation support systems. CCU Soldiers will receive the benefits of a dedicated company of Cadre, Triad of Leadership, Medical Treatment Facility (MTF) staff, Warrior Transition Battalion (WTB) staff and installation resources to ensure that Soldiers maximize opportunities across the program.

c. There are 13 CCUs located on 11 Army installations.



Figure 7-1(Community Care Unit Locations)

7-2. CCU Company Structure.

a. CCU Company Structure is a departure from the former Community Based WTU (CBWTU) structure. The first noticeable difference is the inclusion of all three components (COMPO) as well as the addition of Squad Leaders (SL). Additionally, the company will receive a Company Transition Coordinator.

COMMUNITY CARE COMPANY			
TITLE	RATIO	GRD	POSCO/SERIES
COMMANDER	1:CO>49	O3	01A00
EXECUTIVE OFFICER	1:CO>99	O2	01A00
FIRST SERGEANT	1:CO>49	E8	
SOC SERVICES ASST CTP	1:CO	08	00186
MANAGEMENT ANALYST CTP	1:CO	07	00343
MED OFF (PCM)	1:200	14	00602
SUPV NURSE CASE MGR	1:CO	O4	66H00
NURSE CASE MANAGER (M)	1:20	O3/12	
MEDICAL SUPPORT ASST	1:CO	07	00679
SOCIAL WORKER	1:50	13	00185
PLATOON SERGEANT	1:6 SL	E7	
SQUAD LEADER	1:33	E6	
TRAINING SPECIALIST	1:CO	09	01712
SUPPLY TECHNICIAN	1:CO	06	02005
TRANSITION COORD	1:CO	11	00301
PAT ADMIN MCO	1:CO	E5	68G20

Figure 7-2 (Community Care Unit/Company Positions)

7-3. CCU-Specific Roles and Responsibilities.

a. CCU Company Commander. The commander is appointed to command and control the CCU. The company commander is ultimately responsible for the care, safety and successful transition of each Soldier assigned to him. The commander is responsible for establishing a positive command climate and establishing the conditions for Soldiers' successful reintegration back to military duty or to Veteran status. With the Triad of Care, the commander directs actions to ensure that the standards of care for the Soldier are met. CCU commanders will:

- (1) Welcome Soldiers to the unit with a formal welcome letter
- (2) Ensure control measures are in place to provide positive accountability for all Soldiers every day.
- (3) Ensure risk assessments are initiated and documented in Army Warrior Care and Transition System (AWCTS) within 24 hours of attachment/assignment.
- (4) Advise the Battalion Commander, Executive Officer (XO) or Command Sergeant Major (CSM) anytime a Soldier is designated as high-risk while in a CCU status.
- (5) Ensure appropriate risk mitigation measures for high-risk Soldiers.
- (6) Ensure CCU Soldiers are compliant with all WCTP requirements.
- (7) Ensure that CCU Soldiers maintain their entry eligibility criteria. Soldiers that fail to sustain their eligibility may be subject to removal from the CCU and reassignment to an Army installation-based WTB.
- (8) Ensure compliance with all Army mandatory training, regulations and requirements as directed.
- (9) Execute and lead unit Triad meetings.
- (10) Execute and lead a Soldiers Focused Transition Review (FTR) (See Section 5-6.d. (b) 6. (3).

(11) Evaluate each Soldier for eligibility to participate in Career and Education Readiness (CER) activities.

(12) Ensure that all Soldiers, to include Cadre that are separating from the Army, meet all Army Career Alumni Program (ACAP) requirements no less than 90 days from the start of their transition leave date or ordered separation date, whichever comes first.

(13) Complete DA Form 7652 for submission to Physical Evaluation Board (PEB) requested by Physical Evaluation Board Liaison Officer (PEBLO).

(14) Conduct Soldier Readiness Reviews (SRRs) to enable Soldier's participation twice yearly

b. The First Sergeant (1SG) reports to the company commander and will:

(1) Assist the commander in planning, coordinating and supervising all activities that support the WTU/CCU mission.

(2) Advise the commander on Soldier issues to include duty profiles and the status of Soldiers assigned or attached.

(3) Coordinate unit administration to include submission of required reports.

(4) Counsel and provide guidance to Soldiers and other subordinate personnel.

(5) Conduct inspections of unit activities and facilities, observe discrepancies and initiate corrective action.

(6) Ensure Soldiers complete the required annual assessment in the Comprehensive Soldier and Family Fitness (CSF2) Global Assessment Tool (GAT).

(7) Ensure Platoon Sergeant effectively manages the Respite Pass Program (See paragraph 3-1 (e) 26).

(8) Ensure WTU Soldiers and Cadre Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90-180 days of redeployment respectively.

(9) Ensure CCU Soldiers and Cadre complete their Individual Medical Readiness (IMR) requirement.

(10) Ensure daily accountability of all CCU Cadre and Soldiers in transition.

(11) Ensure all counseling is being conducted, including AWCTS self-assessment and promotions, and assist the commander in high risk re-assessment counseling.

c. Platoon Sergeant (PSG). The PSG reports to the company commander and 1SG, and is responsible for assisting Soldiers and their Families with their medical needs and reports to the company commander and 1SG. The PSG will:

(1) Ensure and maintain daily telephonic accountability of Soldiers.

(2) Ensure Soldiers comply with all assigned tasks.

(3) Supervise SLs and routinely inspect counseling files, individual Comprehensive Transition Plans (CTPs), living quarters and any other areas of Soldiers' well-being and care designated by the commander.

(4) Maintain weekly oversight of Soldiers' self-assessments and ensure SL validations provide appropriate action-oriented comments to action plans.

(5) Validate that work-site supervisors are being contacted monthly

(6) Manage the movement of Soldiers between SLs within the platoon in accordance with mission requirements to ensure adequate Soldier supervision.

(7) Review, approve or disapprove Soldiers identified for cancellation of weekly self-assessment in AWCTS.

- (8) Teach, coach and mentor all Soldiers within the platoon.
- (9) Assume the duties of the company 1SG as required.
- (10) Ensure Soldiers participate in an adaptive reconditioning program activity tailored to the individual Soldier's physical capabilities and needs.
- (11) Make telephonic contact with all Soldiers on a daily basis. It is imperative the PSG gets to know their assigned Soldiers, so he can support the SL when Soldiers develop behavioral health, personal or other problems.
- (12) Complete the required annual assessment in the CSF2 GAT.
- (13) Develop a Respite Pass Program that enables SLs to take respite pass without overburdening other SLs (see Section 3-1 (e) 26).
- (14) Ensure SL is maintaining daily communication logs and notify the Nurse Case Manager (NCM) on any potential recovery issues.
- (15) Ensure Soldiers maintain the yearly requirement for completing assessment in the CSF2 Global Assessment Tool.
- (16) Ensure WTU Soldiers' and SLs' Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90-180 days of redeployment respectively.
- (17) Ensure WTU Soldiers and SLs complete their IMR requirement.

d. The Squad Leader (SLs). The SL is a critical link for the Soldier, the chain of command, the NCM and the Primary Care Manager (PCM). The SL is the first line supervisor for the CCU Soldier in transition. The SL should build a relationship of trust with everyone they contact in support of their Soldiers. Trust and confidence are the SL's most valuable assets in assisting their Soldiers. The SL works as part of the Triad of Care in providing for the care of their assigned Soldiers and Families. The SLs:

- (1) Maintain daily telephonic accountability of their Soldiers and equipment and reports all accountability failures to the PSG.
- (2) Coach, mentor and counsel their individual Soldiers as needed.
- (3) Document the commander's evaluation of eligibility to participate in CER activities for each Soldier.
- (4) Collaborate with the interdisciplinary team to maintain Soldier accountability related to CER activities, to include education classes and work site placement, and ensures Soldiers are at their respective places of duty. Maintain copies of all CER-related documents.
- (5) Report all work-site absences to the transition coordinator and PSG.
- (6) Contact work-site supervisor weekly to assess select Soldiers' work performance.
- (7) Link Soldiers to the Soldier and Family Assistance Center (SFAC) for administrative services and benefits.
- (8) Submit requests for administrative actions.
- (9) Ensure that the Soldier's records are transferred from the losing unit to the gaining unit.
- (10) Ensure Soldiers maintain accountability and satisfactory condition of billeting, clothing and equipment.
- (11) Keep the PSG informed on squad's medical status and requirements.
- (12) Ensure their Soldiers participate in an adaptive reconditioning program tailored to individual physical capabilities and needs.
- (13) Meet daily with NCM assigned to SLs' Soldiers.
- (14) Validate Soldier's self assessments in accordance with AWCTS instructions.

- (15) Conduct risk assessments as described throughout this Section and Section 5.
- (16) Inform the chain of command about changes to Soldiers' risk levels.
- (17) Ensure Soldiers complete the required annual assessment in the CSF2 GAT.
- (18) Ensure CCU Soldiers Deployment Health Assessments (DD 2796 – PDHA and DD 2900 – PDHRA) completion within 30 days of redeployment and between 90-180 days of redeployment respectively.
- (19) Ensure CCU Soldiers complete their IMR requirement.
- (20) Ensure compliance with training guidance.

e. CCU Primary Care Manager (PCM). While the CCU PCM will possess the same professional background and training as the WTU PCM and the same PCM to Soldier ratio of 1:200, the PCM's relationship with the Soldier is different. The WTU PCM provides direct medical care, while the CCU PCM oversees and tracks the care provided by the direct care provider located in each Soldier's home community. The CCU PCM is nonetheless expected to maintain awareness and oversight of each Soldier's medical care plan and progress, requiring a highly functional system of communication with the Soldier and his health care providers. An exception to this procedure would be in the case of a Soldier who is still in the Headquarters and Headquarters Company (HHC) and expected to transfer to a CCU. In this instance, the CCU PCM should provide direct care for the Soldier until the Soldier is transferred to his home community, in the same manner as a line-company PCM. Every effort should be made to identify Soldiers who will qualify for CCU placement as early as possible. Where feasible, such identification should occur upon arrival at the WTU, to allow maximum continuity of care by the CCU PCM, to include the one-hour in-take appointment.

f. CCU Nurse Case Manager (NCM), Officer in Charge (OIC). The CCU NCM OIC works for the company commander with supervisory oversight from the Battalion/Brigade/Regional Medical Command (RMC) Supervisor NCM and is responsible for the supervision and oversight of NCM functions within the company. The CCU NCM OIC will:

- (1) Coordinate and evaluate nursing activities to ensure safe and cost-effective patient care through the efficient use of NCM staff and clinical resources.
- (2) Plan, implement and evaluate nursing activities in accordance with regulations, policies and national standards of care.
- (3) Ensures the NCMs maintain the skills necessary to function competently within the standards of practice for case managers.
- (4) Monitor Soldiers acuity and NCM ratios to ensure safe caseloads are maintained.

g. CCU Nurse Case Manager (NCM). The CCU NCM is a registered nurse who works with the Soldier throughout their medical treatment, recovery and rehabilitation. The NCM uses a collaborative team approach to assess, plan, implement, coordinate, monitor and evaluate options and services to meet the complex health needs of Soldiers.

The NCM will:

- (1) Promote appropriate, timely, clinically effective and cost-efficient patient care
- (2) Work directly with the interdisciplinary team to ensure that each Soldier develops and executes an effective CTP.

(3) Conduct the initial face-to-face interview with the Soldier during in-processing at the CCU in order to initiate the nursing care plan and, if necessary, will perform TRICARE Enrollment and ensure Release of Information is completed.

(4) Ensure medical records are received and uploaded into AHLTA from the Soldier's providers.

h. CCU Transition Coordinator (TC). CCU TC roles and responsibilities exceed those of a TC in a typical line company. In many cases, alternative contacts for services to support the CCU Soldier's goals will be necessary.

The CCU TC will:

(1) Working with the OT, refer eligible Soldiers to the Veterans Administration (VA) Vocational Rehabilitation and Employment (VR&E) Counselor and Department of Labor representatives nearest the Soldier's location.

(2) Identify the most convenient support for ACAP, Army Continuing Education System (ACES), and other agencies which may not always be at the same installation as the CCU.

(3) Continue to consult with the Operation Warfighter (OWF) Regional Coordinator, but will likely have an expanded list of work site/internships extending beyond the usual 50-mile radius of the unit. No Soldier should travel more than 50 miles to a work site/internship without an exception to policy approved by the Warrior Transition Command (WTC) G1.

(4) Work with the Battalion S3 to bring supporting agencies to SRRs or musters. These SRRs are an excellent opportunity to host a United Service Organization (USO) Transition Workshop or job fair for those Soldiers who are not working or in a CER activity.

(5) Document recommended CER activities to be completed in AWCTS by completing the CER checklist.

i. CCU Social Worker. The CCU Licensed Clinical Social Worker (LCSW) will possess the same professional background and training, and maintain the same LCSW to Soldier ratio of 1 to 50, as the WTB LCSW. The CCU LCSW is responsible for the overall behavioral health (BH) case management. The initial duties and tasks will mirror the WTB LCSW though the ongoing BH case management duties including oversight, coordination and advocacy, and will be conducted via telephone and other distance communication. The CCU LCSW will conduct telephonic Soldier risk assessments and maintain contact with community BH providers to mitigate risk and ensure Soldiers are receiving BH medical care.

The CCU Social Worker will:

(1) Obtain progress notes from BH provider

(2) Be the single POC for the command with outside institutions (in the case of a hospitalized Soldier)

(3) Ensure all BH notes are received by the providers.

7-4. Transfer to a CCU.

a. Soldiers in WTUs who meet transfer eligibility criteria and who have completed their initial scrimmage are eligible for transfer to a CCU and for further release to recover at home.

(1) The Soldier must have a current, validated self-assessment, and be registered in AWCTS.

(2) SL and NCM must have action plans in place and documented in AWCTS to address Red and necessary Amber items in the self-assessment.

(3) The Soldier must have an identified medical plan requiring a minimum of 60 days care.

(4) Phase I Goal-Setting Training must be completed and the Soldier's career track identified. Goals and sub-goals must be identified and documented in AWCTS.

(5) Risk assessment, designation and mitigation must be completed.

(6) Soldiers that complete all transfer requirements prior to 30 days in a WTU may be transferred prior to the 30 day mark if they are eligible for transfer.

(7) Soldiers designated as high risk will not be transferred from WTU to the CCU.

(8) Soldiers pending Uniform Code of Military Justice (UCMJ) or other disciplinary, adverse or civil legal matters will not be transferred from the WTU Battalion to the CCU.

(9) Final approval is required from the WTU Commander in order for a Soldier to transfer. Commanders retain discretion on the appropriate setting for the Soldier's healing and transition.

(10) All high risk Soldiers transferring from WTU to WTU or CCU to WTU are recommended to have an escort during transfers. The gaining unit will be included in the Soldier's scrimmage to facilitate a warm hand-off. This initial scrimmage must be documented in AWCTS. The use of technology is encouraged to ensure full participation by the gaining unit. *Soldiers will not be transferred before the gaining commander acknowledges acceptance in AWCTS.*

(11) Soldiers are required to have a CER program initiated before transfer, but must participate in a CER activity that aligns with their career track and career goal(s) within 60 days of being eligible, once in a CCU.

(a) Clinical reasons that limit CER eligibility will not delay a Soldier's transfer to a CCU and release from the installation to recovery at home.

(b) Soldiers transferred to a CCU because of terminal medical conditions are not required to participate in a CER program. The Soldier is not prohibited from participating in a CER activity if he elects to participate and if there are no objections from his clinical team.

b. Minimum requirements for transfer from Headquarters and Headquarters Company (HHC) to CCU, or HHC to a different WTU:

(1) Establishment of medical recovery plan, or care plan, which includes completion of the Physical Health Assessment (PHA) and the Post Deployment Health Reassessment (PDHRA) for Soldiers redeploying (annotated in Medical Protection Systems (MEDPROs)), eProfile, Occupational Therapy/Physical Therapy (OT/PT) Screening, Behavioral Health Screening, review of TRICARE appointments and demonstrated Family or support system in the catchment area of the gaining CCU.

(2) Risk Assessment / Mitigation Plan (cannot be high-risk).

(3) In-processing Checklist(s) completed. (See Appendix 7-1.)

(4) Completion of WTU Commander's Orientation Brief and CCU Orientation Brief.

(5) Self-Assessment completed and validated by SL and NCM.

(6) Goal-Setting Phase I complete. Review of Interest Inventory (ACES Support)

(7) Goal-Setting Phase II initiated or complete based on availability of instruction.

(8) ACAP Requirements Complete (see Section 13: Career and Education Readiness). (Note: There may be individual cases where completing ACAP at this phase of healing and transition is premature. The goal is for ACAP to be completed as soon as the Soldier is eligible and can benefit from the course).

(9) Joint HHC and CCU team scrimmage with WTU Soldier and Family (warm hand-off).

7-5. Use of the TRICARE Network. Soldiers in CCUs will most often obtain care via the TRICARE network. They may also access care at a MTF or a VA facility if one with capability and capacity is available near their home. CCUs will follow the TRICARE guidelines when using the TRICARE network. All Soldiers in CCUs must be fully enrolled in TRICARE according to the region covering the Soldier's home location. The WTU patient administration staff must make these arrangements prior to transfer and they must be part of the warm hand-off.

7-6. CCU Operations

a. In-processing. As the Soldier moves from one unit's hierarchy to another, some actions will need to be repeated at the CCU. The CCU will in-process the Soldier in accordance with the checklist (see Appendix 7-1). The goal is for these actions to be completed within five days. Circumstances may dictate a longer in-processing period

b. Behavioral Health. In addition to the items on the checklist, a Soldier will also meet with their social worker, NCM and provider within the first two days of arriving at the CCU. The social worker will initiate a risk assessment upon interviewing the Soldier. The PCM and NCM will review the Soldier's plan of care to ensure the Soldier can be treated in the remote setting within the confines of TRICARE and Military Medicine.

c. Transition Planning. The command team will interview the Soldier and continue the CER plan from the point where it left off at the WTU. The successful transition of the Soldier to Veteran status while at the CCU is within the purview of the PSG/SL. PSG/SL will determine, using installation and all other appropriate resources, the Soldier's interests and aptitudes for education and career progression. The PSG/SL will assist and monitor the Soldier's career progression and commitment to their transition plan. PSG/SL will ensure that all requirements for mandatory training are satisfactorily completed. As soon as determined eligible by the Command and Medical Management staff, the Soldier will participate in their CER.

d. Soldiers in CCUs are required to execute all requirements listed in the CTP. Soldiers must execute a scrimmage/ Focused Transition Review (FTR) quarterly via Defense Connect On-Line (DCO), telephonically or in conjunction with a site visit by the CCU Cadre. The SRR will be utilized to assist the Soldier with their transition plan. In order to satisfy mandated training requirements it may be necessary for the Soldier to return to the CCU in a short, TDY status. It is within the commander's authority to insist a Soldier return to the CCU to accomplish training, transition and medical requirements.

e. Release Criteria to Home from CCU.

The Commander must ensure:

- (1) All eligibility criteria remain current.
- (2) A care plan is formalized, and the Soldier acknowledges receipt
- (3) A Soldier's risk assessment is current.
- (4) All required mandatory briefings, training and administrative tasks are complete.
- (5) Positive contact is made with Reserve Component (RC) chain of command informing them that the Soldier is released from the CCU and is on their way home
- (6) Ensure that any Red or Amber items in the Soldier's self-assessment are addressed and identify where an appropriate action plan is needed.

(7) Ensure CER eligibility is determined and if appropriate CER activity is initiated. If Soldier has not met eligibility this will be addressed by the interdisciplinary team via the Triad and reported to the commander.

(8) Ensure Soldier has been afforded the opportunity to meet face to face with their PEBLO and Soldiers counsel as necessary

(9) Ensure CCU Provider and interdisciplinary team have no safety/medical/BH concerns prior to the Soldier traveling to home.

7-7. Managing Risk (Assessment and Mitigation).

a. Transfers from WTU to subordinate CCU. Soldiers will have had their 24-hour and intake risk assessments, as well as ongoing risk assessments, completed prior to transfer to a CCU. A detailed review of the most recent risk assessment will be part of the hand-off process. At minimum, the losing and gaining Triads of Care and LCSWs should participate in a face-to-face discussion of each transferred Soldier.

b. Transfers to another WTU. All expectations in 7-7(a) will be fulfilled, except that the Triad/LCSW discussion may be done by teleconference. Upon arrival and at the gaining CCU, the Triad of Care and LCSW will initiate a new risk assessment in AWCTS within the first 24 hours. If the intake examination is conducted within the first 24 hours, then the requirement is fulfilled.

c. WTU Commanders and the Soldier's interdisciplinary team will closely monitor risk levels and adjust mitigation plans as needed. Upon the change to a risk level, the WTU Soldier's interdisciplinary team will meet with unit leadership to determine if additional changes to the mitigation plan are required or if the Soldier will need to return to the Warrior Transition Battalion (WTB) area. Units will do everything to mitigate risk at the local level. The commander has the authority to determine if the WTB will return a Soldier to the WTU or if the CCU will maintain oversight with the WTU of the Soldier at home. The Soldier's needs and situation must be a primary influence on the WTU and CCU commanders' decision, based on what the leadership believes is the safest course of action for the Soldier.

7-8. Soldier Readiness Reviews (SRRs) formerly known as Musters.

a. The SRR is a standardized process that ensures our Soldiers are prepared for the future. It assists commanders with: proper accountability, records review medical and dental screening, possession of identification cards/tags and provide opportunities for other mandatory briefings, services and/or training. The goal of the SRR is to provide services to the Soldier that are often only available at installations and ensure they remain current with their administrative and training requirements. The process will consist of, but not be limited to, the following:

(1) State Army National Guard (ARNG) and Regional U.S. Army Reserve (USAR) Leadership

(2) Personnel Records Review

(3) Medical/Dental Screening

(4) Military Pay

- (5) Security Clearance Update
- (6) Legal (i.e., Power-of-Attorney Wills)
- (7) Transition (ACAP)
- (8) Veteran Administration (Local Liaison)
- (9) Office of Soldier Counsel
- (10) Physical Examination Board Liaison Officer (PEBLO)
- (11) Veteran Benefit Administration
- (12) Education Opportunities
- (13) Triad of Care/Scrimmage (individual and team meetings)
- (14) Urinalysis Screening
- (15) Army Physical Fitness Test (APFT)
- (16) Profile Validation
- (17) Height/Weight Screening
- (18) Adaptive Reconditioning
- (19) Local/Regional Ombudsman
- (20) Family Events (Optional)
- (21) Job Fair (Optional)
- (22) Veteran's Support Organizations (Optional)
- (23) Mandatory yearly training requirements

b. Coordinating Instructions for SRRs.

(1) CCUs will conduct SRRs quarterly. The requirement is for every Soldier to participate in alternating quarters to ensure they are attending twice a year. Depending on the Soldier population, and in order to accomplish all that is necessary, the CCU Commander (CDR) will have discretion in the duration of the SRR. Commanders will consider cost to the government and ease of travel for the Soldier when planning for the SRR. Optimum participation is the goal and Family involvement is encouraged. Where there is a significant Soldier concentration, SRRs can be located in close proximity to the Soldier population.

(a) SRRs will be held at WTU installations, National Guard or Reserve Armories and other offsite venues advantageous to the government as well as Soldiers:

1. Personnel residing within 300 miles of a WTU will travel to the installation.
2. For Soldiers who reside more than 300 miles from a WTU, SRRs will be conducted by commanders near troop concentration areas in cases where 50 or more Soldiers reside, in a cluster.
3. Soldiers residing more than 300 miles of an installation or 100 miles from an offsite will attend the most cost-favorable location. All travel arrangements must be in accordance with (IAW) the Joint Travel Regulation.

(2) WTUs will utilize SFAC resources, when and if available. Local and regional resources will be utilized when available so that Soldiers can continue utilizing those resources after the SRR is complete.

(3) Soldiers with terminal medical conditions and a life expectancy of less than one year, or whose disabilities in the PCM's opinion preclude travel, will be visited by Cadre twice per year.

c. SRR Statement. The CCU **conducts an annual SRR for each region that the unit services: (example: Oregon, Nevada, Washington, Northern California and Southern California). The SRR is a critical tool utilized by the CCU to develop and implement CTPs**

for all CCU Soldiers assigned to the unit. The SRR event is an effective way to adhere to CTP policy and guidance as distributed by the Warrior Transition Command (WTC). The SRR event also satisfies the requirements for four of six CTP processes. While the main focus of the SRR is CTP tools and milestones (i.e. scrimmages, Focused Transition Reviews, Soldier Risk Assessments, CER and mandatory training requirements), the rationale behind regional SRRs is threefold:

- (1) Allow face-to-face contact with Soldiers.
- (2) Allow for CCU Cadre to connect CCU Soldiers with local community resources.
- (3) Allow CCU Cadre to offer smaller gatherings that give CCU Soldiers more individualized attention.

The SRR provides, but is not limited to, the following services:

- **Connects CCU Soldiers with resources available in their local communities (education, career, adaptive reconditioning opportunities, military/community partnerships);**
- **Updates CCU Soldier risk assessments with a social worker;**
- **Conducts training and transition activities in a more intimate, small-group setting to maximize accountability, productivity and successful transition of Soldiers;**
- **Conducts and update scrimmages and FTR with the service members, their Triad of Care and their support system (always conducted with minimum of one member from the Triad of Care);**
- **Updates and completes transition requirements (update administrative/personnel data with Personnel Action Center (PAC), Review Integrated Disability Evaluation System (IDES) status with PEBLO, update Periodic Health Assessment (PHA));**
- **Provides instruction in adaptive reconditioning/sports activities to include a Physical Therapy (PT)/Occupational Therapy (OT) health assessment with follow-on individualized exercise prescription, nutrition counseling, yoga-nidra for sleep disorders due to traumatic brain injury (TBI)/post-traumatic stress disorder (PTSD), etc.;**
- **Makes connections with local adaptive reconditioning resources in the local communities.**

d. SRR Areas of Concentration. Specific SRR Roles and Responsibilities, Activities and Requirements.

(1) References governing CCU SRRs Army Medical Command (MEDCOM) Operations Order (OPORD) 14-24; Force Structure Changes, Feb 2014.

(2) Responsibilities:

- (a) SRR Officer in Charge (OIC)/Non Commissioned Officer in Charge (NCOIC)
 1. Plans, organizes and supervises SRR schedules, including training, adaptive reconditioning, individual CCU Soldier appointments and CTP events.
 2. Generates Warning Order (WARNO), OPORD and appendices for distribution.
 3. Organizes military and civilian assets (facilities, food, transportation, lodging, etc.)
 4. Plans, organizes and supervises Transition Resource Fair.

(b) Platoon Sergeant

1. Maintains accountability of assigned CCU Soldiers during the SRR.
2. Participates in CCU Soldier scrimmage/FTR.
3. Acts as group leader during adaptive reconditioning.
4. Assists OIC/NCOIC with SRR execution as needed.
5. Disseminates all communication regarding attendance, SRR requirements and training with assigned CCU Soldiers.
6. Conducts face-to-face time with assigned CCU Soldiers.
7. Facilitates CCU Soldier connections with SRR resources and unit leadership.
8. Assists OIC/NCOIC with SRR execution as needed

(c) Nurse Case Manager

1. Maintains medical accountability of assigned CCU Soldiers during the SRR.
2. Participates in CCU Soldier scrimmage/FTR.
3. Acts as group leader during adaptive reconditioning.
4. Assists PSG with disseminating all communication regarding attendance, SRR requirements and training with assigned CCU Soldiers.
5. Conducts face-to-face time with assigned CCU Soldiers.
6. Facilitates Soldier connections with SRR resources and unit leadership.
7. Prepares CCU Soldiers for PHA to be conducted at the SRR.
8. Continues charting/documentation during the SRR.
9. Assists OIC/NCOIC with execution as needed.

(d) Social Worker

1. Maintains behavioral health accountability of assigned CCU Soldiers during the SRR.
2. Facilitates and participates in CCU Soldier scrimmage/FTRs.
3. Conducts risk assessments on all SRR attendees.
4. Ensures Social Work Risk Assessment Questionnaire (SWRA-Q) and scrimmage data are loaded into AWCTS and PBH-Term
5. Conducts face-to-face time with assigned CCU Soldiers.
6. Facilitates CCU Soldier connections with SRR resources.

(e) Primary Care Manager (PCM)

1. Conducts PHAs on all SRR participants as time allows. CCU Soldiers whose cases are at the Physical Evaluation Board (PEB), awaiting Disability Rating Activity Site (DRAS) or in transition processing will be the lowest priority to receive a PHA. CCU Soldiers are prepped for the PHA through instructions in the OPORD. (Blood work, EKG, dental, and PHA questionnaire are done prior to, etc.). During the PHA, the PCM will discuss the Soldier's adaptive reconditioning and CER programs, and ensure they are consistent with the Soldier's profile, condition and goals.
2. Updates Medical Protection System (MEDPROS) with PHA data.

(f) AW2 Representative

1. Participates in CCU Soldier scrimmage/FTR.
2. Coordinates and recruits sponsors/participants for the Transition Resource Fair.

(g) Personnel/S1

1. Conducts individual administrative appointments with all CCU Soldiers to update personnel administrative data which includes but is not limited to: Service Members Group Life Insurance (SGLI), DD93, awards, Non Commissioned Officer Evaluation Report/Officer Evaluation Report (NCOER/OER), Personnel Qualification Record (PQR), Retirement Points Accounting System (RPAS) and ACAP.
2. Plans, organizes and executes the end of SRR recognition ceremony.
3. Prepares formal invitations for the SRR requesting participation of state and local military leaders, WTB leadership and community leaders on behalf of the CCU Commander.
4. Generates Certificates of Appreciation for SRR presenters, sponsors and resource providers

(h) CCU Support Personnel

1. CCU Cadre are assigned the additional duty of conducting unit administrator activities at the SRR.
2. CCU Transition Coordinator facilitates CER opportunities for CCU Soldiers through the Transition Resource Fair, ACAP training, resume writing and interviewing training.
3. CCU Cadre are assigned additional duties as needed to include but not limited to: facilities set-up, take down, transportation, meal coordination, patient escort, VIP escort and recognition ceremony management.

(i) Outside Resource Personnel

1. Physical Therapists/Occupational Therapists – PTs will be requested as needed from Higher Headquarters (HQ).
2. Nutrition Counseling – One nutritionist requested from a local community resource (i.e., Travis and Nellis Air Force Base, Loma Linda University, Loma Linda VA, NIKE, JBLM, etc.) to conduct nutrition counseling for the CCU Soldiers during the Adaptive Reconditioning day.
3. Yoga Instructors.
4. Concurrent training instructors include but are not limited to: Sexual Harassment/Assault Response Program (SHARP), Judge Advocate Generals (JAGs), Comprehensive Soldier and Family Fitness (CSF2), Integrated Disability Evaluation System (IDES), VA Benefits, and Military One Source.
5. Transition Resource Fair participants include but are not limited to: Veterans Administration, VET center, employers, universities and schools, adaptive reconditioning organizations, Veterans benefit organizations, job preparation organizations and local support organizations.
6. Facilities – SRR Leaders Recon Team organizes memoranda of agreement to utilize local military and civilian facilities for the SRR activities (i.e., Las Vegas Readiness Center, Nellis Air Force Base, March Air Reserve Base, Loma Linda University, Okinawa Armory, Rivercats Independence Field, Camp Withycome, NIKE Sports Center, Camp Murray, JBLM, etc.) and lodging (on-base or local hotels whichever is available and lowest cost).
7. Adaptive Reconditioning/Sports Providers – Various organizations offer adaptive sports opportunities, clinical and non-clinical rehabilitative interventions (vocational rehab, education, adaptive reconditioning, etc.) in many communities throughout the CCU Area of Operations (AO). The CCU adaptive reconditioning coach/SRR OIC recruits these organizations to provide adaptive reconditioning activities for CCU Soldiers at the SRR. These organizations include but not limited to: Ride2Recovery, Heroes on the Water, Team River Runners, PossAbilities, Health

and Wellness Centers (HAWC on Air Force Bases), Access Leisure, NIKE Sports Center, Oregon Disability Sports, Paralympics Clubs, Challenged Athletes Foundation, Ability First, CA Rehabilitation and Sports Therapy, Loma Linda University, California State Universities – Long Beach, Paralyzed Veterans of America, Adaptive Reconditioning at Naval Medical Centers, United States Adaptive Recreation Centers, Disabled Sports Eastern Sierra, No Barriers and Adaptive Cycling

(3) SRR Components.

(a) Scrimmages/Focused Transition Reviews (FTRs). *NOTE: No matter where a Soldier is in the CTP process, a Scrimmage or FTR will be conducted at the SRR.*

1. Soldiers are scheduled for a Scrimmage or FTR with their Care Team.

2. Scrimmages are attended by the CCU Soldier, CCU Soldier support system, NCM, PSG, LCSW and Army Wounded Warrior (AW2) representative (as needed). Due to time constraints, it is not possible for every CCU Soldier to meet with all members of their assigned Care Team. The CCU requirement is that a minimum of one member of the CCU Soldier Care Team will attend the scrimmage. The optimal goal is that all three members of the Care Team are available for the scrimmage and, that is the result the CCU should strive to achieve.

3. Scrimmage Worksheets and Transition Plans are updated in AWCTS.

(b) Adaptive Reconditioning

1. All CCU Soldiers will complete a health screening with certified PT/OT support personnel. The health screening includes but is not limited to: height and weight per AR 600-9, heart rate assessments, blood pressure assessments, flexibility assessments, grip strength assessments and balance and gait assessments. The health assessment also includes an individualized exercise plan, stretching recommendations and tips for recovery, increased fitness and healthy living.

2. All CCU Soldiers will participate in a nutrition counseling session put on by certified nutritionist support personnel.

3. All CCU Soldiers will participate in pool therapy with certified support personnel.

4. All Soldiers will participate in a variety of adaptive reconditioning activities and Paralympics sports which may include but are not limited to: rock climbing, adaptive cycling, wheelchair sports (basketball, softball, and rugby), SCUBA, kayaking, Paralympics sports (archery, track and field, etc.) yoga, strength and conditioning, etc.

(c) Transition Resource Fair (Job Fair)

1. The Transition Resource Fair is a venue to accomplish many of the face-to-face meetings with VA representatives, career counselors, etc.

2. Dozens of local, state and federal resource organizations attend. Invitations are coordinated through an online invitation system (Eventbrite). Participants include, but are not limited to: Veterans Administration, VET Center, employers like Wells Fargo, United Services Automobile Association (USAA), police departments, Hero2Hire; various universities and schools, adaptive reconditioning organizations, Veterans benefit organizations, Wounded Warrior Project, job preparation organizations and local support organizations.

3. The VA, ACAP, United HealthCare, MetLife, Ombudsman, Military Family Life counselors, tuition assistance, CER/OWF and Social Security participate in the fair and also present briefings in the morning sessions.

(d) Individual Appointment Schedules

1. All CCU Soldiers will attend individualized appointments to update their records, status, and CTP plans.
2. Individual appointments are scheduled throughout the week.
3. Individual appointments include: PEBLO as appropriate to update IDES status, PHA, scrimmage, personnel administration Center/S1, and LCSW for a Behavior Health Risk Assessment.

(e) Concurrent Training.

1. All Soldiers participate in concurrent training while not attending specific individual appointments.
2. Concurrent training is outlined on the day-to-day schedule.
3. Concurrent training includes, but is not limited to: SHARP, Master Resilience Training (MRT), Unit Prevention Leaders (UPL), leadership briefs, CSF2, JAG, Soldiers Medical Evaluation Board Counsel (SMEBC), Resume Building, ACAP, VA benefits, United HealthCare training, MetLife training, Ombudsman information, Military Family Life Counselor service opportunities, Tuition Assistance guidance, CER/OWF opportunities, Social Security information, unit and state leadership time, After Action Reviews (AAR), sensing sessions, etc.

(f) CCU Soldier Recognition.

1. All Soldiers participate in a recognition ceremony. Many Soldiers miss the opportunity of the unit homecoming with Family, friends, and leadership along with the recognition that comes with it.
2. The recognition ceremony resembles the Yellow Ribbon program where the Soldiers, at minimum, are presented with Certificates of Appreciation and Achievement for their service.
3. Personnel Actions Command (PAC) scrubs the Soldiers records to determine which awards that the Soldier has not received (Army Achievement Medal (AAM), Army Commendation Medal (ARCOM), Purple Heart, Meritorious Service Medal (MSM), Overseas Awards, Good Conduct Medals, etc.) These awards are presented during the recognition ceremony.
4. Leadership awards, coins and overdue promotions are also presented.
5. Unit and state leadership participate in speaking and presenting as appropriate.

(g) Unit Leadership. Unit Leadership in the CCU Soldiers' chain of command is invited to attend the SSR and has the opportunity to meet with their Soldiers. State leadership, RC leadership, and CCU chain of command members are invited and political figures are notified and attend as able.

(h) Final Separation (Medical Separation or Return to Duty)

1. Upon receipt of notice from the Transition Point Processing System III (TRANSPROC III), the CCU chain of command will immediately notify the Soldier that a date for their medical separation has been determined. The Soldier will receive counseling regarding the administrative requirements to facilitate their medical separation and will return to the CCU to complete final transition processing as prescribed by that installation's Transition Center. The CCU commander will ensure the Soldier's health care needs are maintained throughout the transition process. In addition to the out-processing required by the installation, the CCU should complete a

comprehensive final risk assessment and document it in AWCTS. Furthermore, it is vital and required that the VA will assume the Soldier's care in a Veteran status, and that a warm hand-off take place from the CCU NCM.

2. Once it is determined that a Soldier has been found Fit for Duty, the Soldier will be notified as soon as possible. They must return to their CCU to complete necessary administrative actions to return them back to an active or reserve status.

WCTP Soldier and Leader Guide

Appendix 7-1 In-Processing Checklist

CCU INPROCESSING CHECKLIST

Full Name:	Rank:	SSN:	MODS ID:
PSG:	Circle One: AC / USAR / ARNG / AGR		
NCM:	State or Div:		
PAC	Initials	Physician / Physician Asst.	Initials
MODS Review/Update		SF 600-CBWU-CA Initial Treat Plan	
eMilpo arrival transaction (w/in 24 hrs)		SF 600-Blank	
SGLV 8286 / DD93 EMERGENCY CONTACT		DA Form 3349 (Profile)	
APEQs		SF 513 Consult	
Order Type: MRP / MRP2 / ADME end date:	Type:	PDHRA	
Copies of all MRP, MOB, or TCS orders w/ amendments		Medication Reconciliation	
Copies of all previous DD214's		Nurse Case Manager (NCM)	
Current/last 3 evaluations (NCOER/OER or Memo)		TRICARE Enrollment (contract with soldier)	Initials
ETS / MRD date: _____ -Update MODS		Complete and submit AWCTS risk assessment (w/in 24 hrs)	
Date last eval: _____ ; follow up if over 90 days		MODS input (w/in 24 hrs)	
Promotable? Y / N TIS: TIG:		Initial interview	
Awards pending: Y / N; Type: _____		Initial medication list review	
Input in Database		AHLTA	
Is SM Flagged? Yes ___ No ___ /Why?		Initial PCM appt made / Consults Identified	
VAO		PAD	
SCAADL Pamphlet		Copy of Intake	Initials
DEERS enrollment form (DD Form 1172)		PDES/STR Briefing	
DA 2-1 or ERB/ORB or DA 2a (PQR)		MEDPROS	
MRP extension DA 4187 signed by soldier		MEDCOM 765R	
ID Card / Expiration Date _____ / ID Tags _____		MODS Input	
20YR Letter (If Applicable)		Profile	
FINANCE	Initials	Data Sheet	
Family Separation Allowance (FSA)		DD 2870(e) / DD 2005(e)	
Current LES		LOD & Memo	
Travel Voucher (1351-2)		Access Spreadsheet	
DTS Registration		CHCS/AHLTA	
GOVCC		AWCTS (Upload) CPT Moran	
PDMRA		Registration/TMDS	
Finance Issues (DA 2142)		SUPPLY / TRAINING / OPERATIONS	
PSG	Initials	OCIE Paperwork	Initials
Initial risk assessment (AWCTS)(w/in 24 hrs)		HT/WT	
Review Warrior Handbook w/contact info		Lodging Receipt	
Initial counseling (DA Form 4856)		Issue CAC Card Reader	
Memorandum of Understanding (MOU)		Training Certificates	
DA 31 CONV LV / DA 31 Travel Home		Career & Education Readiness	
ID Card		APEQS/Soldier Input	
Privately Owned Weapons? Y / N		DD Form 2648-1 (ACAP Checklist)	
Status of POWs: _____			
Issues and Concerns identified		BEHAVIORAL HEALTH	
Family needs identified: Y / N		Behavior Health Intake	Initials
AKO/GKO account access: Y / N		Risk Mitigation(e)	
AWCTS Scrimmage		Scrimmage	
Vehicle Inspection complete? (if applicable)		COMMAND	
Transportation needs identified and arranged: Y / N		1SG Counseling	Initials
AWCTS (PSG Follow up)		Commander Interview: Risk Mitigation(e)	
Daily Accountability and Reporting Procedures			

WCTP Soldier and Leader Guide

Appendix 7-2 Out-Processing Checklists

SOLDIER OUT-PROCESSING CHECKLIST Community Care Unit (CCU)

Rank/Name: _____ **Last Four:** _____ **Date:** _____

Service Component: _____

Assigned Escort (as needed): _____

CCU S1

	Date Completed	Signature
1. Orders		
2. Evaluation or Non rated period		
3. ERB/ORB/2-A/2-1/Emilpo/Transactions		
4. Change of Address (if necessary)		
5. S 1 Briefing		

CCU PATIENT ADMINISTRATION DIVISION (PAD)

	Date Completed	Signature
1. MODS/MEDPROSS Update		
2. DTMS		
3. CHCS Update		
4. Physical Profile		
5. FMR Review/Update		
6. Outpatient Records		

CCU CASE MANAGER

ASSIGNED CASE MANAGER: _____

1. Follow on care appointments arranged

CCU SOCIAL WORKER

1. Behavioral Health Risk Assessment

CCU PRIMARY CARE MANAGER

	Initials	Remarks
1. Initial Health Care Provider Screening		
2. Primary Care Provider Assessment		
3. Occupational Therapy (if needed)		
4. Nutrition (if needed)		

ACAP (review by SQL)

1. ACAP _____ Date Completed _____

CCU SQUAD LEADER (SQL)

1. Out-Processing Briefing Date Completed _____ Signature _____
2. SQL contact Soldier's parent unit (NG/USAR)

Physical Evaluation Board Liason Officer (PEBLO) * Soldier under MEB

1. PEBLO _____

CCU FIRST SERGEANT

1. First Sergeant Briefing _____

CCU COMPANY COMMANDER

2. Out-Processing Orientation Briefing _____

**SOLDIER OUT-PROCESSING CHECKLIST
Community Care Unit Out-processing Part II**

Rank/Name: _____ Last Four: _____ Date: _____
 Service Component: _____
 Assigned Escort (as needed): _____

WTB FINANCE

	Initials	Remarks
1. Review pay and allowances		
2. Travel Vouchers Status		
3. Detached DTS Profile		
4. Government Travel Credit Card		
Request back to cancel (if retired)		
Request detachment to new unit		
5. Verify previous DA 31s have been charged		
6. Prepare Finance Packet		
7. Refer to Social Security Advisor (as needed)		

WTB SUPPLY (S4)

1. OCIF _____

Contact RC/NG LIASON

1. Interview _____
 2. Discharge Orders/Release Orders/TCS Orders/MOB Orders _____

WTB CHAPLAIN

Signature

1. Chaplain Orientation _____

TRICARE

1. Tricare Update / Copy of Orders delivered _____

DEERS-ID Card Section (Welcome Center, Bldg 152)

1. DEERS Update / ID Card Change if required _____

SOLDIER FAMILY ASSISTANCE CENTER (SFAC)

1. Orientation Brief/Out-processing Brief _____

WOUNDED WARRIOR PROGRAM (AW2)

POC: _____ IF NEEDED _____

VETERANS ADMINISTRATION (as appointed by case manager)

1. VBA _____
 2. VHA _____
 3. Vocational Rehabilitation _____

ACAP

1. ACAP _____ Date Completed _____
 Signatutre _____

HOUSING (If needed)

Street: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate: _____

TRAVEL SECTION (IF NEEDED)

1. Travel Orientation _____ Date Completed/Signature _____

WTB CSM

1. CSM Briefing _____
 2. Verify if SM was oriented by retired Service Office (RSO) _____

WTB COMMANDER

2. Orientation Briefing _____

Transition Center

1. eMILPO Out-Processing / Deliver required documents _____

WCTP Soldier and Leader Guide

Section 8

Reserve Component- and National Guard- Specific Topics

Section 8. Reserve Component- and National Guard-Specific Topics

8-1. TRICARE Eligibility.

a. Reserve Component (RC) Soldiers attached or assigned to a Warrior Transition Unit (WTU)/Community Care Unit (CCU) and their Defense Enrollment Eligibility Reporting System (DEERS)-eligible beneficiaries are eligible for Active Duty TRICARE medical and dental benefits.

b. RC TRICARE eligibility and benefits information is located at <http://tricare.mil/>. RC members with concerns regarding their TRICARE benefits, eligibility, covered services or how to access the TRICARE Military Crisis Line (1-800-273-8255) may contact the nearest TRICARE Service point or access <http://tricare.mil/ContactUs.aspx> for more information.

8-2. RC Soldiers Transitional Assistance Management Program (TAMP) Benefits.

a. TAMP provides 180 days of transitional health care benefits to help certain members of the uniformed services and their families transition to civilian life. RC TAMP eligibility, coverage and health plan options can be found at: <http://www.tricare.mil/TAMP>.

b. RC TAMP benefits will not be used as a means to initiate or accelerate an early Release from Active Duty (REFRAD); transfer care to Department of Veterans Affairs hospitals; deny, restrict, delay or substitute entitled Active Duty medical/dental care. TAMP benefits cannot be used during terminal leave.

c. RC Soldiers who are not eligible for TAMP benefits may qualify to purchase TRICARE Reserve Select (TRS). TRS is a premium-based, worldwide health plan that qualifying National Guard and Reserve members may purchase.

8-3. Released from Active Duty (REFRAD). .

a. RC Soldiers assigned or attached to a WTU/CCU will be REFRAD in accordance with Army, Warrior Care and Transition Program (WCTP), local installation and unit out-processing and clearing policies.

b. RC Soldiers found to be Fit for Duty or receive a medical, administrative service discharge will be processed in accordance with Army regulations, local installation and unit in/out-processing and clearing policies.

WCTP Soldier and Leader Guide

Section 9

Risk Assessment and Mitigation

Section 9. Risk Assessment and Mitigation

9-1. Initial Risk Assessment. Risk assessment and mitigation management is a collaborative process involving the Soldier's commander, interdisciplinary team (IDT) and the Soldier. It is based on four critical components: screening, assessment, management / mitigation and reassessment. The process begins with an initial screening and assessment within 24 hours.

a. The Squad Leader (SL)/Platoon Sergeant (PSG), Nurse Case Manager (NCM) and Licensed Clinical Social Worker (LCSW) will complete an initial risk assessment utilizing their respective Army Warrior Care and Transition System (AWCTS) risk assessment tool within 24 hours of the Soldier's arrival. The LCSW also must complete the Social Work Risk Assessment (SWRA) in the Psychological and Behavioral Health-Tools for Evaluation, Risk and Management (PBH-Term). Any personnel who identify the Soldier as high-risk will notify the unit-level commander in person or via telephone within one hour of completing the assessment. If a non-Warrior Transition Unit (WTU) behavioral health (BH) provider initiates the risk assessment, the risk level will be annotated in the Armed Forces Health Longitudinal Technology Application (AHLTA) and communicated to the Soldier's NCM. The NCM is responsible for communicating the BH provider's risk assessment to the IDT as soon as possible.

b. The unit commander must review the risk assessments provided by the SL/PSG, NCM and the LCSW (or BH provider) within AWCTS. Based upon the assessments provided, the commander will complete the AWCTS commander's risk-assessment module and determine the Soldier's risk level and, if needed, risk-mitigation plan, within 24 hours of the Soldier's arrival. The commander will communicate the risk mitigation plan to the IDT through AWCTS and other communication tools as required to facilitate the implementation of the plan. If the company commander identifies the Soldier as high-risk, the company commander will notify the WTU battalion commander, or the first O-5 in their chain of command, of the high-risk determination. The battalion commander will approve the risk mitigation plan within seven days of notification.

9-2. Risk Management and Mitigation.

a. The unit commander should select risk-mitigation actions specific to the level of risk and presence of specific risk factors. Completed commander assessments are maintained within the AWCTS risk module. The AWCTS risk module provides the initial mitigation plan for all Soldiers evaluated as high-risk with the following mitigation actions:

(1) All WTU Soldiers assessed by any WTU Cadre member as being at risk for having suicidal or homicidal ideations will be escorted to the nearest emergency department for a behavioral health evaluation. For Community Care Unit (CCU) Soldiers that are identified as high-risk for suicide or homicide, the commander will contact authorities within the Soldier's local community to help the Soldier.

(2) Ensure contact with Soldier two times per day, seven days per week, in person or via telephone.

(3) Medication reconciliation at least weekly and each time there is a change in medication regimen.

- (4) Refer to the Soldier's Primary Care Manager PCM for enrollment in the Sole Provider Program (SPP).
- (5) Issue a no-alcohol order in a written counseling.
- (6) Assign roommate/non-medical attendant/Family member as the Soldier's battle buddy.
- (7) Require the Soldier to have a battle buddy to travel off post and sign in/out with staff duty non-commissioned officer (NCO).
- (8) Refer to chaplain, if applicable.
- (9) Initiate safety counseling.
- (10) Consider a command-directed BH referral for evaluation and follow-up.
- (11) Additional mitigation actions that the commander deems necessary can be added to the risk mitigation plan.

9-3. Reassessment.

a. Soldiers considered high-risk will be reassessed weekly by the WTU LCSW, those considered moderate-risk will be reassessed monthly and those considered low-risk will be reassessed every three months. The Interdisciplinary Team (IDT) will discuss Soldiers identified as high-risk during the weekly Triad of Care meetings and Soldiers not considered high-risk will be discussed monthly.

b. Risk assessments will take into account the Soldier's AWCTS self-assessment and encounters with Soldier and/or others involved in the Soldier's care.

c. Soldiers experiencing or exhibiting any of the following risk indicators will be reassessed immediately by the IDT:

- (1) Broken relationship.
- (2) Acute or worsening behavioral changes.
- (3) Behavior such as driving under the influence, positive urinalysis screening or returning from AWOL.
- (4) Pending Uniform Code of Military Justice (UCMJ) action.
- (5) Death of a key person in Soldier's life.
- (6) Greater level of isolative behavior or social withdrawal.
- (7) Change in behavior such as breaking rules, acting out in small ways, etc.
- (8) Receiving upsetting news (financial, children in trouble, etc.).
- (9) Learning of significant combat action involving Soldier's unit.
- (10) Transition events/milestones (Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) results, pending separation, etc.)
- (11) Addition or change in psychotropic medications that require a stabilization period.
- (12) Release from an inpatient behavioral health program or an intensive outpatient program.
- (13) Evidence of misuse of prescribed medications or using medications not prescribed by known members of the Soldier's health care team.
- (14) Any other occurrence local command deems appropriate.

d. The WTU commander will immediately execute a battle drill when there is a change in risk indicators. When a change in risk assessment is identified, the IDT will initiate a new risk assessment in AWCTS. Once the drill is completed, the WTU commander will ensure the new risk level and/or mitigation plan is disseminated to the IDT.

e. Ongoing BH risk assessment and care management is a standard of Soldier care. WTU commanders will be notified of the BH risk assessments and comprehensive assessments to ensure informed decisions are made regarding risk mitigation.

9-4. Warrior Transition Command (WTC). WTC will:

- a. Share feedback and best practices with Regional Medical Commands.
- b. Update this guidance as needed.

9-5. Regional Medical Commands (RMC). RMCs will:

- a. Monitor policy execution and compliance.
- b. Track risk levels and appropriate mitigation plans across their commands.

9-6. Military Treatment Facility (MTF) Commanders. MTF commanders will:

- a. Manage risk of WTU Soldiers.
- b. Oversee the risk assessment and mitigation policy.
- c. Follow Office of the Surgeon General (OTSG) guidance and directives for high-risk medication management and education, and implement procedures for enrolling high-risk Soldiers into the Sole Provider Program (SPP).
- d. Ensure pharmacists provide training to Soldiers and Cadre on medication reconciliation. Training should focus on group and individual levels and should specifically address the dangers associated with poly-pharmacy, psychotropic medications, narcotics and the use of alcohol.
- e. Approve all high-risk Soldiers' risk mitigation plans monthly. Ensure the MTF Department of Behavioral Health provides support to the WTU commander for all WTU Soldiers that are high risk due to BH risks.
- f. Ensure availability of medical and BH providers to perform risk assessments on WTU Soldiers who arrive after duty hours.
- g. Ensure MTF medical and BH providers designated as on-call for newly arrived WTU Soldiers are familiar with this policy and comply with all recording and reporting requirements.

9-7. Battalion-level WTU Commanders. WTU battalion commanders will:

- a. Ensure compliance with the risk assessment and mitigation policy.
- b. Review all high-risk Soldiers with their subordinate commanders weekly and approve risk mitigation plans for all high-risk Soldiers on a weekly basis.
- c. Report to the MTF Commander, or their designee, all high-risk Soldiers and their risk mitigation plans monthly.
- d. Ensure compliance with chain of command safety programs (MTF and the U.S. Army Medical Command (MEDCOM]).
- e. Ensure PSGs and SLs and other Cadre members are trained in basic life support (BLS) and automatic external defibrillation (AED) and are provided pocket masks and gloves. Document completion of training and certification in the Army Digital Training Management System (DTMS).

f. Ensure all attempted suicides, medication overdoses and all situations that, in their judgment, merit command attention are reported in accordance with (IAW) OTSG/MEDCOM Policy Memo 12-16, Reportable Information Policy.

g. Provide training to Cadre, Soldiers and Families on their roles and responsibilities, as well as programs and services available to support Soldier and Family wellness. Document completion of training and certification within the DTMS.

h. Develop unit battle drills to provide action steps for personnel to respond quickly and appropriately to potential or actual risk events. Battle drills will include plans for expediting assistance for Soldiers with behavioral difficulties commonly associated with suicide or accidental death.

i. Provide ongoing risk assessment and ensure annual suicide education for Cadre, Soldiers, and their Families. Track and manage mandatory suicide prevention training of individual Soldiers IAW Army Regulation (AR) 350-1.

j. Ensure that security procedures regarding privately owned weapons (POWs) on Army installations are current, based on AR 190-11, Physical Security of Arms, Ammunition and Explosives, and Headquarters, Department of the Army (HQDA) physical security directives. In addition, commanders will:

(1) Counsel and encourage moderate- and high-risk Soldiers who reside off the installation to disclose possession of POWs and to store their weapons in the unit's arms room.

(2) Seek legal advice from their servicing judge advocate on appropriate actions that can be taken in cases involving moderate- or high-risk Soldiers refusing to relinquish possession of POWs.

(3) Ensure SLs and the key IDT members discuss with Soldiers' spouses/Family members about possession of POWs in the home and encourage them to store their POWs in the unit's arms room.

k. Ensure Soldiers who were deployed and assigned or attached to the WTU have a current Post Deployment Health Assessment (PDHA) (DD Form 2796) on file within 30 days of redeployment. Soldiers assigned/attached to the WTU/CCU without a completed DD Form 2796, and whose redeployment exceeds 30 days, must complete the form within five days of their arrival to the WTU/CCU. Additionally, the redeployed Soldier assigned or attached to the WTU/CCU will receive a mandatory Post Deployment Health Re-Assessment (PDHRA) (DD Form 2900) within 90 to 180 days of redeployment. The completed PDHRA will also be filed in the Soldier's medical records and Medical Protection System (MEDPROS). Additional information on the Deployment Health Assessment Program (DHAP) is available at www.dhap.army.mil.

l. Designate the WTU barracks, to include rooms and indoor/outdoor common areas, as alcohol-free zones. Ensure Soldiers are counseled in writing on their understanding of the alcohol-free zone policy and that those who violate the policy are subject to UCMJ actions. If the PCM determines that consumption of alcohol poses an unacceptable risk to the Soldier, a no-alcohol order will be initiated and reviewed as needed.

m. Counsel the Soldiers on the requirement to disclose to the PCM and NCM the names of all medications, to include prescription and over-the-counter (OTC) medications, dietary supplements and herbal products. Additionally, ensure the written counseling includes the fact

that the Soldier may only take prescription medications that are prescribed by military authority (MTF and/or TRICARE-network providers).

n. Develop a medication review process, which begins with the Soldier's arrival to the WTU. A baseline medication review and reconciliation must be completed on every assigned or attached Soldier within 24 hours of arrival and a deliberate review within 72 hours to identify potential adverse medication interactions, side effects or potentially lethal medication combinations. Ensure compliance with higher headquarters policies and local MTF policy on medication reconciliation and documentation standards regarding the Warriors in Transition High-Risk Medication Review and SPP. For high-risk Soldiers and for Soldiers in the SPP, medication review will occur at least weekly and each time there is a change in medication regimen. A clinical pharmacist should be involved in medication reviews.

(1) In coordination with the PCM and MTF commander, restrict the refill of all prescribed medications and renewal of schedule II drugs (both MTF and TRICARE retail network) to the MTF pharmacy unless in an emergency situation or if the WTU/CCU is not located in an area with a MTF pharmacy. Commanders will provide MTF ED with a current roster of their Soldiers to facilitate identification and prevent issuance of medications without PCM and NCM knowledge. To ensure proper coordination of care and treatment, MTF commanders will ask the local civilian EDs to contact a specific point of contact (POC) at the MTF if any military personnel present themselves to their ED. Designating a single POC will ensure all Health Insurance Portability and Accountability Act (HIPAA) requirements are followed.

(2) In coordination with the WTU surgeon and supervisory NCM, implement a comprehensive inpatient discharge plan between the interdisciplinary inpatient staff and the WTU IDT, which includes assessment of Soldier's risk and a plan to mitigate and address risk. All Soldiers will be given a warm hand-off between the inpatient IDT and the WTU Triad. To the extent possible, Soldiers should not be released the day prior to or during a weekend, to include holidays.

(3) Ensure Soldiers and their spouse/Family member receive education and training to address the dangers associated with poly-pharmacy, narcotics and the mixing of alcohol with any medications.

o. Ensure the IDT is informed of any Soldier adverse actions to ensure that the team is prepared to help the Soldier through the situation. Adverse actions will not be implemented on a Friday or before a long weekend. Inform all members of the IDT and the chaplain when any adverse action is initiated to ensure the Soldier's risk level is reassessed and the mitigation plan is updated if necessary. On the day the adverse action is initiated, Soldiers will be referred and escorted to the LCSW for a clinical reassessment.

p. Ensure that all Soldiers considered for transfer to a CCU have a risk assessment and mitigation plan completed prior to transfer. Soldiers designated as high-risk are not eligible for transfer to a CCU. For CCU Soldiers who become high-risk, the CCU commander will assess the unit and community's capabilities/availability of care for the Soldier to remain in the CCU. WTU battalion commanders will approve all high-risk CCU Soldier mitigation plans within 24 hours of the change.

q. Utilize the BH risk assessment of the WTU LCSW, on-call and BH providers to support risk management/mitigation plans.

r. Ensure Soldiers are evaluated for Career and Education Readiness (CER) activities.

s. Implement the U.S. Army Soldier and Leader Risk Reduction Tool (SLRRT) for all Soldiers in the WTU and CCU (both Cadre and WTU Soldiers) in conjunction with Field Manual (FM) 6-22, Army leadership, counseling and in accordance with AR 623-3, Evaluation Reporting System. More information is available at: http://www.armyg1.army.mil/hr/suicide/spmonth/risk_assessment_tool.asp.

(1) The SLRRT is used to facilitate dialogue between the Soldier and leader, and connect both to appropriate resources when necessary. Both annually and during transition (entry into the program, separation and/or release from active duty), complete the following:

(a) Verify the gaining unit or organization and a POC.

(b) Ensure the gaining command's POC is knowledgeable regarding the Soldier's level of functioning as of the last developmental counseling session.

(2) Adjust risk management/mitigation plans based on assessed risk and the BH comprehensive assessment of Soldiers as necessary and required.

9-8. Company-level WTU Commanders and CCU Commanders. WTU company commanders will:

a. Complete WTU Soldiers' risk assessments and mitigation plans within 24 hours of the Soldier's arrival to the WTU/CCU and ensure WTU/CCU staff maintains a current risk assessment and mitigation plan.

b. Designate the Soldier's risk level as Low (Green), Moderate Low (Amber), Moderate (Red), High (Black); BH risk assessment of Severe/High (Black) is equivalent to commander's risk level of High (Black). In the event where risk assessments differ between the IDT and the commander, select the higher risk level.

c. Determine the overall risk level based on the assessments of the designated WTU/CCU staff and identify and implement an appropriate mitigation plan.

d. Following the overall risk level, counsel each Soldier on the risk mitigation plan and validate the Soldier's understanding by documenting the counseling in the AWCTS case log.

e. Report all high-risk Soldiers and their risk mitigation plans to the first O-5 in the chain of command weekly.

f. For CCU Soldiers who become high-risk, the CCU commander will assess the unit's and community's capabilities/availability for care for the Soldier to remain in the CCU. WTU battalion commanders will approve all high-risk CCU Soldier mitigation plans within 24 hours of the change. In cases where those needs cannot be met, the commander will coordinate a transfer to the appropriate WTU. The decision to keep a high-risk Soldier in a remote status should not be taken lightly.

9-9. Platoon Sergeant/Squad Leader. Platoon Sergeant/Squad Leader will:

a. Assess Soldier's basic needs and risk assessment within 24 hours of the Soldier's arrival.

b. Implement risk mitigation plans for Soldiers based on acute changes in the Soldier risk indicators as described in paragraph 9-3(c) above and/or upon the request of any member of the Triad and/or the WTU LCSW.

c. Notify the company commander in person or via telephone within one hour of any increase to high-risk or an initial assessment of high-risk.

9-10. The Primary Care Manager. PCM will:

a. Inform the WTU/CCU commander and the IDT of Soldiers' risk assessments at or before the next weekly Triad meetings.

b. Review the 24-hour risk assessment in AHLTA and complete a one-hour PCM appointment no later than five days after the Soldier's arrival. Assessments should address all aspects of the Soldier's health, to include physical, psychological, social, career, Family and spiritual areas.

c. Ensure medical, BH and rehabilitation plans are synergistic and are consistent with risk mitigation.

d. In coordination with LCSW and BH providers, ensure BH assessment and safety/treatment plans are in place for Soldiers.

e. Ensure the above plans are understood and agreed upon by the Triad and appropriate members of the IDT.

f. Where clinically appropriate, place high-risk Soldiers into the SPP.

9-11. Nurse Case Manager. NCM will:

a. Initiate and complete a risk assessment and a medication review within 24 hours of a Soldier's arrival to the WTU.

b. Document the risk level in AHLTA and AWCTS.

c. Inform the WTU company commander within one hour, in person or via telephone, of any high-risk determination.

d. Include Family and social-support assessment during in-processing and during weekly NCM contacts in order to identify potential broken relationships.

e. Annotate this discussion in AHLTA and educate Families regarding risk-mitigation measures when developing the plan of care.

9-12. WTU/CCU Licensed Clinical Social Worker (LCSW). The LCSW will:

a. Within 24 hours of the Soldier's arrival at the WTU, meet and welcome the Soldier:

(1) Ensure the Soldier completes and signs the Limits of Confidentiality and Informed Consent to Care (LCICC) (BH Clinics) on DA Form 4700, Medical Record-Supplemental Medical Data;

(2) Conduct the preliminary BH needs and risk assessment during duty hours as assigned on-call provider; complete the WTU Behavioral Health (BH) Social Work Risk Assessment Questionnaire (SWRA-Q), MEDCOM Form 818-Pilot and enter these findings into AHLTA along with a complete a safety plan (as appropriate).

(3) Enter the Soldier's responses on the SWRA-Q into the automated BH risk assessment tool entitled Psychological and Behavioral Health -Tools for Evaluation, Risk, and Management (PBH-TERM), located at <https://health-terms.army.mil>, to estimate the Soldier's BH risk (severe, high, elevated, guarded or low).

(4) Enter the results of the BH needs and preliminary risk assessment into AHLTA. In the patient-encounter note, enter the risk assessment in the “Objective” section and the safety/treatment plan in the “Plan” or “Add Note” section.

(5) Convert the BH risk assessment into the WTC BH/Social Work Risk Assessment (SWRA), MEDCOM Form 816, to assess the Soldier’s behavioral health risk using a four-point scale (high, moderate, moderate-low or low) for entry into the AWCTS. The LCSW will select the appropriate radio buttons within AWCTS and add any additional comments. Following submission, the results of the SWRA will be displayed on the WTU commander’s dashboard for final determination of risk assessment and risk mitigation, as necessary. In general, the paper-based WTU SWRA will be provided to the commander only when AWCTS is down or not available.

(6) If the Soldier is assessed as “severe” or “high” BH risk, notify the WTU/CCU commander or designee within one hour, by telephone or in person, and document the contact in AHLTA.

(7) Work cooperatively and collaboratively with the IDT to assess, support, treat and manage WTU/CCU Soldiers and their Families/Caregivers as appropriate.

(8) At locations where the Soldier arrives during non-duty hours and/or LCSW on-call support is limited, the on-call provider designated to cover BH will meet with the Soldier to conduct the preliminary BH needs and risk assessment.

(9) Conduct ongoing BH risk assessments, and provide behavioral health care management and support to the Family/Caregivers.

(a) Within five days of the Soldier’s arrival at the WTU, schedule an appointment for the Soldier to meet with the WTU/CCU LCSW for the initial BH risk assessment and comprehensive assessment, and provide to the Soldier the Behavioral Health Intake-Psychosocial History and Assessment (BHI-PHA), MEDCOM Form 811-Pilot, to complete prior to the scheduled appointment.

(b) Complete appropriate referrals, consultations and collateral contacts/notifications required to address the Soldier’s needs and mitigate the BH risk.

(c) Enter the Soldier’s responses on the SWRA-Q into the PBH-TERM located at <https://health-terms.army.mil> to estimate the Soldier’s BH risk (severe, high, elevated, guarded or low).

(d) Enter results of BH needs and preliminary risk assessment into AHLTA. In the patient-encounter note, enter the risk assessment in the “Objective” section and the safety/treatment plan in the “Plan” or “Add Note” section.

(e) Convert the BH risk assessment into the WTC BH/Social Work Risk Assessment (SWRA), MEDCOM Form 816, to assess the Soldier’s behavioral health risk using a four-point scale (high, moderate, moderate-low or low) for entry into the AWCTS. The LCSW will select the appropriate radio buttons within AWCTS and add any additional comments. Following submission, the results of the SWRA will be displayed on the WTU Commander’s dashboard for final determination of risk assessment and risk mitigation, as necessary. In general, the paper-based WTU SWRA will be provided to the commander only when AWCTS is down or not available.

(f) If the Soldier is assessed as “severe” or “high” BH risk, notify the WTU Commander or designee within one hour, by telephone or in person, and document the contact in AHLTA.

(g) Act as a consultant to the WTU Commander to implement a BH safety and risk mitigation plan for the Soldier. Inform the company commander within one hour of any of high-risk determinations.

(h) During non-duty hours and WTU LCSW on-call support is limited, the designated on-call Behavioral Health provider will:

1. Meet with the Soldier to assess BH immediate needs, provide the Soldier the SWRA-Q and the LCICC to complete, assess the risk on the SWRA and complete safety/treatment plans, as appropriate.

2. Complete appropriate referrals/consults, collateral contacts/notifications to mitigate risk and facilitate the provision of appropriate BH care.

3. Provide the results of the needs assessment and the BH and WTU risk assessment to the WTU commander or designee via AWCTS or direct notification.

4. If the Soldier is assessed as “severe” or “high” BH risk, notify the Company Commander or designee within one hour, by telephone or in person.

5. Act as a consultant to the WTU Commander to implement a BH safety and risk mitigation plan for the Soldier.

6. Enter the BH risk assessment (severe, high, moderate, guarded or low) into AHLTA in the patient-encounter note in the “Objective” section and the safety/treatment plan in the “Plan” or “Add Note” section.

b. When on-call provider completes the preliminary BH needs and risk assessment, the WTU LCSW will (on the next duty day):

(1) Review the care provided and the BH needs of the Soldier and ensure the Soldier completes the SWRA-Q and LCICC. The on-call provider completes the SWRA, enters risk assessment in AHLTA and implements safety and risk mitigation plans, if provided by the WTU commander.

(2) Obtain the responses to the initial SWRA-Q from the on-call provider and enter them into PBH-TERM.

(3) Meet and welcome the Soldier and review the current SWRA-Q and update, if needed, address any additional BH needs, schedule an appointment for the Soldier to meet with the WTU LCSW within five days of the Soldier’s arrival to the WTU for the initial BH risk assessment and comprehensive assessment, and provide the Soldier with the BHI-PHA and the LCICC to complete prior to the scheduled appointment.

(4) Document the encounter and enter the current BH risk assessment (as assigned by the on-call provider or adjusted by the WTU LCSW) in AHLTA and enter the WTU SWRA current risk assessment (as assigned by the on-call provider or adjusted by the WTU LCSW) into AWCTS. If AWCTS is not available, ensure that the SWRA is provided to the WTU commander and the Triad of Care.

c. Initial LCSW and Soldier appointment (within five days) and ongoing BH risk assessment and comprehensive assessment:

(1) Meet with the Soldier and re-assess the BH needs, review and obtain the Soldier’s signature on all required forms and complete the Licensed Clinical Social Workers (LCSWs)/BH steps for safety and treatment plan as appropriate.

(2) Have the Soldier complete the appropriate screening assessment and intervention tools (including the MEDCOM Form 811 provided to the Soldier within 24 hours), as indicated by interview and assessment.

(3) Review AHLTA to identify others involved in the Soldier's care, and consult with them to ensure a comprehensive clinical assessment has been completed, safety concerns have been addressed and care coordination has been completed.

(4) Enter and complete the BH risk assessment in PBH-TERM. From the Soldier's responses on the BHI-PHA and from the relevant facts derived from the LCSW's clinical interview and judgment, input "factors" data (depression- Factor 1, mental status-Factor 2) and case complexity data into PBH-TERM. The PBH-TERM will assist the LCSW in estimating the immediate risk level (low, guarded, elevated, high or severe). The LCSW will provide the results of SWRA to the WTU/CCU Commander and/or the Triad of Care by entering the SWRA results into AWCTS. If the Soldier is assessed as "high" or "severe" risk, the LCSW will notify the WTU commander within one hour, in person or by telephone, to facilitate a safety and risk mitigation plan for the Soldier.

(5) Enter the BH risk assessment, the results of the comprehensive BH assessment and the plan for the Soldier into AHLTA in the prescribed template for WTU LCSWs entitled "Behavioral Health Social Work-Case Management" (SO-BHSW-CM) as soon as possible, but no later than five days after the initial interview with the Soldier. Complete the Subjective, Objective, Assessment, and Plan (SOAP) sections in accordance with the structure provided in the template. Additional comments and care management notes may be placed in the "Add Note" section of the encounter. The risk estimate/assessment will be entered in the patient-encounter note in the "Objective" section and the treatment/safety plan in the "Plan" or "Add Note" section. The PBH-TERM risk estimate will be copied and inserted into the "Add Note" section of the AHLTA encounter.

(6) Enter the diagnosis in the "Assessment" section of the AHLTA Enterprise template Behavioral Health Social Work-Case Management (SO-BHSW-CM) SOAP notes.

(7) Enter the Soldier's management plan into the "Plan" section of the encounter note in AHLTA. The management plan from PBH-TERM will be copied and inserted into the encounter as an "Add Note." The goals and progress toward the goals will be annotated in PBH-TERM and reflected in the "Plan" or "Add Note" section of the encounter.

d. The LCSW will conduct ongoing BH risk assessments. Soldiers assessed at a BH risk of severe- or high-risk will be reassessed on a weekly basis those assessed as moderate or elevated will be reassessed on a monthly basis and those assessed as moderate-low, guarded or low will be reassessed on a quarterly basis. The LCSW will use SWRA-Q to conduct the ongoing risk assessments and enter the risk assessment data into PBH-TERM at each risk assessment encounter. The LCSW will document the BH risk assessment and update the WTU commander and Triad of Care regarding current risk assessments using AWCTS and during Triad meetings.

(1) A Soldier considered as severe- or high-risk for BH concerns on any risk screen/assessment will be reassessed for risk level on a weekly basis using the SWRA-Q and the PBH-TERM risk estimate. This reassessment will be conducted in person with the Soldier until the BH risk level is determined to be elevated, guarded or low.

(2) A Soldier considered severe- or high-risk will not be transferred to a CCU. CCU LCSWs with severe- or high-risk Soldiers will coordinate with the community BH providers, the Triad,

and the chain of command to assess if the Soldier may need to return to the parent Warrior Transition Battalion/Brigade IAW the commander's risk mitigation plan.

(3) Any Soldier admitted to an inpatient behavioral health facility (including substance abuse rehabilitation) or day program for BH care shall be considered severe- or high-risk. A BH provider will conduct a risk assessment within 24 hours after discharge.

(4) Soldiers estimated as elevated-BH risk will be evaluated by the LCSW on a monthly basis, using the SWRA-Q and PBH-TERM for the risk estimate, until the risk level is estimated to be guarded or low. The WTU LCSW will conduct an in-person risk assessment every 30 days at minimum of for each Soldier at elevated risk until the risk level is determined to be guarded or low. CCU LCSWs may conduct the ongoing monthly risk assessments by telephone. WTU LCSWs will conduct the assessment in person. Low-risk Soldiers will be reassessed every three months.

(5) Based on the estimated risk level, the LCSW will take appropriate action to support Soldiers and their Family/Caregiver (ex. consult with the physician and/or NCM, contact the command and/or assist in coordinating the safety plan (including protective measures like inpatient care, weapons removal and safe shelter from abuse, etc.)).

(6) LCSW will conduct BH risk reassessment as soon as possible, but no later than 24 hours, on Soldiers experiencing warning signs as noted in the current Risk Assessment and Mitigation Policy. Risk estimates may be completed at any time. AWCTS will be updated (noting the risk-estimate level of the Soldier when a risk estimate is completed; this may be done via AWCTS).

(7) If the Soldier is unavailable to complete a risk assessment due to leave status, the LCSW will contact the Soldier and assess the risk level via telephone.

(8) Fourteen days prior to release from the WTU/CCU, the Soldier will have a PBH-TERM risk estimate completed for consideration of closure of PBH-TERM record. The closing risk estimate from PBH-TERM will be entered into the "Add Note" section of the AHLTA encounter.

(9) For each BH risk assessment, the LCSW will enter the responses to the SWRA-Q into PBH-TERM. The LCSW will enter the BH risk assessment into AHLTA in the "Objective" section of the patient-encounter note or as an "Add Note" and the SWRA risk assessment into AWCTS.

(10) The Medical Management Tracking System (MMTS) and AWCTS are WTC automation programs. Where MMTS and/or AWCTS are applicable, command policy may require the LCSW to enter the estimated risk level of the Soldier into the MMTS or AWCTS.

e. The LCSW will coordinate with Family members, Triad and BH providers and other members of the IDT as needed to ensure appropriate BH risk estimation, risk mitigation and care management.

9-13. WTU Soldier. The WTU Soldier will:

a. Bring the completed BHI-PHA, MEDCOM Form 811-Pilot and LCICC to their scheduled appointment with the LCSW.

b. Review and sign DD Form 2005, Privacy Act Statement - Health Care Records, if not previously signed.

c. Review and sign DD Form 2870, Authorization for Disclosure of Medical or Dental Information, as applicable. The LCSW will use this form for release of medical information (ex. information released from a military provider to a civilian provider/facility or to Families/Caregivers).

d. Review and sign authorization to send and receive medical information by electronic mail, as applicable.

e. Complete ongoing BH interviews and risk assessments, as requested/required.

f. Comply with risk mitigation and BH safety/treatment plans.

9-14. LCSW Case Complexity Estimate.

a. The LCSW will (upon initial interview, at 90-day intervals and at case closure) complete the Case Management Complexity Worksheet (CMCW) in PBH-TERM. The case complexity is completed at each risk estimate within PBH-TERM. The LCSW will indicate the level of case complexity (low, moderate or high) in the “Objective” section of the SOAP note in the Soldier’s AHLTA encounter.

b. If PBH-TERM is not available, the LCSW will use the paper-based CMCW to determine the case complexity and place the CMCW in the service treatment record (STR).

9-15. Supportive Counseling/Brief Treatment Intervention and Referral.

a. The LCSW will provide crisis-intervention and/or brief, solution-focused counseling to meet the needs of the Soldier and his Family/Caregiver as determined by their assessment.

b. If more than a brief intervention is required (generally more than six sessions), the Soldier will be referred to other appropriate services and for follow-up to ensure continuity of care. However, the LCSW will continue to provide BH care management of the Soldier.

c. Installations with WTU LCSW staffing levels that support more expansive clinical interventions/programs may provide interventions, which include inpatient/outpatient groups for Soldiers and their Families/Caregivers, as well as individual, marital and Family counseling.

d. If the LCSWs identify that Soldiers’ BH needs are beyond their privileging and scope of practice, LCSWs will, in coordination with the Soldier’s PCM and NCM, refer the Soldier/Family to the appropriate health care discipline for further assessment/intervention. Mandatory referral programs include the Army Substance Abuse Program for alcohol/drug problems and the Family Advocacy Program for suspicion of child or intimate partner abuse/neglect. Other supportive referral programs for Family members include the Exceptional Family Member Program (when a Family member has a medical condition that may require special considerations for treatment and management of the condition) and Educational and Developmental Intervention Services (when a developmentally delayed or disabled child under the age of 3 has been identified).

e. The LCSW will conduct a Family-needs assessment to ensure that the Family’s/Caregiver’s needs and goals are addressed. The LCSW may use WTU BH-Family Needs Assessment to assist in identification and management of the Family’s/Caregiver’s goals.

f. The LCSW will document all interventions in AHLTA.

9-16. Clinical Documentation in the Medical Record.

a. BH records will be maintained in the STR IAW AR 40-66 and entered into all required medical and BH systems.

b. Closing note. Follow the standard format for closing summary notes. The closing summary note is used when services have been discontinued or are no longer required. The closing note should include a brief summary of the Soldier's condition, diagnosis, treatment, services, resources provided, closing risk level (based upon the PBH-TERM risk estimate) and case complexity.

c. Transfer note. The transfer note is used when the Soldier is transferred to another WTU/CCU or provider within the WTU/CCU and for continuity care during transitioning from the Army. The transfer note should include a brief summary of the Soldier's condition, diagnosis, treatment, services, resources provided, transfer risk level (based upon the PBH-TERM risk estimate) and case complexity. This final summary of treatment will be entered in AHLTA and filed in the Soldier's treatment record. In addition, WTU/CCU LCSW will:

(1) Contact the gaining provider during transfers to communicate the Soldier's BH history, current status, needs and establish a follow-up appointment with the receiving provider to ensure continuity of care.

(2) When Soldier is separating from the Army, ensure Soldier not referred for the in-Transition Program by a physician is informed of self-referral for enrollment in the in-Transition Mental Health Coaching & Support Program. The in-Transition Program assigns a personal coach that supports and assists the Soldier during his transition from the Army.

(a) Limits of confidentiality for clinical information and consent to assessment and/or treatment. Providers will inform Soldiers regarding limits of confidentiality. Providers will use the LCICC Form (MEDCOM Overprint 44) to document that Soldiers understand the limits of confidentiality and are providing informed consent regarding their assessment, treatment and care.

WCTP Soldier and Leader Guide

Section 10

Integrated Disability Evaluation System (IDES)

Section 10. Integrated Disability Evaluation System (IDES)

10-1. Purpose. The IDES is the joint DoD-Veterans Administration (VA) process by which DoD determines whether wounded, ill, or injured Service members are fit for continued military service and by which DoD and VA determine appropriate benefits for Service members who are separated or retired for a Service-connected disability. The IDES features a single set of disability medical examinations appropriate for fitness determination by the Military Departments and a single set of disability ratings provided by VA for appropriate use by both departments. The immediate benefits include the fact that a Service Member will NOT have to undergo examination and evaluation through two separate systems (Army and VA), and will experience a seamless transition to the benefits and compensation available through the DVA immediately upon separation or retirement, if determined to be unfit for continued military service.

10-2. IDES Process Overview. The IDES scope includes all medical examinations and all administrative activities associated with IDES case management from the point of referral by a military medical care provider to the point of return to duty or completion of VA's benefits decision letter, including the management of Service members who are temporarily retired for disability through the IDES. The IDES process (including PEB and MEB) is intended to quickly deliver a finding regarding a Soldier's fitness for continued military service and, if determined to be unfit, provide them with a single-sourced disability rating prepared by the VA, that will be used by DOD and VA to determine the service member's benefits.

10-3. Medical Retention Determination Point (MRDP). The MEB Process begins when Medical Retention Determination Point (MRDP) has been reached or when the physician determines a Soldier will not be able to return to duty. The MRDP will be made within one year of diagnosis, but may be earlier, if the medical provider determines that the service member will not be capable of returning to duty within one year despite further care. At the MRDP, a referral is submitted to begin the Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) process.

10-4. PROCESS STEPS. IAW DoD DTM 11-015, this section describes the IDES process.

a. In consultation with the Service member's commander and on approval by the MEB convening authority, a military medical care provider refers a Service member to the IDES and provides the referral to an MTF patient administrator.

b. The MTF patient administrator assigns a DoD physical evaluation board liaison officer (PEBLO) to the Service member.

c. The PEBLO informs the Service member of the IDES process, assembles the DES case file, enrolls the Service member in the Veterans Tracking Application (VTA), and refers the Service member to a VA MSC case manager.

d. The VA MSC informs the Service member of the IDES process and requests that qualified medical examiners perform the medical examinations required to adjudicate the Service member's disability claim.

e. Qualified medical examiners perform the medical examinations required to adjudicate the fitness for duty determination and rating determinations.

f. The VA MSC provides the completed medical examination results to the Service member's PEBLO and the VA D-RAS of jurisdiction.

g. The PEBLO incorporates the medical examination results in the IDES case file and provides it to the MEB convening authority.

h. The MEB convening authority (MTF commander or senior physician(s) designated by the commander for this purpose) conducts an MEB and provides the results to the PEBLO, including the results of the MEB's response to the Service member's rebuttal of the MEB findings.

i. The PEBLO provides a copy of the MEB findings, to include the completed VA medical examination results, to the Service member and, if the MEB did not return the Service member to duty, forwards their case to the PEB administrator.

j. The PEB administrator prepares and provides the Service member's case to the informal PEB (IPEB).

k. The IPEB adjudicates the case and requests the D-RAS provide proposed ratings for Service member conditions that the IPEB determines to be unfit.

l. The D-RAS prepares and provides the Service member's proposed disability ratings, and reconsideration of the proposed ratings (if the Service member requested reconsideration) to the IPEB

m. The IPEB provides its findings to the Service member.

n. If the Service member requests a formal PEB (FPEB), the FPEB convenes, adjudicates the case, and provides its findings to the Service member.

o. If the Service member appeals the FPEB findings, the Military Department considers the appeal and returns to duty, separates, retires, or assists the Service member to complete an inter-Service transfer, if appropriate and approved.

p. The Military Department concerned and VA provides Service members, separated or retired for disability through the IDES, with disability benefits and compensation at the earliest time allowed by law after separation.

q. After separation, the Military Department periodically reexamines and re-adjudicates the cases of Service members who are temporarily retired for disability.

10-5. Commander's Responsibilities. Commander's responsibilities are stated in the references listed above. They include, among others, the following:

a. If a line of duty determination is required, provide the PEBLO a complete line of duty investigation and determination within 5 days of the requested date by the PEBLO.

b. Ensure Service members attend all IDES appointments and VA medical examination appointments, particularly during the MEB phase of the IDES process during which critical case management briefings, medical examinations, and Military Department MEB are completed.

c. Inform the PEBLO of any scheduling conflicts with IDES appointments.

d. Receive updates from the PEBLO regarding the status of the Soldiers in the MEB process.

10-6. Physical Evaluation Board Liaison Officer (PEBLO).

a. The PEBLO is one of the most important contacts for the Service member, and their family member(s) throughout the IDES process. Immediately after the case is referred to the IDES, the MTF patient administrator assigns the PEBLO to the case. The PEBLO provides the link between the Service member, the member's commander, VA, and the IDES. The PEBLO will notify the Service member's commander once a Service member is referred into the IDES; it is the PEBLO's responsibility to coordinate all necessary appointments for the Service member in conjunction with the MSC. The PEBLO remains an integral part of the process from the point of MEB referral to the Service member's return to duty or separation from military service. Additional PEBLO responsibilities are outlined in

b. The Physical Evaluation Board Liaison Officer (PEBLO) will counsel and advise the service member on the IDES process in coordination with the VA Military Service Coordinator (MSC). The PEBLO will describe to the Soldier how he can contribute to the development of his case, as well as his rights and responsibilities when presented with the results of the disability evaluation process

c. PEBLOs are the primary point of contact for information concerning the service member's case status and where the service member is in the IDES process. PEBLOs are also the primary point of contact for information about the service member's rights, benefits and entitlements and the timeliness goals associated with the IDES process. The PEBLO is responsible for any updates or changes to the service member's current status (i.e., contact information, change of phone number, address change, etc.)

d. The PEBLO will process the service member's case and facilitates legal consultation and briefing with the Soldier Medical Evaluation Board Counsel (SMEBC). The PEBLO is also responsible for compiling a complete copy of the Service Treatment Record (STR) and referring the service member to other resources, such as Army Career and Alumni Program (ACAP), U.S. Army Wounded Warrior Program (AW2) and various VA programs prior to any separation or retirement.

e. The PEBLO prepares the Unit Notification Memorandum to ensure that the Commander is informed that the Soldier has been referred into IDES, and also requests a completed DA 7652, Commander's Performance and Functional Statement.

10- 7. VA Military Service Coordinator (MSC).

a. The VA Military Service Coordinator's (MSC's) is an important resource for the Soldiers. The MSC's primary role is to assist Soldiers in applying for VA compensation claims within the IDES. The VA MSC is a key member of the IDES team who should be utilized as a valuable information resource regarding VA benefits for the Soldier and their Family throughout the entire IDES process.

b. Each Soldier and Family/Caregiver processing through IDES should be scheduled for an initial interview with their designated VA MSC. The appointment usually takes place face-to-face. It may, however, be conducted by telephone, especially if it would create a hardship for the service member to appear in person.

c. The initial interview is very important. The VA MSC assists the service member with the various aspects of the IDES relating to VA benefits, which include:

(1) Explaining the purpose of the IDES program and VA's role in the IDES disability rating process and benefits

(2) Providing VA contact information, website address, phone number and location of VA facilities that they may need to know in the course of the process

(3) Clarifying the evidence they need to supply in support of any referred or claimed conditions for VA disability benefits

(4) Completing VA Form 21-0819, VA/DOD Joint Disability Evaluation Board Claim, sections II through V

(5) Requesting VA examination(s) which will be conducted to evaluate all referred and claimed conditions

d. At the end of the initial interview, the VA MSC should provide their contact information to the Soldier and his Family. Soldiers and their Families should reach out to their VA MSC whenever they have any questions about the VA's process, expected timelines or anticipated benefits throughout the IDES process.

WCTP Soldier and Leader Guide

Section 11

Army Warrior Care and Transition System (AWCTS)

Section 11. Army Warrior Care and Transition System (AWCTS)

11-1. What is AWCTS?

a. The Army Warrior Care & Transition System (AWCTS) was developed for the Warrior Transition Command (WTC). It is a compilation of systems consisting of several application modules serving distinct, but related, user communities and business processes that support the CTP process. AWCTS is a web-based IM/IT system, accessible by user roles, that allows information sharing between modules supporting the Medical Command Medical Assistance Group (MMAG), the Army Wounded Warrior Program (AW2), and Warrior Transition Unit/Community Care Unit (WTU/CCU) populations. The WTU, AW2 and Soldier modules are related to the Comprehensive Transition Plan (CTP) guidance. Each module has transparent access providing the user authoritative data from a wide variety of external data sources. Caregivers and staff members use the WTU and AW2 modules, while WTU Soldiers use the Soldier module exclusively to set goals, complete self- assessments, etc.

b. AWCTS provides accurate and timely data from multiple authoritative sources, such as the Integrated Total Army Personnel Database (ITAPDB), Composite Health Care System (CHCS), Defense Manpower Data Center (DMDC) Defense Enrollment Eligibility Reporting System (DEERS), Defense Casualty Information Processing System (DCIPS), Medical Operational Data System Warrior in Transition Module (MODS-WT), Virtual Lifetime Electronic Record (VLER), Data Access Service (DAS), etc. The original intent of the system was to provide the ability to track Soldiers through the Wounded Warrior Lifecycle (WWLC) beginning at point of injury through evacuation, medical treatment and transition either back to the force or to Veteran status

11-2. Module Overview.

a. WTU Module. The WTU module provides the capability to automate the wounded, ill or injured Soldier's CTP, providing a roadmap for the wounded, ill or injured Soldier to develop specific, long- and short-term goals and tasks. This roadmap is derived from weekly to monthly validated self-assessments and coaching/mentoring from an interdisciplinary team that occurs during quarterly scrimmages (interdisciplinary team meetings).

b. Army Wounded Warrior Program (AW2) Module: The AW2 module provides AW2 Advocates with a non-clinical case management tool in support of the Army's most severely wounded, injured and ill Soldiers, Veterans and their Families/Caregivers. The integrated data architecture of the AW2 Module provides accurate and timely data beginning from the point of injury through evacuation and notification of Family members, medical treatment and rehabilitation, the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes and transition back to the force or to civilian life as a Veteran. The AW2 module is the single portal source for recording, monitoring and tracking Soldier goals, issues, events and donations. It captures and displays critical data, eliminating and reducing data inconsistencies and redundancies, thus increasing data accuracy.

c. WTU Soldier Portal. WTU Soldiers access AWCTS from any computer or smart phone using their Army Knowledge Online (AKO) user name and passwords. Soldiers log in to their Soldier Portal to complete and view their self-assessments and goal and scrimmage information.

d. Special instructions are provided in the AWCTS User's Guide (online) that help Soldiers and others with access to navigate the system.

11-3. Reporting.

a. As of January 2014, AWCTS contains two types of reports: Standardized System Generated Reports and Ad hoc Reports.

(1) System reports are predefined, standardized, system-generated reports.

(2) Ad hoc reports are created by select users and can be saved for future use or for customization by other AWCTS users.

11-4. System Access.

a. System access is based on the roles individual users have as part of an organization. Access rights are grouped by role name and the use of resources is restricted to individuals authorized to assume the associated role. This type of access control allows legitimate users to use system resources while preventing unauthorized entry to sensitive and protected information.

(1) All users will use the System Authorization Access Request, DD Form 2875, to request access to AWCTS. Users will abide by governing regulations and policies when dealing with Personally Identifiable Information (PII).

(2) All users requesting access to AWCTS will comply with Department of Army (DA), Army Medical Command (MEDCOM) and Warrior Transition Command (WTC) training requirements in order to maintain access to AWCTS.

(a) Prerequisites for user access are: an AKO Account, a Common Access Card (CAC), and minimum clearance level required by job duties and current DOD/Army Information Assurance (IA) and Military Health System HIPAA training.

(b) Soldiers needing access to AWCTS in order to complete their self-assessments and goal setting will be granted immediate access to their individual AWCTS portal upon in-processing into a WTU/CCU by unit personnel assigned as AWCTS Administrators.

WCTP Soldier and Leader Guide

Section 12

Adaptive Reconditioning

Section 12: Adaptive Reconditioning

12-1. Adaptive Reconditioning Program. The Adaptive Reconditioning Program consists of activities to increase mental, emotional and physical well-being to build resiliency and achieve individual Comprehensive Transition Plan (CTP) goals. The Adaptive Reconditioning Program is designed to incorporate activities that support a Soldier's recovery in any of the six domains of the CTP (physical, emotional, spiritual, social, family and career) based on specified diagnoses and identified transition goals in the Soldier's Adaptive Reconditioning Plan.

12-2. Adaptive Reconditioning Program Policy.

a. Warrior Transition Unit (WTU) commanders will manage the Adaptive Reconditioning Program and team, whereas the WTU surgeon (or the WTU primary care manager in separate companies) will provide oversight and guidance to the adaptive reconditioning team. The Adaptive Reconditioning Team consists of the WTU physical therapist, who is the team lead, and an adaptive reconditioning site coordinator, who is under the guidance of the team lead. These individuals will plan, coordinate and assist with executing the adaptive reconditioning activities. Additional members of the team include: the physical therapy assistant, occupational therapist, certified occupational therapy assistant, nurse case manager, adaptive reconditioning non-commissioned officer in charge (NCOIC), squad leader and other members of the interdisciplinary team as determined by the commander.

b. The Adaptive Reconditioning Program will include mandatory and individualized activities based on Soldier needs. The program will have mandatory events on a weekly basis that are integrated into the unit's battle rhythm and target the top diagnoses of the unit. All Soldiers, once cleared by their primary care manager (PCM), will attend the mandatory scheduled events. Individual Soldier needs include, but are not limited to, CTP short-term and long-term goals. Although adaptive reconditioning events are therapeutic and part of the Soldier's recovery, medical appointments take priority. WTU commanders are responsible for ensuring events are scheduled to maximize Soldier participation.

c. The Adaptive Reconditioning Program consists of activities that are conducted for Soldiers for the purposes of optimizing well-being, returning to an active productive lifestyle and achieving their short-term and long-term goals in any of the six CTP domains. The program includes a variety of adaptive sports and physical conditioning activities, as well as other reconditioning activities including, but not limited to, visual and performing arts, music performance and composition, writing, ministry and agriculture.

d. A comprehensive Adaptive Reconditioning Program includes regular activity throughout the day to improve health by reducing stress, strengthening the heart and lungs, increasing energy levels and improving mood. The overall intent is that Soldiers will adopt an activity that they will continue once they leave the WTU. A balance between executing a challenging program and protecting the Soldier's healing process is required to achieve CTP goals.

e. All Soldiers, within the limits of their profile, will participate in a minimum of 150 minutes per week of moderate-intensity physical adaptive reconditioning, and a minimum of two adaptive reconditioning activities per week specified by Soldiers' diagnoses and related to the Soldiers' transition goals in the CTP domains.

f. The adaptive reconditioning team may count the time a Soldier participates in an intervention program through the Medical Treatment Facility (MTF), behavioral health (BH) or

traumatic brain injury (TBI) clinics as a part of the Soldier's individualized Adaptive Reconditioning Plan for the specified CTP domain.

12-3. Adaptive Reconditioning Program Activities.

a. Adaptive Reconditioning Program activities are used to optimize the physical and emotional well-being of Soldiers. The program consists of a variety of adaptive sports and physical conditioning activities. These activities help return Soldiers to an active, productive lifestyle while achieving short-term and long-term goals in any of the six CTP domains. In addition to physical conditioning activities, the Adaptive Reconditioning Program also encompasses pursuits such as visual and performing arts, music performance and composition, writing, ministry, agriculture and other indoor and outdoor activities.

b. Therapeutic events can be one of the many adaptive reconditioning activities used to help Soldiers achieve their short-term or long-term CTP goals. To be therapeutic, an event must carry with it a reasonable expectation of a beneficial effect on the Soldier's health and outcome. The Soldier's PCM is the authority for designating whether a given activity is therapeutic. These events are considered mandatory and must be attended once prescribed. They may only be superseded by medical appointments or command approval not to attend. Therapeutic Event Clearance Forms are found in Reference A.

c. Therapeutic trips are therapeutic events that involve travel away from the Soldier's unit or quarters. Therapeutic trips require approval from the Soldier's commander or his designee and will be accomplished by placing both the Soldier and any required attendant in a temporary duty assignment (TDY) status. Trips must not interfere with the performance of official duties, will not detract from readiness and will not interfere with the Soldier's treatment progression, healing or transition. These events are considered mandatory and must be attended once prescribed. They may only be superseded by medical appointments or command approval not to attend.

d. Leisure Activities (events/trips). Leisure activities are those determined by the PCM not to have a therapeutic purpose as described in paragraph 12-2c/d. Soldiers must obtain leisure event trip clearance authorization from the adaptive reconditioning team to mitigate any potential issues arising from attending the leisure activity. Those participating in leisure activity will use leave or pass in accordance with (IAW) Army Regulation (AR) 600-8-10, Leaves and Passes. Leisure Event Clearance Form is found in Reference A.

e. Competitive Activities (events/trips). Competitive activities can also be used to help Soldiers achieve their short-term or long-term CTP goals and personal goals. These events may be considered therapeutic or leisure depending on the goals of the Soldier. These activities include, but are not limited to, unit-level competition (commander's cup/stakes, tournaments, camps, clinics and university/local competitions), regional competitions (Ohio Wheelchair Games, Dixie Games, camps, clinics) and national competition (Warrior Games, Valor Games, National Veterans Wheelchair Games, Endeavor Games and others).

12-4. Adaptive Reconditioning Program Maintenance.

a. The local U.S. Army Medical Command (MEDCOM) medical maintenance facility will establish a scheduled service program and manage medical equipment maintenance data throughout its lifecycle IAW procedures outlined in manufacturer specifications and references a, b, d, m and n of the adaptive reconditioning policy. Medical equipment is any instrument, apparatus, implement, machine, appliance, implant, in vitro reagent or calibrator, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purposes of:

- (1) Diagnosis, prevention, monitoring, treatment or alleviation of disease
- (2) Diagnosis, monitoring, treatment, alleviation of or compensation for an injury

b. All purchased or donated adaptive reconditioning equipment used to support the Adaptive Reconditioning Program must be placed on the owning unit's property books for accurate accountability. Each item of medical equipment will be tested for serviceability and electrical safety prior to initial use, and at least annually thereafter, unless otherwise recommended by the original manufacturers' guidelines. Army Regulation (AR) 40-61, Medical Logistics Policies, specifies that equipment user or operator personnel will:

- (1) Routinely clean medical equipment.
- (2) Perform before, during and after-operation preventive maintenance checks and services (PMCS) in accordance with manufacturer literature.
- (3) Replace components and accessories, as needed, according to equipment user manuals. Maintain accurate records of replacement components and accessories.
- (4) Use technical manuals (TMs), manufacturer literature and local standard operating procedures (SOPs) as guides for proper operator maintenance.
- (5) Request support from the local MEDCOM medical maintenance facility for repairs and services beyond the scope of operator maintenance.

12-5. Adaptive Reconditioning Program Roles and Responsibilities.

a. The Regional Medical Commands will ensure the WTUs/Community Care Units (CCUs) establish Adaptive Reconditioning Programs IAW this policy. Regional Medical Commands (RMCs) will review adaptive reconditioning metrics and submit them to the Warrior Transition Command (WTC) Adaptive Reconditioning Branch monthly no later than (NLT) the 15th of the month (Enclosure 3).

b. WTU Commander will:

- (1) Develop and implement an Adaptive Reconditioning Program that includes activities across the CTP domains.
- (2) Ensure the planned adaptive reconditioning activities are aligned with Soldiers' diagnoses and relate to Soldiers' transition goals.
- (3) Conduct a final review of the program to ensure use of the Soldiers' time is optimized and that the program assists the Soldiers to achieve their transitional goals.
- (4) Designate an adaptive reconditioning NCOIC for each company to assist Site Coordinators with ensuring participation in the Adaptive Reconditioning Program.
- (5) Provide oversight to the CCU for the implementation of their adaptive reconditioning program.

(6) Ensure the adaptive reconditioning metrics are reported to the Office of the Secretary of Defense (OSD) Warrior Care Policy Office, WTC, and RMC points of contact (POCs) by the site coordinator as required.

(7) Ensure all Soldiers participating in an adaptive reconditioning, therapeutic, sponsored leisure and competition events receive medical clearance and authorization to attend.

(8) Ensure all Soldiers receive counseling on adherence to the tenets of their profile, to include the prohibition against consuming alcohol while on therapeutic trips.

(9) Ensure all donated trips and events are properly staffed IAW MEDCOM Regulation 1-4 and are evaluated by the servicing command or staff judge advocate.

(10) Use community supporters to maintain a robust and diverse adaptive reconditioning program.

(11) Conduct monthly after-action reviews (AARs) with the adaptive reconditioning team to evaluate Soldier participation with respect to specified diagnosis and CTP goals.

c. WTU Surgeon. The WTU surgeon (or the WTU PCM in separate companies) will provide oversight and guidance for the adaptive reconditioning team, to include advising the commander on programs most appropriate for the WTU population and overseeing their implementation.

d. Primary Care Manager (PCM) will:

(1) Consider and incorporate adaptive reconditioning options into each Soldier's medical care plan and document same in the Armed Forces Health Longitudinal Technology Application (AHLTA).

(2) Include adaptive reconditioning considerations when writing Soldier profiles.

(3) Provide medical clearances for adaptive reconditioning activities and trips when needed.

e. Physical Therapist. The physical therapist is the Adaptive Reconditioning Program lead and subject matter expert for the physical domain. In the absence of a WTU physical therapist, the WTU occupational therapist will assume the lead as designated by the commander. The physical therapist, or representative, will:

(1) Provide guidance to the site coordinator for all events/activities that fall primarily in the physical domain.

(2) Assess each Soldier within 21 days of in-processing to determine baseline physical fitness.

(3) Assign each Soldier to an ability group and establish goals for physical fitness and health maintenance for those Soldiers with profile(s).

(4) Educate squad leaders (SLs) on reconditioning physical training.

(5) Ensure Soldiers have an appropriate profile based on the eProfile written by the PCM and provide the Soldiers a copy of their individual profile to carry at all times.

(6) Design and provide an individualized exercise program that benefits each Soldier's fitness ability. As part of the Adaptive Reconditioning Program, take into consideration the physical, social and emotional requirements for the Soldier's career track and goals.

(7) Reassess the Soldier's progress every 60 days to determine the effectiveness of the individualized adaptive reconditioning program and adjust the program to meet the needs of the Soldier. These recurring 60-day reassessments will be documented in ALHTA.

(8) Provide oversight and assistance to the CCU aligned to the WTU (if applicable) in the implementation of their adaptive reconditioning program. The physical therapist will meet

quarterly with the CCU commander and interdisciplinary team to review the CCU Soldier population profiles to ensure the Adaptive Reconditioning Program is meeting the needs of the Soldiers completing the program near their homes.

(9) Review the Composite Risk Management Assessment prior to commander approval.

(10) Ensure all Soldiers complete a media release form prior to attending any event for which the public affairs office (PAO) is involved. The Soldier's SL will maintain the media release.

(11) Ensure all Soldiers have completed the Therapeutic Trip Packet prior to participation.

(a) A Therapeutic Trip Packet includes: medical clearance, trip authorization form, therapeutic trip counseling form, list of therapeutic trips taken in the past six months, printout of the Soldier's medical appointments and a printout of the Soldier's no-show history for medical appointments. For leisure or non-therapeutic trips, Soldiers must complete DA Form 31, Request and Authority for Leave.

(12) Perform the duties of a physical therapy assistant (PTA) in their absence (i.e., unavailability and/or assignment).

f. Physical Therapy Assistant. The PTA works under the supervision of a physical therapist and will:

(1) Assist in executing the individualized adaptive reconditioning program designed by the physical therapist for the Soldier.

(2) Educate the Soldier on maintaining an active, healthy lifestyle.

(3) Reassess the Soldier's physical fitness progress under the direction of the physical therapist, every 60 days.

(4) Attend the unit's physical fitness training program (differs from the Adaptive Reconditioning Program) to assist the unit with providing safe, effective physical training for their Soldiers.

(5) Assist in executing the Adaptive Reconditioning Program.

(6) Assist the site coordinator with completing the metrics for participation in adaptive reconditioning events.

(7) Assist the site coordinator and adaptive reconditioning NCOIC with equipment storage and maintenance planning.

(8) Ensure all Soldiers have a completed medical clearance form prior to participating in any activities.

g. Occupational Therapist. The occupational therapist will assist with modifying the Soldier's adaptive reconditioning plan to ensure the plan appropriately challenges the Soldier and accommodates their career and health needs. In addition, the occupational therapist will:

(1) Complete an initial assessment within 14 days of the Soldier's arrival at the WTU, which includes:

(a) Determining the Soldier's activities of daily living skills.

(b) Screening the Soldier for any assistive technology needs.

(2) Informing the physical therapist of the career track and goals of the Soldier that will facilitate their transition either back to the force or to a productive civilian life.

(3) Communicate and assist members of the adaptive reconditioning team to identify activities that benefit Soldiers by addressing short- and long-term CTP goals.

(4) Assist the adaptive reconditioning team to modify any aspect of the activity to allow Soldier to achieve their goals.

(5) Perform the duties of a certified occupational therapy assistant (COTA) in their absence (i.e., unavailability and/or assignment).

(6) Assist and supervise the COTA in performing his/her duties listed below.

(7) Lead the Adaptive Reconditioning Program in the absence of the physical therapist.

h. Certified Occupational Therapy Assistant. The COTA (under the supervision of the occupational therapist) will complete the Soldier's Phase I - Goal Setting Training within 21 days of the Soldier's arrival as a part of the Soldier's in-processing. In Phase I—Goal Setting, the Soldier will identify adaptive reconditioning activities in which they would like to participate. The COTA will:

(1) Educate the Soldier on the six CPT domains and explore each domain with the Soldier based on his CTP goals.

(2) Educate the Soldier in initial goal setting as directed by the occupational therapist.

(3) Within 30 days of the Soldier's arrival to the WTU, coordinate with other interdisciplinary team members, as appropriate, to assist the Soldier with creating transition goals across the domains.

(4) Assist in the planning and execution of adaptive reconditioning events.

(5) Assist the site coordinator in maintaining metrics for adaptive reconditioning program participation.

i. Site Coordinators. The site coordinator is an asset of the OSD, Office of Warrior Care Policy. Site coordinators serve as the planner and coordinator for all adaptive reconditioning activities for the WTU commander's adaptive reconditioning program. The site coordinator will:

(1) Plan and coordinate activities that support the CTP domains. These activities will be planned based upon input from the adaptive reconditioning team and must be related to the needs of the Soldier population and each Soldier's CTP goals. The WTU commander is the final approval authority of all new adaptive reconditioning activities and special events.

(2) Gain commander approval prior to coordinating PAO or media coverage for an event.

(3) Ensure the Therapeutic or Leisure Clearance Form is completed for the Soldier 24 hours prior to the commencement of the adaptive reconditioning event.

(4) Collaborate with the WTU adaptive reconditioning team, Installation Morale, Welfare, and Recreation (MWR) and United Service Organization (USO) to coordinate events/activities for Soldiers.

(5) Reach out to the local community, but do not solicit, to find adaptive reconditioning activities that meet the unit's overall needs. Site coordinators in conjunction with the adaptive reconditioning NCOIC are responsible for completion of the risk assessment and validating that the sponsoring agency will provide a safe setting for participating Soldiers. The sponsoring agency must provide proper equipment and venue to maximize safety. The event must be approved by the commander and vetted through legal and the command's experts on gifts and donations, prior to Soldier attendance.

(6) Identify or coordinate at least one new adaptive reconditioning opportunity on post and/or in the community each month with the intent to introduce the Soldier to new experiences based upon their goals and recommendations from the adaptive reconditioning team. Fifty percent of the new adaptive reconditioning opportunities must have the potential to become reoccurring events based upon effectiveness and feedback from the Soldiers.

(7) Provide the S3 a list of command-approved events so that events are reflected on the S3 calendar and ensure all required paperwork is complete for a Soldier to attend events conducted off-post.

(8) Provide a completed Composite Risk Management Assessment on all proposed activities to the adaptive reconditioning team lead at least one week prior to the event for approval by the commander.

(9) Ensure all donated adaptive reconditioning opportunities, including equipment, are reviewed by the command and servicing judge advocate for approval prior to acceptance.

(10) Prior to scheduling any adaptive reconditioning activity, provide the commander with an outline of associated costs. Events will not be scheduled without the approval of the commander (including free activities).

(11) Attend local adaptive reconditioning events as a member of the adaptive reconditioning team and assist in coordinating the activity and completing an AAR that is provided to the commander. The AARs will be reviewed at least monthly with the adaptive reconditioning team as a tool for future planning.

(12) Provide a primary POC and a secondary POC for communication for each adaptive reconditioning event.

(13) Provide assistance with conducting adaptive reconditioning activities.

(14) Coordinate for coaches, instructors and subject matter experts for adaptive reconditioning activities based on the needs and experience level of the Soldiers.

(15) Provide weekly metrics report to OSD per OSD reporting requirements (total number of Soldiers actually participating in an event).

(16) Provide WTC Adaptive Reconditioning Branch and RMC with the following:

(a) Monthly Report. Adaptive Reconditioning Rollup, which includes the total number of Soldiers actually participating in an activity along with the associated CTP domain.

(b) Quarterly Report: The report should include adaptive reconditioning training schedules and/or calendars. Competitive activities and special events should be highlighted to ensure the appropriate visibility.

(17) Assist the CCU in developing relationships in their Soldiers' local communities to ensure Soldiers have access to adaptive reconditioning opportunities.

(18) Use the community supporters to maintain a robust and diverse adaptive reconditioning program.

j. Nurse Case Manager (NCM). The NCM will:

(1) Meet with the Soldier weekly to review their clinical progress.

(2) Coordinate all the medical appointments to determine the Soldier's availability to participate in an adaptive reconditioning event and communicate with the adaptive reconditioning team if the Soldier is involved in an activity that would prevent participation in the event.

k. Adaptive Reconditioning Non-Commissioned Officer in Charge (NCOIC). The adaptive reconditioning NCOIC will:

(1) Assist site coordinators with ensuring participation in the Adaptive Reconditioning Program. NCOIC will work with the adaptive reconditioning team, along with the SL.

(2) Assist SL to ensure Soldiers comply with adaptive reconditioning requirements.

(3) Coordinate with adaptive reconditioning team to conduct risk assessments for adaptive reconditioning events/activities.

(4) Coordinate with site coordinator to ensure adaptive reconditioning equipment is properly accounted for and secured as required.

(5) Ensure adaptive reconditioning equipment is properly stored and maintained. This includes coordination with local MEDCOM medical maintenance facility for all equipment maintenance.

(6) Assist adaptive reconditioning in setup/teardown of events/activities.

(7) Assist in proper accounting of Soldiers participating in adaptive reconditioning events/activities.

l. Squad Leader (SL). The SL will:

(1) Assist the Soldier in developing and maintaining a daily activities calendar/schedule that includes both the Soldier's clinical and non-clinical plan of care including adaptive reconditioning activities.

(2) Track all of the Soldier's appointments.

(3) Communicate the Soldier's availability to attend adaptive reconditioning activities/events to the adaptive reconditioning team.

(4) Ensure each Soldier carries a copy of their profile on them at all times.

(5) Ensure each Soldier participates in a minimum 150 minutes per week of moderate-intensity physical adaptive reconditioning, and a minimum of two adaptive reconditioning activities per week within the specified domains of the CTP.

(6) Inform the POC for the adaptive reconditioning event if the Soldier is unable to attend.

(7) Maintain any media releases the Soldier signs related to adaptive reconditioning activities.

m. Soldier. The Soldier will:

(1) Participate in a minimum of 150 minutes per week of moderate-intensity physical adaptive reconditioning, and a minimum of two adaptive reconditioning activities per week specified by his diagnoses and related to his transition goals in the CTP domains.

(2) Be on time, in the correct uniform and at the right location for the adaptive reconditioning activity/event.

(3) Carry a copy of their individual profile at all times.

(4) Advise the SL NLT 24 hours prior to the scheduled event if transportation is required.

(5) Notify the SL at least two hours prior to the event if unable to attend a scheduled adaptive reconditioning activity or event.

(6) Provide feedback to the adaptive reconditioning team related to the effectiveness of the program.

(7) Conduct end-user maintenance within the limits of his profile (Section 12-4). Notify site coordinator and adaptive reconditioning NCOIC of equipment maintenance needs.

(8) Seek medical clearance for each adaptive reconditioning event in timely manner to allow the appropriate level of clearance and ensure a trip approval packet for those events requiring an overnight stay. This will be completed with the assistance of the interdisciplinary team at least 24 hours prior to the start of the event.

(9) Adhere to the tenets of their profile to include no alcohol consumption during therapeutic activities, events or trips.

WCTP Soldier and Leader Guide

Section 13

Career and Education Readiness (CER) Program

Section 13. Career and Education Readiness (CER) Program

13-1. Career and Education Readiness (CER) Program Introduction.

a. Career is one of the six domains of the Comprehensive Transition Plan (CTP). The Career and Education Readiness (CER) program is the centerpiece of this domain, and is often the most difficult for Soldiers to navigate. Many Soldiers devote their entire career to the military, and grapple with “thinking outside the uniform” for the first time as an adult.

b. The concept of the “fog of recovery”—the emotional and psychological difficulties that accompany recovery—is new to most Soldiers. The “fog of recovery” is influenced by many factors:

(1) Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) affect cognitive abilities and decision-making.

(2) An individual’s healing curve may not coincide with the Army’s programmed timeline.

(3) Soldiers may have inadequate time to adapt to their new realities.

(4) There may be disincentives to rapid holistic healing, including but not limited to changed capabilities, changed self-image, prospect of unemployment, financial disincentives due to loss of military pay/benefits, VA disability compensation and the availability of Social Security Disability Income (SSDI).

(5) Learned helplessness negatively impacts both physical and psychological health and the culture of the health care community may not be supportive of the “tough love” required to overcome it.

c. The best antidote to the “fog of recovery” is to return to normal, or to craft a “new normal” as quickly as possible. A new normal may include returning to work, whether in an old career environment or a new one. The CER program helps Soldiers prepare for their chosen career path and successfully implement their plan.

d. Each Soldier will heal and transition on his or her unique timeline. The commander and staff should review each Soldier’s case independently to determine when the individual is CER eligible, how he or she is progressing in their plan and address any pitfalls along the way. Devoting resources and taking these actions ensures the Soldier is prepared for success in the chosen career domain after transition.

e. The Soldier’s self-assessment is a critically important piece of the CER program, and is a precursor to developing an appropriate action plan. Three self-assessment topics pertain specifically to CER: “Career-Work plan,” “Career-Education plan,” and “Career-Employment plan.” The Transition Coordinator (TC), Occupational Therapist (OT), and Squad Leader (SL) should review these sections of the self-assessment in order to help the Soldier develop long term career goals.

13-2. Career and Education Readiness (CER) Eligibility.

a. Soldiers assigned/attached to Warrior Transition Unit (WTUs) must participate in one or more CER activities once they are determined to be eligible for the program. Eligibility for CER activity is based on two distinct evaluations made by medical management (M2) and the WTU Commander:

- b. The M2 evaluation must conclude that the Soldier is medically, emotionally and physically ready to participate in a CER activity while continuing medical treatment. The nurse case manager (NCM), in collaboration with the interdisciplinary team (IDT), is responsible for coordinating the medical management evaluation of CER eligibility as well as documentation.
- c. The WTU Commander evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity. The commander is responsible for evaluating CER eligibility, and the SL is responsible for documentation.
- d. CER eligibility must be documented on the CER eligibility form (see Appendix 13-1).

13 -3. Career and Education Readiness (CER) Work sites.

- a. A CER Work site is where a Soldier participates in a CER activity that aligns with the Soldier's CTP track and supports the Soldier's long-term career goals.
- b. All CER Work sites are located within federal agencies.
- c. CER Work sites must be within 50 miles of the Soldier's current residence. An exception to this policy must be requested for CER Work sites more than 50 miles from where the Soldier resides (see Appendix 13-2). Requests for exception to policy must be initiated and signed by the WTU staff, signed by the WTU CDR and routed through the Regional Medical Command Warrior Transition Office (RMC WTO) to the Warrior Transition Command (WTC), G-1. The WTC Commander is the sole approval authority for an exception to policy.
- d. All CER Work sites require a job safety analysis (JSA). Composite Risk Management (CRM) processes will be implemented to mitigate hazards if specific issues are identified. A JSA must be completed at least once per Work site unless there are physical changes to the Work site. An additional JSA will be required if potential job hazards are newly identified at a previously analyzed Work site (See Appendix 13-3).
- e. CER Work sites outside the continental United States are not permitted except for Soldiers at the Fort Richardson and Fort Wainwright WTUs, Puerto Rico CCU, Pacific Regional Medical Command (RMC) and Europe RMC. Work sites at these locations must be within the 50 mile radius and must have had a JSA. Overseas travel and travel across an international border are not permitted to accommodate a preferred CER Work site.

13-4. Reserve Component Career and Education Readiness (CER).

- a. Reserve Component Soldiers in a WTU are placed on Title 10 orders for medical treatment and will be provided the same access to CER opportunities as Active Component Soldiers. Completion of a CER activity will not delay release from the WTU once medical care is completed. Soldiers will not be compensated outside of payment for Title 10 work for participating in a CER activity.
- b. Reserve Component Soldiers on Title 10 orders will not perform Title 32 duties such as Annual Training or Inactive Duty for Training. However, much like Active Guard Reserve (AGR), Soldiers on the Remain-in-the-Army Track may perform activities at a National Guard armory or Reserve Center during the duty week as long as it is in line with the Soldier's rank and Military Occupation Specialty (MOS). These activities must support the Soldier's CTP track and career goals.
- c. The only exception to this rule is for Reserve Component Soldiers on the Remain-in-the-Army CTP track who do not have post release-from-active-duty (REFRAD) employment. These

Soldiers should be placed in CER activities that will enhance their post-REFRAD employment opportunities.

d. Reserve Component Soldiers on the Transition-from-the-Army track will be placed in CER activities to enhance their post-Army employment.

e. The Army Career and Alumni Program (ACAP) requires all Reserve Component Soldiers to complete ACAP requirements prior to REFRAD or separation. (See Section 13-9)

13-5. Career Assessments.

a. Career assessments provide a Soldier with a comprehensive evaluation of their knowledge, skills and abilities so they can make informed decisions about their professional goals. Ideally, assessments should be completed prior to the 90-day scrimmage.

b. Cadre and staff must ensure there is close collaboration between all parties so the Soldier performs the career assessment at a time when he is physically and mentally ready. The Company Transition Coordinator (CO-TC) must collaborate with Veteran Affairs (VA) Vocational Rehabilitation and Employment (VR&E) or Army Continuing Education Services (ACES) to ensure the Soldier receives a copy of the career assessment so they can share it with WTU staff and properly customize their CTP.

c. Soldiers who will likely transition from the Army (including REFRAD) require career assessments as part of ACAP. There are only two authorized career assessments: those provided by ACES and VA VR&E.

d. To be eligible for VR&E career assessment, the Soldier must be enrolled in the Department of Defense (DOD) Education and Employment Initiative (E2I) (see Appendix 13-14) or in the Integrated Disability Evaluation System (IDES).

e. Soldiers are eligible to take a career assessment at any time through ACES. However, as part of the ACAP transition process, Soldiers are required to take a career assessment as they separate from the Army. This includes Soldiers who will likely REFRAD.

f. A certified VR&E counselor provides the VA VR&E assessment. The Soldier must establish an appointment for initial counseling provided by a VR&E counselor. Once counseling is complete, the Soldier can elect to schedule an assessment. The VR&E counselor will provide a reading of the assessment to the Soldier and will advise the individual on career interests and what professions best suit them.

g. A career assessment can be scheduled at ACES in the Soldier and Family Assistance Center (SFAC). Typically, an assessment is conducted online and Soldiers receive an evaluation of their interest, skills and work values and can receive counseling by an ACES certified education counselor.

13-6. VA VR&E.

a. VA VR&E provides services to Soldiers who are eligible for the Education and Employment Initiative (E2I) program and those in IDES to help them prepare for, find and keep suitable jobs. The VR&E Program provides the following:

(1) Comprehensive rehabilitation evaluation to determine abilities, skills and interests for employment.

(2) Vocational counseling and rehabilitation planning for employment services such as job-training, job-seeking skills, resume development and other work readiness assistance

(3) Assistance finding and keeping a job, including the use of special employer incentives and job accommodations.

(4) On the Job Training (OJT) and non-paid work experience.

(5) Post-secondary training at a college, vocational, technical or business school.

(6) Supportive rehabilitation services including case management, counseling and medical referrals.

(7) Independent living services for Veterans unable to work due to the severity of their disabilities.

b. Soldiers who incur a serious illness or injury that may render them unable to perform their military duties may be entitled to vocational rehabilitation services under Title 38, United States Code (U.S.C.), Chapter 31. As a result of changes to Chapter 31 services, a Soldier's eligibility and entitlement are established without regard to a VA service-connected disability rating or a determination of employment handicap while still on active duty.

c. Enrollment in VR&E services is based upon submission of VA Form 28-1900 (Disabled Veterans Application for Vocational Rehabilitation (see Appendix 13-4) and qualifying information related to military service. The VA will accept documentation showing the Soldier has a medical condition determined to be the result of an injury incurred or illness contracted in the line of duty, which could be cause for referral to IDES. Qualifying information to determine eligibility for VR&E services and assistance may be provided to the VA by the Soldier, the Physical Evaluation Board Liaison Officer (PEBLO), WTU and other referral sources such as a VA Polytrauma Center with the Soldier's consent. Service Treatment Records (STRs) are not necessary to establish entitlement for VR&E services but are requested to expedite the counseling process for Soldiers enrolled in IDES or E2I.

d. Roles and responsibilities.

(1) The Commander will:

(a) Establish a CER program that supports the Commander's goals and objectives.

(b) Ensure the unit TC builds and maintains a working relationship with VA VR&E.

(c) Ensure VR&E counselors are built into the unit's CER program.

(d) Ensure transitioning (including REFRAD) Soldiers receive initial counseling from a VR&E counselor.

(e) Ensure transitioning (including REFRAD) Soldiers complete a career assessment through VA VR&E or ACES.

(f) Ensure Soldiers using VR&E services are supported by the Soldier's chain of command.

(g) Capture and report VR&E metrics as requested by the RMC WTO or WTC.

(h) Ensure SLs conduct daily accountability of Soldiers at the Work site.

(i) Ensure SLs contact each Soldier's supervisor at least once a week.

(j) Ensure SLs visit each Soldier Work site at least once a month.

(k) Ensure each Soldier is CER eligible before VR&E participation.

(l) Ensure the NCM and SL sign the CER Eligibility document (see Appendix 13-1).

(m) Ensure that Soldiers who participate in a VR&E program are documented with a completed Work site Agreement (See Appendix 13-5) and a Work site Therapy Evaluation Form (See Appendix 13-8).

(n) Ensure the OT completes the OT CER assessment referral form (see Appendix 13-8).

(o) Ensure the medical team supports requests from VR&E for additional clinical evaluations for Soldiers participating in the program.

(p) Fill out and sign the Military Service Status Referral to VA VR&E document (see Appendix 13-10) for referral to VR&E services.

(q) Invite VR&E counselor to Triad, Scrimmage, or FTR meetings to discuss individual Soldier issues.

(2) The TC will:

(a) Meet with the Soldier during the first 30 days and explain the CER process.

(b) Coordinate with the OT to determine if VR&E referral is appropriate at this time.

(c) Develop initial career goal with Soldier to make referral to VR&E.

(d) Refer Soldier to VA VR&E counselor for VR&E benefits overview.

(e) Track a Soldier's eligibility to participate in CER activities.

(f) Refer CER eligible Soldiers to a VA VR&E counselor between 30-90 days after assignment to a WTU. Ensure all transitioning (including REFRAD) Soldiers have been referred to the VR&E counselor once they reach MRDP. If the Soldier is in the IDES process, the Veterans Benefits Association (VBA) Military Service Coordinator (MSC) should make the referral.

(g) Ensure the Soldier has properly submitted the following paperwork for VR&E referral:

- Military Service Status Referral to VA VR&E (see Appendix 13-10).
- DD Form 2870- Authorization for Disclosure of Medical or Dental Information (see Appendix 13-11).
- VA Form 28-1900- Disabled Veterans Application for Vocational Rehabilitation (see Appendix 13-4).
- VA Form 3288- Request for and Consent to Release of Information from Individual's Records (see Appendix 13-12).
- OT initial/functional assessment

(h) Refer the Soldier back to VR&E for a career assessment if after the initial briefing the individual elects to utilize services.

(i) Provide a warm hand-off to the E2I Regional Coordinator when the VR&E assessment is complete no later than (NLT) 180 days prior to the anticipated separation with VR&E counseling results or career plan.

(j) Ensure the Soldier has submitted VA Form 5571, Authorization to Disclose a Record in the Presence of a Third Party (see Appendix 13-13).

(k) Develop alternate CER plan with Soldier if they are not approved for VR&E services (i.e., Line of Duty [LOD]).

(l) Coordinate with VR&E counselor to receive VR&E evaluation results.

(m) Discuss VR&E evaluation results with Soldier and IDT prior to or at the 90 day scrimmage to validate the Soldier's CTP and CER plan.

(n) Collaborate with the VR&E counselor on the VR&E career plan and coordinate with WTU medical professionals to receive additional specialty evaluations. (i.e. Functional Assessment or Cognitive Assessment).

(o) Coordinate with the IDT, including the VR&E counselor, to place the Soldier in a CER activity that aligns to the individual's VR&E evaluation and career goal.

(p) Ensure the OT or Certified Occupational Therapist Assistant (COTA) conduct a Work site assessment to determine if the site is conducive to the Soldier's profile (see Appendix 13-8).

(q) Convene an IDT meeting to address non-compliance with the CER plan or inability to execute the CER plan.

(3) The NCM will:

(a) Notify the Commanding Officer Training Contingent (CO-TC) and OT regarding any clinical issues that affect VR&E readiness and execution, like goal development.

(b) Assist the Soldier in establishing clinical transition goals that support positive VR&E outcomes.

(c) Coordinate with PCM, OT and other clinical providers to determine M2 eligibility for CER, including VR&E.

(d) Document the M2 determination and notify the CO-TC of changes to M2 determination about Soldier participation in CER activities (see Appendix 13-1).

(e) Notify CO-TC/SL/OT regarding any change in medical condition or appointments that would affect VR&E outcomes.

(f) Assist the Soldier in scheduling any specialty evaluations requested by the VR&E counselor. (i.e. Neuropsychological testing, OT functional assessment).

(g) Direct the Soldier to the Medical Support Assistant for help in completing DD Form 2870- Authorization for Disclosure of Medical or Dental Information (see Appendix 13-11).

(4) The OT will:

(a) Complete an initial assessment of the Soldier within 14 days of arrival at the WTU to determine a Soldier's functional activities of daily living (ADL) status and areas of interest for work reintegration.

(b) Assist the Soldier in developing their initial career goal.

(c) Coordinate with the CO-TC to determine if the Soldier should be referred to VR&E to support their career goal.

(d) Provide a copy of the initial assessment to the VR&E counselor, if requested.

(e) Consult and collaborate with the CO-TC regarding the Soldier's participation in CER activities or VR&E referral.

(f) Conduct Work site assessments to determine if the site is conducive to the Soldier's positive profile (see Appendix 13-8).

(g) Evaluate the need and if necessary request adaptive equipment or reasonable accommodation to assist Soldiers in completing their VR&E plan.

(5) The SL will:

(a) Refer Soldiers to the BN-TC for CER and transition activities, to include an overview of the VR&E program during in-processing.

(b) Ensure Soldiers are referred to the VR&E counselor within 30 days, if determined appropriate by the OT and BN-TC.

(c) Annotate and notify CO-TC of the Soldier's CER eligibility (see Appendix 13-1).

(d) Coordinate with CO-TC, OT and CC to find activities that align with the "Remain-in-the-Army" track and the Soldier's long-term goals.

(e) Ensure Soldiers who are on the "Remain-in-the-Army" track know they are eligible to use VR&E Chapter 31 educational services.

(f) Refer CER eligible Soldiers to the CO-TC for VA VR&E referral between 30 and 90 days of attachment/assignment to implement VR&E career plan.

- (g) Ensure Soldiers properly submit the following paperwork for VR&E referral:
- Military Service Status Referral to VA VR&E (see Appendix 13-10).
 - DD Form 2870--Authorization for Disclosure of Medical or Dental Information (see Appendix 13-11).
 - VA Form 28-1900--Disabled Veterans Application for Vocational Rehabilitation (see Appendix 13-4).
 - VA Form 3288--Request for and Consent to Release of Information from Individual's Records (see Appendix 13-12).
 - OT initial/functional assessment
- (h) Coordinate with CO-TC to receive VR&E evaluation results.
- (i) Coordinate with IDT and the VR&E counselor to place the Soldier in a CER activity that aligns with the individual's career plan and VR&E evaluation.
- (j) Assist Soldiers in developing a weekly clinical and non-clinical calendar to de-conflict medical appointments and CER hours.
- (k) Ensure and maintain daily accountability of Soldiers continuing their VR&E plan.
- (l) Convene an IDT meeting to address Soldiers' non-compliance with or inability to execute the CER plan if necessary.

(6) The Community Care Unit (CCU) SL will:

- (a) Ensure all Soldiers who wish to utilize VR&E services that are on the "Remain in the Army" track know they are eligible to utilize VR&E Chapter 31 educational services.
- (b) Annotate and notify IDT of eligibility for Soldiers to participate in CER activities (see Appendix 13-1).
- (c) Refer CER eligible Soldiers to the CO-TC for VA VR&E counselor between 30 and 90 days of attachment/assignment.

- (d) Ensure Soldiers properly submitted the following paperwork for VR&E referral:
- Military Service Status Referral to VA VR&E (See Appendix 13-10).
 - DD Form 2870--Authorization for Disclosure of Medical or Dental Information (See Appendix 13-11).
 - VA Form 28-1900--Disabled Veterans Application for Vocational Rehabilitation (See Appendix 13-4).
 - VA Form 3288- Request for and Consent to Release of Information from Individual's Records (See Appendix 13-12).
 - OT initial/functional assessment (request through TRICARE network if necessary).

(e) Refer CER eligible Soldiers to VR&E counselor if the individual elects to utilize VR&E services.

(f) Coordinate with CO-TC to receive VR&E evaluation results.

(g) Discuss VR&E evaluation results with Soldier and IDT prior to or at the 90 day scrimmage to validate or implement the individual's CTP and CER plan.

(h) Collaborate with NCM and other staff to implement the Soldier's CER plan, including refinement and execution of a "SMART" (Specific, Measurable, Action-Focused, Realistic, Time-Bound) career goal.

- (i) Collaborate with the CO-TC to receive the Soldier's career plan.
- (j) Assist the Soldier in coordination with WTU medical professionals to receive additional specialty evaluations, as requested by the VR&E counselor (i.e. Functional assessment or Cognitive assessment).
- (k) Coordinate with IDT and the VR&E counselor to place the Soldier in the appropriate CER opportunity supporting the Soldier's VR&E evaluation findings and career plan.
- (l) Assist the Soldier in developing a weekly clinical and non-clinical calendar to resolve any conflicts between appointments and CER hours.
- (m) Ensure and maintain daily accountability of Soldiers' progress on their VR&E plan.
- (n) Report all VR&E Work site or education absences to the TC and other Cadre and Staff.
- (o) Convene an IDT meeting to address the Soldier's non-compliance with their CER plan or inability to execute their CER plan if needed.

(7) The VA VR&E counselor will:

- (a) Serve as the point of contact (POC) for VR&E benefits and execution
- (b) Educate Soldiers on VR&E services
- (c) Assist Soldiers in applying for VR&E services
- (d) Provide Soldiers with VR&E application paperwork if they express interest in the program
- (e) Provide vocational assessment and counseling to Soldiers
- (f) Place Soldiers in a career plan
- (g) Provide case management to Soldiers who are placed in a VR&E career plan
- (h) Request any medical specialty evaluations through the Soldier's NCM
- (i) Advise the WTU designated POC regarding the Soldiers vocational assessment findings and career plan
- (j) Attend meetings such as scrimmage or FTR as requested by the WTU
- (k) Request a copy of the Soldier's career goal(s) from the TC or OT in a WTU
- (l) Communicate successes or challenges with career plan execution to the WTU TC, OT or CCU PSG

13-7. DOD Education and Employment Initiative (E2I) and Operation Warfighter (OWF).

a. The Education and Employment Initiative (E2I) is a DOD program and collaborative effort with Operation Warfighter (OWF) E2I collaborates with federal agencies and non-federal entities to address the synchronization, integration and possible expansion of existing education and employment support efforts for Soldiers to improve career readiness and facilitate employment opportunities upon separation. E2I assists Soldiers who are early in the recovery process to identify their skills and match them with education and career opportunities that will help them successfully transition to civilian life. Through synchronization of efforts, the main objective of E2I is to increase career-focused education and employment support for Soldiers by establishing relationships and building networks to leverage the resources of federal, state and local government resources, private sector employers and community support groups to improve employment, education and training opportunities.

b. Goals of the E2I program are:

- (1) Synchronization and collaboration across the spectrum of supporting agencies

- (2) Employment including increased access to career placement assistance
- (3) Education and training including assistance in identifying and completing academic or vocational education
- (4) Community engagement

c. E2I Regional Coordinators (E2I RCs) across the country work with military departments, federal agencies, the private sector and institutions to locate training, employment and education opportunities for the Soldier. The E2I RCs provide expert education and career advice and guidance to assist in the transition to a successful and productive civilian life. The E2I RCs are available to develop career decisions, post-secondary/graduate/professional school plans, employment plans and/or job search competencies.

d. Roles and Responsibilities

- (1) The WTB Commander will:
 - (a) Ensure E2I RC has access to WTU Soldiers
 - (b) Ensure BN-TC has established relationship with E2I RC
 - (c) Ensure Soldiers are referred to E2I RC immediately following VA VR&E career assessment or NLT 180 days prior to anticipated transition

- (2) The BN-TC will:
 - (a) Establish relationship with the E2I RC
 - (b) Establish periodic meetings (in person, telephonically or VTC) to discuss Soldiers in the E2I program
 - (c) Establish a Battalion standardized referral process to E2I
 - (d) Educate Soldiers on E2I during orientation
 - (e) Track and report E2I enrollment as requested by the RMC WTO and WTC
 - (f) Invite the E2I RC to speak at orientation, town halls, NCOOP, ODP, etc.

- (3) The CO-TC will:
 - (a) Refer Soldiers to E2I using the E2I Regional Coordinator Support Approval Application (see Appendix 13-14) after VA VR&E career assessment and NLT 180 days prior to anticipated transition.
 - (b) Notify BN-TC and E2I RC if there are any issues with the execution of the Soldier's E2I plan.
 - (c) Provide E2I RC any information that is requested to support the CER plan (if approved by the Soldier).

- (4) The E2I RC will:
 - (a) Collect names of interested Soldiers through E2I/OWF outreach events and from CO-TCs.
 - (b) Obtain a signed E2I Regional Coordinator Support Approval Application (see Appendix 13-14) from the Soldier's CO-TC. Completion of this application is mandatory prior to participating in E2I activities, including discussions regarding employment interests and career readiness.
 - (c) Request the Soldier complete VA Form 3288 (see Appendix 13-11) which will allow RCs to review their VA Vocational Rehabilitation and Employment assessment.

(d) Request a copy of the Soldier's resume, if not submitted with the E2I Regional Coordinator Support Approval Application.

(e) Initiate follow-up contact with the Soldier to determine employment readiness and career interests for participation in E2I based on a variety of factors, including but not limited to:

- Transition timeline expectations
- Soldier interests and capabilities
- Other logistical factors

(f) Determine a CER plan of action for the Soldier with input from the Soldier, the IDT and chain of command.

(g) Direct Soldiers to available resources for information and assistance on resume writing classes.

(h) Work with the OWF RC to determine the proper dissemination of the Soldier's resume (e.g., specific federal agencies and/or general posting to OWF Resume Database, as appropriate).

(i) Discuss open requests for internship and the typical positions hosted by federal agencies to determine the most appropriate agencies to receive the Soldier's resume. If a Soldier specifies a list of employers or educational/training institutions of interest, forward the resume to the identified employers and provide any appropriate assistance with enrollment into educational/training institutions.

(j) Safeguard all personally identifiable information (PII) from Soldiers and use it for official purposes only.

(k) Integrate relationships with regional and local VA, federal agencies and private sector organizations for employment, internship, educational and training opportunities for Soldiers.

(l) Work with Soldiers to identify needs, support education, internship and employment requirements.

(m) Ensure the Soldier's plans for training and certification are identified in the CTP.

(n) Receive signed E2I RC Support Approval Application (see Appendix 13-14) from Soldier's CO-TC.

(o) Review the Soldier's VR&E assessment with the Soldier.

(p) Work with the Soldier and the CO-TC to assess the Soldier's capabilities, interests and any limitations.

(q) Encourage the Soldier to communicate openly about educational and employment interests and goals.

(r) Present education, employment, training and internship opportunities to the Soldier.

(s) Continue to follow-up with both the Soldier and organization to determine if a match can be made or if the individual's status changes and they are no longer available or eligible to participate.

(t) Document the Soldier's status and interactions with the individual, the TC and/or organizations and maintain a tracking tool or spreadsheet as long as the Soldier is participating in the E2I program.

(u) Collaborate with the TCs in the region to identify and address any discrepancies in the status of each Soldier.

(v) Continue to determine and address any E2I needs of the Soldier, make appropriate referrals to resources and follow-up with the CO-TC as necessary.

e. OWF is a DOD federal internship program exclusively for Soldiers. The primary objective of the OWF program is to place Soldiers in supportive work settings that positively impact their recovery, provide them a chance to augment their employment readiness and gain real-world, on-the-job employment experience through internships in the federal government. This section covers the roles and responsibilities of the OWF Regional Coordinators RCs. Information specific to Cadre and Soldiers is covered in the internship section of this document (Section 13-11).

f. OWF RCs are located across the country and work with Soldiers to explore potential career interests, build their resume and provide opportunities for additional training, experience and networking. The internship opportunity will positively impact the Soldier's rehabilitation and reintegration.

g. After a Soldier is eligible to participate in CER activity, he is added to the OWF RC's tracker.

h. Roles and Responsibilities

(1) The OWF RC will:

(a) Identify potential participants through OWF outreach events or from the Soldier's chain of command.

(b) Obtain a signed OWF Approval for Participation Form (see Appendix 13-15) from the Soldier's IDT. This form is mandatory prior to discussing placement in a federal internship.

(c) Initiate follow-up contact with the Soldier to determine suitability for participation in OWF based on a variety of factors, including, but not limited to:

- Transition timeline expectations
- Soldier's interests and capabilities
- Other logistical factors

(d) Determine a viable course of action with the Soldier and the CO-TC.

(e) Follow-up with OWF participants within two days after meeting a candidate or after obtaining a referral.

(f) Direct the Soldier to the CO-TC for information on resume-writing classes.

(g) Determine the proper dissemination of the Soldier's resume (e.g. specific federal agencies and/or general posting to the OWF resume database).

- Discuss OWF Intern Request Forms (see Appendix 13-16) to determine the most appropriate agencies to receive the Soldier's resume
- If a participant identifies a specific agency of interest, forward the resume to the identified agency

(h) Safeguard all personally identifiable information (PII) and use it for official purposes at all times.

(i) Recruit federal agencies.

- Initiate contact with federal agencies or respond to the organization if they initiate contact
- Invite the agency to attend the next OWF outreach event

- Obtain a completed and signed OWF Intern Request Form (see Appendix 13-16)
- (j) An agency must complete the form prior to receiving resumes to fill the position.
- (k) Place Soldiers in OWF internships.
- Work with the Soldier and CO-TC to assess the Soldier's capabilities, interests and limitations
 - Obtain preferred agencies and general interests from the Soldier
 - Encourage the Soldier to communicate openly about any accommodations needed when speaking with an agency and discuss access to the interview location and Work site prior to the interview
 - Distribute the Soldier's resume to partnering federal agencies that have open internships and are a match for the Soldier's skills or desired agencies. Follow-up with both the Soldier and agency to determine placement or if the Soldier's status changes and they are no longer available or eligible to participate
 - Obtain the OWF Placement Form (see Appendix 13-17) from the agency. This document is mandatory no later than the first day of the internship
 - Email the completed OWF Placement Form (see Appendix 13-17) to the CO-TC for tracking and accountability.
 - Obtain the OWF Intern Development Plan (see Appendix 13-18) from the agency within two weeks of internship start date.
 - Note the date in the OWF tracker. Email the completed OWF Intern Development Plan to the CO-TC.
 - Receive performance feedback from federal agencies.
 - Email agencies currently hosting interns, request monthly feedback on the Soldier's progress and include a link to the monthly performance feedback from federal agencies.
- (l) Review collected performance feedback, email information to the CO-TC and determine the next course of action based on the Soldier's performance.
- (m) Consult with both the Soldier and the agency to gain full understanding if the feedback is negative.
- (n) Collaborate with the CO-TC to determine the appropriate course of action.
Upon completion of the internship, contact the agency to ensure the Soldier received the completed OWF Record of Achievement (a letter of recommendation on the agency's letterhead detailing the accomplishments of the Soldier during the internship).
- (o) Email the link to the OWF Exit Interview to the agency and the Soldier once internship is complete, review the submitted OWF Exit Interviews and email feedback to the CO-TC.
- (p) Document the Soldier's Status.
- (q) Collaborate with the TCs in the region.
- During the last week of every month, meet with or contact each of the BN-TCs and request a list of OWF participants to compare to the current OWF tracker to accurately capture participation status.
 - Follow-up with the BN-TC on any discrepancies.

(r) Contact OWF participants at least once every 30 days to evaluate internship and address any OWF needs of the Soldier.

(s) Make appropriate referrals to resources and follow-up with the CO-TC as necessary.

(t) Maintain and update internship status and document Soldier and agency interaction.

(u) At the end of the Soldier's internship, email the Soldier the link to the OWF Exit Interview.

- Contact the CO-TC if a Soldier does not complete the exit interview and note the lack of exit interview.

- Email the OWF Exit Interview for TCs to the CO-TC for completion.

(v) Review the exit interview and share pertinent information with the CO-TCs and agency POC.

(w) Collaborate with the BN-TC to discuss logistics for OWF outreach event and ensure it is included in the WTB/WTU event calendar.

(x) Email the OWF Outreach Event invitation to federal agencies at least two weeks prior to the event.

(y) Announce the upcoming OWF Outreach Event to Soldiers, BN-TC and CO-TCs.

(z) Coordinate the OWF outreach event format:

- For large post-formation events (50+ Soldiers), the OWF RC will work with the BN-TC to determine the appropriate guest speaker to kick-off the event (former participant, agency representative, VIP).

- For smaller events (<50 Soldiers), the WTU CDR or the OWF RC kicks off the event:

(aa) Consult the BN-TC to determine parking needs, availability, passes/permits and/or other arrangements.

(bb) Distribute fliers to market the event and email the appropriate event flier to potential OWF participants, TCs, MTF stakeholders and participating agencies.

(cc) Send an event reminder email to Soldiers who are pending internship placement.

(dd) Confirm attendance and logistics with all federal agencies.

(ee) Work with the BN-TC to obtain necessary equipment for the events.

(ff) Ensure the venue is set up properly prior to the event start time.

(gg) Use the data gathered from the OWF Information Card to follow-up with Soldiers and to notify BN-TCs which Soldiers expressed an interest in the program.

(hh) Email the Soldiers who attended the event and outline next steps in the OWF process.

13-8. CER Program Activities.

a. There are three types of CER activities: Remain-in-the-Army work assignments (RIAWA), education/training, and internships. Soldiers must be active, aggressive and accountable in meeting the SMART goals associated with their participation in the CER program.

b. Priority of CER Activities: The mission of a wounded, ill or injured Soldier is to heal and transition. Medical/rehabilitation appointments must be accommodated and take priority over Soldier participation in CER activities. However, given good communication among Cadre and

creative scheduling, CER-eligible Soldiers can also participate in a robust program of CER activities. As a Soldier's stay in a WTU grows longer, the time available to participate in CER and other transition activities usually increases.

c. **Time Devoted to Participation in CER Activities:** The time permitted to participate in CER activities is determined by the Soldier's requirements for medical care and other activities. If a Soldier participates in five (5) hours of medical care, 5 hours of adaptive reconditioning, and has no other commitments, the Soldier and his Command should devote 30 hours of time to CER based upon a 40-hour work week (if the Soldier's medical profile permits). The TC, SL and NCM must provide appropriate case management to each Soldier to develop a schedule that best serves the Soldier's needs.

d. **Remain-in-the-Army Work Assignments (RIAWA):** A RIAWA is a place of duty (in addition to the Soldier's medical routine) that is MOS-appropriate, rank-appropriate and that provides a productive work therapy environment aligned with the Soldier's CTP track and long-term goals to Remain in the Army.

(1) To qualify as a RIAWA, the position must ordinarily be filled by a Soldier rather than a civilian employee. If the position is normally filled by a civilian employee, it may be suitable for an OWF or CHTW internship Soldiers returning to duty either in the same MOS or in a new MOS can also be considered RIAWA.

(2) RIAWA is meant to benefit the individual Soldier's transition. It is not to be considered a source of borrowed military manpower.

(3) Examples of RIAWA include but are not limited to:

- (a) Dining Facility
- (b) Human Resources
- (c) Finance
- (d) Clinics
- (e) WTB/WTU Offices (S-3, S-1, etc)
- (f) National Guard Armories or US Army Reserve Centers
- (g) Army Warrior Training
- (h) MOS-specific training and MOS-reclassification training

e. **Education/Training**

(1) Taking college classes and participating in other counseling or programs offered by the installation Education Center can be used as a valid CER activity alone, or in conjunction with an internship. Where indicated, taking college classes may be considered as the Soldier's "full time" CER activity in lieu of participating in an internship. As part of their goal setting with an OT, a Soldier should discuss previous degree plans and career goals to see if continuing with those activities is vocationally appropriate. Education goals and instructional modalities should be evaluated for appropriateness related to the Soldier's medical profile, limitations and timeline for transitioning.

(2) There are no "upper" or "lower" credit hour limits per term on enrollment for each Soldier, nor is there a requirement that classes be taken in a classroom versus in an online format. A Soldier's ability to complete college classes will depend on the individual. The OT should be consulted when a Soldier may be ready to take college classes and under what

conditions. Where indicated, online classes may need to be completed in a supervised computer lab. Class times should be de-conflicted with medical appointments.

(a) Coursework should support the Soldier's CTP track and career/education goals.

(b) Soldiers needing additional guidance on determining an appropriate career goal, along with any education and training requirements, should be referred for additional career testing/assessment and counseling. These services can be provided by either an Army Education Counselor located in the Soldier and Family Assistance Center (SFAC) or the installation Education Center.

(c) Soldiers with involved medical conditions should initiate services as early as possible with the VAVR&E Counselor located on the installation. VA VR&E counselors are specifically trained to work with Soldiers and Veterans whose disabling conditions may be a barrier to employment. (See Section 13-6).

(d) Education Counselors at ACES will guide Soldiers through issues and decisions that support development of a Soldier's education plan. (For TC and Cadre, see Appendix 13-21.)

(3) Roles and Responsibilities

(a) Soldiers will:

- Work with the SFAC or installation Education Counselor to identify education goals in support of their career goal.

- Collaborate with the OT and CO-TC to establish an education plan that aligns with their career goal and functional abilities.

- Provide SLs and CO-TCs with documentation of all completed activity from the Education Center, including career assessments, enrollments, degree plans, transcripts, etc. Soldiers can access and print these documents from GoArmyEd (www.goarmyed.com).

- Notify their SL of any education or military testing or education counseling appointments or course meeting times to resolve any conflicts between these activities with medical appointments.

- Notify their professors, Army education counselor and OT or CO-TC if they are having academic difficulty and request tutoring assistance as needed.

- Work with the education counselor during ACAP transition process to identify any credentialing opportunities that may support their career goal.

- Utilize the education counselor for career assessment and counseling.

- Complete ACAP ITP Block 3 Career Path when the Soldier's post-Army plan is to obtain or complete an education.

(b) The Commander will:

- Ensure education opportunities are provided to support the CER program

- Develop SOPs/policy on education requirements as part of the CER program

- Ensure Soldiers have access to educational activities that support their CTP

- Ensure Soldiers are provided orientation on education programs

- Approve the Tuition Assistance (TA) statement of understanding form that is required by ACES prior to the Soldier using TA

- Complete and sign the Military Service Status Referral (MSSR, see Appendix 13-10) for Soldiers who will use the VA VR&E program

(c) The CO-TC will:

- Review Army Warrior Care and Transition System (AWCTS) to ensure that Soldier's CER Eligibility form and OT Assessment for CER are completed and uploaded (Appendices 13-1 and 13-7).
- Review and assist in implementation of education plans formulated from the Soldier's AWCTS Self Assessment tool for "Career-Education" remarks and "Career domain" goals.
- Refer Soldiers to the VA VR&E counselor for vocational assessment, counseling and career development program supported by VA Chapter 36 or Chapter 31 services OR;
- Refer Soldiers to the ACES education counselor for career testing and counseling as part of the ACAP process.
- Discuss and provide resources to the Soldier to assist with education planning and goals.
- Coordinate with OT, SL and other staff to select education activities in support of the Soldier's CTP track, functional abilities and career goal.
- Communicate CER plan, including education goals and provide related documents to gaining unit TC for Soldiers who transfer.
- Coordinate with the SL to track and report class absence and/or non-completion of coursework.
- Ensure that the SL uploads copies of all education documents into AWCTS, including a copy of the degree plan, current term enrollment form and transcripts.
- Promote installation education fairs, programs and opportunities.
- Convene an IDT meeting as required to address the Soldier's noncompliance with their education plan or inability to execute their education plan.
- Collaborate with OT to provide assistance to Soldiers for any necessary adaptive equipment or reasonable accommodations (such as tutoring, extra time on exams, note takers, etc). Work with command Career Counselor and OT to support Soldier GT improvement.
- Revise the Soldier's education plan with the IDT if the soldier is incapable of executing the current plan.

(d) The OT will:

- Ensure Soldiers develop SMART goals.
- Coordinate with CO-TC to select education activities that are aligned with the Soldier's CTP track, functional abilities and career goal.
- Consult and collaborate with the CO-TC for CER tasks in preparation for education activities.
- Advise the NCM on the functional/vocational readiness of the Soldier in support of the M2 determination regarding Soldier's eligibility for CER activity.
- Refer Soldier to CO-TC for education opportunities when a Soldier is CER eligible using the CER Eligibility Form (see Appendix 13-1) and the OT CER Limitations Form (see Appendix 13-7).
- Approve the education participation plan ensuring that the courses/activities remain goal oriented and correlate with the Soldier's CTP.
- Monitor Soldier's progress in meeting education goals.
- Request any necessary adaptive equipment or reasonable accommodation to assist Soldiers in completing their education plans.

(e) The SL will:

- Use AWCTS to measure CER compliance and assist in CER planning.
- Review and implement plans with the Soldier regarding their AWCTS Self Assessment tool for “Career-Education.”
- Ensure and maintain daily accountability of Soldiers in education classes.
- Notify CO-TC, NCM and OT if a Soldier is removed from their college classes/education activity within two (2) working days.
- Participate in transfer scrimmages for inbound Soldiers to address any education activities.
- Coach, mentor and counsel Soldiers on education responsibilities.
- Meet with Soldiers weekly to discuss progress on education goals.
- Collaborate with the OT, CO-TC, NCM and CC to implement an individual CER plan for Soldiers to include refinement and execution of SMART career goals related to education.
- Document decision for CER eligibility utilizing the CER Eligibility Form (see Appendix 13-1) and ensure form is uploaded in AWCTS.
- Convene an IDT meeting to address Soldier’s non-compliance with their education plan or inability to execute their plan if needed.
- Ensure goals are input into AWCTS during the scrimmage process.
- Maintain a copy of all education documents in either AWCTS or the Soldier’s six sided folder to include degree plan, current enrollment documents and transcripts.
- Report any class absences to the CO-TC and other Cadre/staff.
- Advise IDT of any Soldier request for adaptive equipment or reasonable accommodation related to coursework.

(f) The Army Education Counselor will:

- Ensure Soldiers have established realistic education goals and plans.
- Assist Soldiers in identifying appropriate testing and computer assisted learning options.
- Provide assistance and counseling related to GoArmyEd and TA.
- Maximize TA funds by identifying opportunities for Soldiers to receive credit for non-traditional learning.
- Ensure Soldiers understand transferability of college course credit and how to obtain official evaluations of previous college study.
- Provide access to career assessment testing as part of ACAP transition and review results with individual Soldier.
- Conduct ACAP ITP workshops on Transition Career Path – Education (ITP Block 3) and assist Soldiers in completing ITP paperwork.
- Recommend diagnostic and interest tests and analyze each Soldier’s results in light of individual potential and military assignment.
- Provide information on financial assistance programs, including federal financial aid and mandatory Veterans education benefits counseling.
- Begin advising transitioning Soldiers no later than (NLT) 12 months prior to their separation on credentialing programs as preparation for certification and licensure in high demand job skill areas.
- Advise Family members on a space-available basis.
- Provide military career development assistance to Soldiers.

f. Internships.

(1) Internships develop or reinforce skill sets the Soldier needs for civilian employment, augment transition and provide a meaningful work day. The program's overarching principle is to align opportunities with the Soldier's CTP track and career goal(s) to positively impact transition and rehabilitation, with a secondary purpose of exposing Soldiers to civilian employment practices.

(2) Once the Soldier is determined CER eligible (see Section 13-2) an internship is one option to further the CTP track and career goal(s). The Soldier must be active, aggressive and accountable in meeting their CTP goals.

(3) Outcomes of internship participation include:

- (a) Meaningful activity that assists in wellness.
- (b) Exploring employment interests.
- (c) Developing job skills.
- (d) Reintegrating into the civilian work force.
- (e) Gaining valuable federal government work experience.
- (f) Improving understanding of how military skills transfer into civilian employment.
- (g) Resume building.

(4) The two approved internship programs are Department of Defense (DOD) Operation Warfighter (OWF) Non-Paid Federal Internship program and the Veterans Affairs (VA) Coming Home to Work (CHTW) Non-Paid Work Experience (NPWE) Federal Internship program. Internships located more than 50 miles from the Soldier's place of residence are not authorized, unless an exception to policy has been granted by the Commanding General, Warrior Transition Command (WTC, see Appendix 13- 2). The Soldier may not terminate an internship without first discussing it with their IDT, although the Command may terminate the internship for cause at any time.

(5) General Roles and Responsibilities.

The Soldier will:

- Establish SMART career goals and maintaining motivation will lead to a productive internship.
- Be active, aggressive and accountable in meeting goals outlined in their individual CTP.
- Make medical care the first priority and will consider this when developing a work schedule.
- While participating in an internship, the Soldier's place of duty is at the internship Work site if not at a medical appointment.
- Select a CTP track (Transition from the Army or Remain in the Army).
- Establish SMART career goal(s).
- Attend an internship fair and/or research and select a preferred agency.
- Complete a resume.
- Meet with the OT to define or refine career goal, determine eligibility and communicate any reasonable accommodation requirements.

- Meet with CO-TC to discuss career goals, identify internship interests and initiate and complete required paperwork.
 - Meet with the SL to develop a weekly clinical and non-clinical calendar to resolve any conflicts between medical appointments and internship hours.
 - Maintain medical appointments and internship work schedule.
 - Communicate change in status to SL, CO-TC, OT, NCM and Work site supervisor.
- Report to the Work site during designated hours, dress in accordance with Work site standards and perform work within the scope of the profile and the parameters of the position description. Commanders will:
- Assume overall responsibility for the internship program, including the participation rate of eligible Soldiers.
 - Communicate the importance of the internship program to Cadre.
 - Ensure internship opportunities align with each Soldier's CTP track and career goal(s).
 - Ensure internships are only performed at Federal Agencies.
 - Ensure OWF forms are the only authorized documents for OWF internships.
 - Ensure BN-TC and OWF Regional Coordinator (RC)/CHTW Coordinator have a working relationship which provides outcomes that support Soldiers participating in internships.
 - Ensure internship program objectives are communicated to Cadre and Soldiers and that they execute it within the scope of WCTP policies and guidance.
 - Ensure Work site assessments are conducted to ensure Federal Agencies provide a safe environment.
 - Ensure Soldiers are afforded the opportunity to participate in an internship.
 - Ensure Cadre conduct an assessment of available internship opportunities within 50 miles of the WTU footprint to support resident Soldiers.
 - If Soldiers live remotely, ensure Cadre conduct an assessment of available internship opportunities within 50 miles of the individual's residence.
 - Ensure Soldiers meet participation requirements.
 - Ensure Cadre monitor Soldier internship participation.
 - Define clear roles and responsibilities of Cadre involved in the internship program: at minimum, the internship program team includes TC, OWF RC, VA Coming Home to Work (CHTW) Coordinator, OT, NCM, SL and a Soldier.
 - Ensure the OT conducts a Work site assessment.
 - Validate participation rate by incorporating the CER report into the weekly Commander's update.
 - Report monthly CER data to the RMC.
 - Ensure an internship fair is conducted twice a year.
 - Highlight internship program success (i.e. running articles in the installation newspaper, hosting Soldier and Veteran alumni to speak at formations, etc).

The TC coordinates and manages the CER activities for Soldiers and works with the OT to ensure activities are aligned with the Soldier's CTP track and career goal(s). The TC will:

- Set expectations with Cadre and Soldiers regarding the purpose of internships.
 - Internships are part of a wellness program and provide valuable work integration experience. Employment with the federal agency is not guaranteed once complete.
 - Internships should not be considered Borrowed Military Manpower (BMM) or a

Remain in the Army Work Assignment (RIAWA).

○ Soldiers who are receiving Social Security Disability Insurance (SSDI) are authorized to participate in internships, but must file an OWF Approval for Participation Form (see Appendix 13-15) and an OWF Placement Form (see Appendix 13-17) with their Social Security Administration (SSA) Case Manager. Failure to comply with this procedure will initiate a Trial Work Period (TWP) as defined by the SSA and may jeopardize the consideration for, receipt of, or recoupment of SSDI in the near term or future.

- Provide weekly and monthly reports to the Commander on Soldier CER participation status including internship participation rate.

- Work directly with the Soldier to understand career goals, identify internship interests and initiate and complete required paperwork.

- Collaborate with the OT to understand the Soldier's CER eligibility, Work site limitations, work development and progress.

- Communicate Work site concerns, address and resolve performance issues and share monthly evaluations with the SL.

- Work directly with the OWF RC/CHTW Coordinator to identify internships, process paperwork, refer Soldiers for participation, track placement and coordinate internship fairs twice a year.

- Coordinate internship hand-off with new unit TC and OWF RC when a Soldier transfers. The OT Works as a member of the CER team to assist in vocational planning through goal-setting. The OT will also assess the Soldier's physical and psycho-social limitations and work with the Soldier on life skills (time management, organization, interview preparation, communication skills, agency research, etc.) before and during the internship. The OT will:

- Collaborate with the NCM on M2 CER eligibility (see Section 13-2).

- Meet with Soldier to define or refine career goal, determine eligibility and refer to TC.

- Collaborate with the CO-TC to communicate CER eligibility, Work site limitations, work development and progress and any change in Soldier status (see Appendix 11).

- Work closely with the SL to track placement and any changes in the Soldier's status.

- Conduct a Work site assessment (See Appendix 13-8) before the internship begins and recommend ergonomic modifications to accommodate the Soldier as needed.

- Serve as the Computer/Electronic Accommodations Program (CAP) representative and provide assistance with reasonable accommodations.

- Coordinate internship hand-off with new unit OT when a Soldier transfers.

The NCM is an integral member who can communicate any changes in a Soldier's medical status to the CER team and update the physical profile. The NCM will:

- Coordinate the M2 evaluation of CER eligibility with all members of M2 and document results (See Appendix 13-1).

- Ensure the Soldier is informed of their medical appointments and anticipated final medical disposition.

- Ensure all Cadre understand the Soldier's medical condition for internship planning purposes.

- Notify the CO-TC, SL and OT regarding any clinical issues that affect CER readiness and execution.

The SL will coach, teach, mentor and counsel the Soldier on their roles and responsibilities while participating in an internship. The SL will:

- Validate and document the Commander determination of CER eligibility (see Appendix 13-1).
- Ensure the Soldier has met with the OT and CO-TC.
- Collaborate with the NCM to assist the Soldier in developing a weekly clinical and non-clinical calendar to de-conflict appointments and internship hours.
- Ensure the Soldier is at their place of duty daily.
- Call the Work site supervisor once a week, and visit the Work site once a month. CCU SL will contact the Work site bi-weekly.
- Use the internship monthly evaluations when counseling the Soldier and considering the Soldier for an award.
- Ensure the Soldier completes the internship exit interview.
- Coordinate internship hand-off with new unit SL or Platoon Sergeant when a Soldier transfers.
- Maintain Work site paperwork in the Soldier's file, including OWF Approval for Participation form, Work site agreement, Work site hours, supervisor information, etc.

(6) Roles and Responsibilities--Before Internship:

- (a) The BN-TC will develop a professional relationship with the OWF RC and CHTW Coordinator.
- (b) The BN-TC will coordinate an internship fair with the OWF RC and the unit Commander.
- Secure a location large enough to accommodate the Federal Agency representatives and the Soldiers.
 - Coordinate tables, chairs and parking spaces to accommodate the Federal Agency representatives.
 - Ensure the internship event is included on the WTU training calendar.
- (c) Cadre will promote internship opportunities and events:
- Hang posters (available from the OWF RC)
 - Announce at formation
 - Post on electronic bulletin boards
 - Provide fliers
 - Disseminate information through the Soldier Family Assistance Center (SFAC)
 - Include messages on approved WTU social media sites (i.e. Face book, Twitter)
- (d) The BN and CO-TC will educate Cadre on the benefits of the internship program:
- Coordinate with the unit commander to conduct regular professional development training sessions.
 - Meet with Cadre one-on-one or in a small group to discuss the program.
- (e) The Soldier will meet with the OT and Career Counselor to select a CTP track within 30 days of arrival at the WTU.

(f) The Soldier will establish a SMART career goal with the Company OT within 30 days of arrival at the WTU.

- Develop internship-specific goal(s).
- Refine career goal(s) as they are achieved or as circumstances change at the Scrimmage or Focused Transition Review (FTR) meetings.

(g) Once determined CER eligible by M2 and CDR (See Appendix 13-1), the Soldier and TC will discuss eligibility requirements, application process, benefits of participation, CTP track, career goal and internship interests.

The CO-TC will:

- Inform the Soldier that an internship is a non-paid wellness program, which does not guarantee permanent employment with the internship agency.
- Before the 90-day Scrimmage the Soldier will complete a career assessment with the VR&E Counselor OR at the Education Center to determine how their job skills and interests relate to the job market.
- Coordinate resume completion with ACAP or other certified resume writing workshop. If the Soldier completes a resume at a workshop elsewhere, the individual must provide a copy to the ACAP Counselor to be recorded as complete on the ACAP Commander's Report.
- Provide the Soldier with the Soldier Checklist (See Appendix 13-20) as a quick reference guide. Share OWF Intern Request Forms (See Appendix 13-16) with SLs and OTs and review them with the Soldier to identify an internship aligned with their CTP track and career goal(s).
- Initiate the OWF Approval for Participation Form (See Appendix 13-15) with the Soldier.
- Collect the OWF Approval for Participation Form (See Appendix 13-15) and resume.

(h) The Soldier will research and select a preferred federal agency and/or attend an internship fair.

- Ensure the SL maintains a copy of the OWF Approval for Participation Form (see Appendix 13-15) and resume in the Soldier's file.
- Upload the OWF Approval for Participation Form (see Appendix 13-15) and resume in the attachments section of AWCTS.
- Submit a copy of the OWF Approval for Participation Form (see Appendix 13-15) and resume to the OWF RC, as well as the Soldier's career goal(s), profile limitations and internship preference(s).
- Document the date the packet is submitted on the WTU CER tracker.
- Follow-up with the OWF RC and the Soldier on status of pending placement.

(i) The Soldier will respond to phone calls and emails from federal agencies requesting an interview and coordinate and attend an interview with the organization.

(j) The Soldier and the federal agency Work site supervisor will complete the OWF Placement Form (see Appendix 13-17) once an internship has been identified and the position and duties are agreed upon.

- The Soldier completes the Service Member Information section.
- The federal agency work site supervisor completes the Organization Information section.

- The Soldier will work with the SL to create a weekly schedule, start date and projected end date.
- The Soldier will read and understand the terms and conditions.
- The Soldier will sign and date the form.
- The Soldier will maintain a copy of the form and ensure the TC and SL receive a copy.
- The CO-TC will collect the OWF Placement Form (see Appendix 13-17) and ensure the SL maintains a copy. Upload the OWF Placement Form (See Appendix 13-17) in the attachments section of AWCTS.

(k) The CO-TC will assist the Soldier with security clearance process as required.

- Coordinate an appointment with the Medical Treatment Facility (MTF) S-2 OR MEDCOM Security and Intelligence Branch (G-2) at (210) 221-7034.
- Assist the Soldier with required security clearance paperwork.

(l) The CO-TC will assist with transportation needs to and from the internship site as required

- Coordinate transportation using WTU or installation assets OR
- Utilize the Army Mass Transportation Benefit Program (AMTBP). The AMTBP is available at any Army installation and will provide van pool or public transportation benefits to the Soldier for internship purposes only. For more information visit the AMTBP website at <http://asafm.army.mil/offices/asa/masstrans.aspx> or email the Department of the Army AMTBP Program Manager at usarmy.pentagon.hqda-asa-fm.list.mtbp-program-manager2@mail.mil.

(7) Roles and Responsibilities--During the internship, the Soldier will:

- Work with the SL to develop a weekly clinical and non-clinical calendar to de-conflict medical appointments and internship hours.
- Maintain medical appointments.
- Adhere to military obligations and responsibilities.
- Report to the Work site during designated hours and dress in accordance with Work site standards.
- Observe all Work site rules, including those relating to conduct, safety, honesty, integrity, confidentiality of records and upholding Army Values.
- Take initiative and ask for more work if there is a lot of downtime. Asking for more work helps showcase initiative and provides a chance to demonstrate additional skills and abilities.
- Be observant and ask questions. This is an opportunity for the Soldier to learn about the organization and different career options to find the best fit.
- Complete the OWF Intern Development Plan (IDP) (see Appendix 13-18) with the work site supervisor, within two weeks of the internship start date.
- Work with the work site supervisor to document specific tasks associated with the internship, as well as the Soldier's internship goals.
- Work with the work site supervisor to record tasks, projects, training, certifications, etc. to be accomplished during the course of the internship.
- Work with the work site supervisor to identify development areas including education, training, etc. to help achieve the Soldier's internship goals.
- Review the IDP individually each week to ensure continued progress.

- Discuss any barriers they may have with the work site supervisor, CO-TC, NCM, OT and SL to identify methods to overcome them.
- Continue with the internship without terminating it unless the Command gives approval.
- Work with the work site supervisor to conduct a progress review at 120 days from the internship start date, allowing the Soldier to adjust performance if necessary, express concerns and raise issues before they become major problems.
- Communicate any absence/leave with the work site supervisor and SL.
- Develop and discuss SMART career goal(s) related to the internship at the Scrimmage and FTR.
- Perform duties within the limits of the profile and the parameters of the position description.

The CO-TC will:

- Follow up with the SL, the OT and the OWF RC on the status of active placement.
- Document internship placement on the WTU CER tracker.
- Report data to the Commander weekly.
- Report data to the RMC on a calendar month basis.
- Communicate any change in the Soldier's status with the work site supervisor.
- Enter internship data in the attachments section of AWCTS.
- Collect work site supervisor monthly evaluations from the OWF RC and provide a copy to the SL and OT.
- Communicate work site positive or negative concerns regarding work development and progress from the OWF RC, Soldier and the work site supervisor to the SL and OT.

The Soldier or the CO-TC will request OT conduct work site assessment using the OT work site Assessment form (see Appendix 13-8) to identify any reasonable accommodations at the work site. The ADA requires employers to make reasonable accommodations to allow persons with disabilities to perform a job, unless doing so would cause the employer significant difficulty or expense. While a Soldier is on Active Duty, the costs of reasonable accommodation(s) may be paid by DOD Computer Accommodations Program (CAP).

Reasonable accommodations include:

- Written materials in accessible formats, such as large print, Braille or on a computer disk.
- Extra time to complete a test if you have difficulty concentrating or have a learning disability or traumatic brain injury (TBI).
- Interviews, tests, and training held in accessible locations.
- Assistive technology that would allow Soldiers who are blind to use a computer or Soldiers who are deaf or hearing impaired to use a telephone.
- Glare guard for a computer monitor for Soldiers who have TBI.
- Modified keyboard for Soldiers with hand injuries or amputations.
- Leave in order to attend medical appointments or tend to other disability related needs.
- Modified schedule.
- Service animals.
- Rearrangement of office space.

(8) Roles and Responsibilities--After Internship:

(a) The CO-TC will inform the OWF RC when the Soldier is no longer able to participate in the internship.

- (b) The Soldier will inform Work site supervisor two weeks prior to internship end date.
- (c) The Soldier will return any badges or equipment received in order to perform internship duties.
- (d) The Soldier will complete internship exit interview provided by the OWF RC.
- (e) The Soldier will receive an OWF Record of Achievement.
- (f) If the Soldier was receiving transportation benefits, the CO-TC will ensure they are discontinued.
- (g) Coordinate internship hand-off with new unit TC and OWF RC when a Soldier transfers.

(h) The CO-TC will share success stories with the BN-TC, the unit, the RMC, WTC Strategic Communications Division and OWF RC.

- The Soldier will complete the Internship Success Story Information Sheet (see Appendix 13-19). The BN-TC will submit the Internship Success Story Information Sheet (see Appendix 13-19) to WTC STRATCOM at usarmy.pentagon.medcom-wtc.mbx.strategic-communications@mail.mil.

(9) OWF Forms: There are five OWF forms used to implement the program. Use of these forms is mandatory (Appendices 13-15 through 13-19).

(a) OWF Approval for Participation Form (see Appendix 13-15). The CO-TC initiates this form once the Soldier is CER eligible and an internship is identified as the best option to support the CTP track and career goal(s). The form requires the Soldier's information and signature affirming understanding of the internship opportunity. The Soldier will also be required to collect signatures from their NCM, Company OT, SL, CO-TC and Commander. Once the form is completed it will be returned, along with their resume, to the CO-TC. The CO-TC will maintain a copy w in the SL's Soldier file and uploaded in AWCTS.

(b) OWF Intern Request Form (see Appendix 13-16). The federal agency interested in hosting an intern completes this form. The purpose of the form is to capture the internship position duties and responsibilities, desired qualifications and skills, required level of security clearance and the work environment. The form is used to effectively match the Soldier with an appropriate internship opportunity. The CO-TC will maintain copies of the form and make them available for review when the Soldier is in the initial stages of obtaining an internship. This form does not require the Soldier's signature.

(c) OWF Placement Form (see Appendix 13-17). The Soldier and the federal agency work site supervisor complete this form upon internship agreement, prior to the start date. The form is used to confirm the accuracy of the information and acknowledge the agreement with the outlined terms and conditions by both the Soldier and the work site supervisor. This form requires the Soldier's signature as well as the work site supervisor's. Once completed and signed, the Soldier will receive a copy of the form. The work site supervisor will submit the form to the OWF RC who will share it with the CO-TC. The CO-TC will maintain a copy in the SL's Soldier file and uploaded in AWCTS.

(d) OWF Intern Development Plan (IDP) Form (see Appendix 13-18). The Soldier and federal agency work site supervisor complete this form within two weeks of the internship start date. The form is used to document specific tasks associated with the internship as well as individual internship goals. The Soldier and the federal agency work site supervisor will record tasks, projects, training, certifications, etc. to be accomplished during the course of the internship

and will identify development areas that will help achieve individual internship goals. The work site supervisor will conduct a progress review with the Soldier 120 days after the internship start date. To ensure continued progress, the Soldier should review the IDP each week and discuss any barriers with their work site supervisor, CO-TC, NCM, OT and SL to identify methods to overcome them.

(e) OWF Record of Achievement (see Appendix 13-19). The federal agency work site supervisor completes this upon completion of the internship. The work site supervisor will use the OWF Intern Development Plan as a base for the record of achievement and will comment on at least five of the following areas:

- Communication skills (verbal and written)
- Problem solving skills
- Professional or technical skills
- Interpersonal and teamwork skills
- Character attributes
- Initiative
- Creativity
- Dependability, punctuality, attendance
- Major strengths

13-9. ACAP.

a. Army Career and Alumni Program (ACAP) is mandatory for each separating Soldier. ACAP is an Army transition program that ensures eligible transitioning Soldiers have the education, training, and counseling, necessary to be career-ready in the global workforce. ACAP helps Soldiers make informed career decision through benefits' counseling and employment assistance. Commanders are accountable for ensuring their Soldiers complete the program.

b. AC or RC Soldiers with 180 days or more of continuous active duty service and their Family members are eligible to receive ACAP services one year prior to retirement.

c. Eligible Soldiers can begin their transition process up to 24 months prior to scheduled separation. Soldiers are encouraged to begin the process 24 months before retirement or 12 months before transition.

d. Each Soldier who starts ACAP is tracked in the ACAP XXI database. ACAP XXI is the system of record to schedule, track and record transition related tasks and compliance. Each Commander should coordinate through their TC to ensure that they are receiving and tracking ACAP compliance metrics for each individual unit and Soldier.

e. Soldiers in the WTU and CCU program often have undefined transition dates as they are being treated for medical conditions. Since Soldiers often have undefined timelines they should begin the ACAP process within the first 30 days of arrival at the WTU. To initiate the ACAP process the Soldier will see an ACAP counselor or use virtual capabilities to initiate the Pre-Separation counseling process (DD Form 2648/2648-1). The completion of ACAP is finalized when all required tasks are completed and the DD Form 2958 is signed by the Soldier, the ACAP Counselor and the commander or his designee.

f. Each Soldier heals and transitions on an individual basis. However, Soldiers should strive to meet the Army distributed transition timeline or follow the timeline below.

g. Roles and Responsibilities.

(1) The Soldier will:

- (a) Develop CTP goals that support the completion of ACAP.
- (b) Complete the ACAP Pre-Separation checklist (DD Form 2648 [AC]/DD Form 2648-1 [RC]).
- (c) Attend Pre-Separation counseling with the ACAP counselor.
- (d) Establish ACAP appointment timelines with the ACAP counselor.
- (e) Notify SL and NCM of all ACAP appointments immediately.
- (f) Enroll in the VA e-Benefits portal at www.ebenefits.va.gov.
- (g) Initiate the Individual Transition Plan (ITP) by completing ITP Block 1.
- (h) Attend the ACAP financial planning seminar and develop a 12 month post-Army budget.
 - (i) Attend the MOS Crosswalk class and complete a gap analysis of military skills and the skills needed for desired civilian employment.
 - (j) Complete a career assessment through VA VR&E or ACES and provide a copy of the assessment to the CO-TC and ACAP counselor for documentation.
- (k) Attend the Department of Labor Employment Workshop (DOLEW).
 - Complete a resume of choice (federal or civilian) and provide a copy to the CO-TC and ACAP counselor for documentation.
 - Select Transition Goals, Plans, Success (GPS) track. (ITP Blocks 2-5, Education, Technical, Entrepreneurship, and Employment). The Soldier is only required to participate in one track, but if time permits, may select more than one track).
 - Receive your DOL Gold Card which provides enhanced access to DOL services.
- (l) Attend the VA Benefits Briefings Part I and II.
 - Enroll in myHealtheVet in order to access VA healthcare services (www.myhealthevet.va.gov).
 - Enroll in e-Benefits, if not already completed (Go to www.ebenefits.va.gov to apply for and access VA benefits).
- (m) Complete all ACAP requirements NLT 90 days before transition and sign DD Form 2958.

(2) The WTB Commander will:

- (a) Ensure Soldiers are provided time and resources to complete ACAP requirements.
- (b) Ensure ACAP is covered during the commander's orientation briefing.
- (c) Write policies and/or SOPs directing ACAP execution in the WTB.
- (d) Review the ACAP XXI commander's report to evaluate WTB compliance.
- (e) Establish compliance metrics for each Company (VOW requirement is 100 percent) and address individual Company shortfalls as needed.
- (f) Report ACAP compliance metrics through the RMC WTO to WTC as requested.
- (g) Ensure expedited ACAP access for RC Soldiers who will REFRAD or transfer before they can complete ACAP using the prescribed timeline.

(h) Ensure the TC and the ACAP counselor scrub the WTB database and ACAP XXI database at least monthly to ensure that all Soldiers in the WTB are tracked in the system.

(i) Provide a report by name and SSN of all personnel not captured in ACAP XXI in an encrypted format to the ACAP counselor.

(j) Sign ACAP waivers for Soldiers whose medical conditions prevent them from completing the ACAP process.

(3) The WTU Commander will:

(a) Ensure Soldiers are provided time and resources to complete the ACAP requirements.

(b) Ensure ACAP is covered in the commander's orientation briefing.

(c) Write policies and/or SOPs directing ACAP execution in the WTU.

(d) Review ACAP XXI commander's report to evaluate WTU compliance.

(e) Establish compliance metrics for each platoon (VOW requirement is 100 percent) and address individual platoon shortfalls as needed.

(f) Ensure expedited ACAP access for RC Soldiers who will REFRAD or transfer before they can complete ACAP using the prescribed timeline.

(g) Educate Soldiers on virtual and remote ACAP access for Soldiers transferring to a CCU.

(h) Ensure completed ACAP requirements are handed off to gaining CCU as part of the transfer process.

(i) Sign DD Form 2958 for Soldiers who have completed ACAP.

(4) The CCU Commander will:

(a) Ensure Soldiers are provided time and resources to complete the ACAP requirements.

(b) Ensure ACAP is covered in the commander's orientation briefing.

(c) Write policies and/or SOPs directing ACAP execution in the CCU.

(d) Review ACAP XXI commander's report to evaluate CCU compliance.

(e) Establish compliance metrics for each platoon (VOW requirement is 100 percent) and address individual platoon shortfalls as needed.

(f) Refer Soldiers to ACAP transition centers, including sister services, if they are within 50 miles of their home of record.

(g) Request ACAP Mobile Training Teams (MTT) to provide ACAP classes at musters no later than six weeks prior to a planned muster through WTC G-1, CERB.

(h) Ensure CCU SLs provide Soldiers outside of a 50 mile radius of transition centers information on virtual and remote ACAP services.

(5) The BN-TC will:

(a) Coordinate with installation level ACAP TSM and SFAC staffs to ensure resources are readily available to support the unit's wounded, ill and injured Soldiers.

(b) Serve as liaison with installation ACAP TSM ensuring that the unit is receiving a monthly ACAP XXI Commander's Report.

(c) Compile and report BN level ACAP compliance metrics and trends analysis to the WTB commander.

(d) Compile and report BN level ACAP metrics to the RMC WTO and WTC as requested.

(e) Report ACAP issues through the RMC WTO to WTC.

(f) Coordinate with ACAP to provide priority services to RC Soldiers who will likely transfer or REFRAD and for those who are on a short transition timeline (outside of 12 months).

- (g) Coordinate with VA VR&E and ACES to conduct career assessments.
 - (h) Provide technical training to Company level TCs to support ACAP execution.
 - (i) Provide education and training to WTB/WTU Cadre and Staff on the ACAP program and requirements.
 - (j) Request special accommodations through the ACAP TSM for any Soldier who requires additional assistance to complete ACAP (as advised by the OT).
 - (k) Coordinate with SFAC Director and ACAP TSM to provide adaptive class formats where prescribed.
 - (l) Provide technical support to any CCU that is aligned with the BN.
 - (m) Scrub the ACAP XXI database and unit manning roster at a monthly minimum to ensure all WTB/WTU Soldiers are captured in the system.
 - (n) Ensure all ACAP requirements that are completed outside of ACAP (i.e. resume development) are shared with the ACAP counselor to ensure that they are captured in the database.
 - (o) Notify Company level TCs of any upcoming ACAP career fairs.
- (6) The CO-TC will:
- (a) Coordinate with SLs and NCMs to ensure Soldiers attend all ACAP appointments.
 - (b) Request appointments from the ACAP counselor for each Soldier in their company.
 - (c) Refer Soldiers to OT, SFAC and ACAP for assistance in developing and completing ITPs, current budget and post Army budget.
 - (d) Refer Soldiers to VA VR&E or ACES for career assessments, request copies of the assessment results and ensure they are uploaded into AWCTS for future career planning.
 - (e) Notify BN level TC of any RC Soldier or Soldier on a short transition timeline that needs expedited access to ACAP services.
 - (f) Counsel and educate Soldiers who are transferring to a CCU or will REFRAD that they are required to complete ACAP and can use virtual, remote or transition centers to complete the requirements.
 - (g) Compile and report Company level ACAP compliance metrics and trends analysis to the WTU CDR.
 - (h) Compile and report Company level ACAP compliance metrics and trends analysis to the BN-TC.
 - (i) Notify BN-TC whenever ACAP requirements are completed outside of ACAP (i.e. resume development) so that the requirement can be captured in the database.
 - (j) Notify Soldiers, Cadre and Staff of upcoming ACAP career fairs.
 - (k) Track and annotate ACAP completion on the Transition Readiness Standards 041150.
- (7) The NCM will:
- (a) Notify the Company Commander, TC and SL if there is any medical reason that would prevent the Soldier from starting or completing ACAP.
 - (b) Ensure the Soldier does not have medical appointments scheduled during ACAP classes.
- (8) The OT will:
- (a) Assist the Soldier in developing their ITP worksheets.
 - (b) Assist the Soldier in completing MOS Crosswalk gap analysis.
 - (c) Notify the CO-TC if a Soldier requires special accommodations to complete ACAP.

(d) Assist the Soldier in developing CTP goals for ACAP execution.

(9) The SL will:

(a) Ensure that Soldiers start ACAP services during in-processing.

(b) Coordinate with the CO-TC and NCM to avoid conflicts with ACAP classes.

(c) Utilize the ACAP XXI Commander's report to verify enrollment and attendance at required appointments.

(d) Notify the Company level TC and chain of command if the Soldier misses an ACAP appointment.

(e) Notify the Company level TC of any RC Soldier who will likely transfer or REFRAD and any AC Soldiers on short transition timelines to request expedited access to ACAP services.

(f) Retain any CER records (i.e. resume) in the Soldier's six-sided folder or upload the documents into AWCTS.

(g) CCU SL will counsel Community Care Soldiers on remote and virtual ACAP.

(10) ACAP Timelines:

(a) 0-30 Days: Soldier completes Pre-Separation Counseling (DD Form 2648/2648-1) and the initial scrimmage.

- Requirements of Pre-Separation Counseling:

- Soldier views Pre-Separation modules on-line.

- Soldier completes DD Form 2648 (AC) or 2648-1 (RC).

- ACAP Intake initial counseling.

- Establish appointment timelines.

- Soldier registers in the VA e-Benefits portal.

- Soldier initiates ITP Block 1.

- Recommended ACAP goals for the initial scrimmage:

- Complete Pre-Separation counseling NLT 30 days of assignment or attachment.

- Complete the financial planning seminar NLT 45 days of assignment or

attachment.

- Complete the 12 month post-Army budget NLT 45 days of assignment or

attachment.

- Complete the MOS Crosswalk class NLT 45-60 days of assignment or

attachment.

- Develop gap analysis of military skills and desired civilian employment within three days of completing the MOS Crosswalk class.

- See a VA VR&E counselor to receive initial counseling on VR&E prior to the 90-day scrimmage.

- Complete a career assessment through ACES or VA VR&E NLT 80 days after assignment or attachment.

- Complete parts I and II of the Department of Labor Employment Workshop (DOLEW) NLT 80 days after assignment or attachment.

- Finalize ITP Block 1.

- Select Transition Goals, Plans, Success (GPS) track.

- Begin developing GPS track.

- Begin resume development.

- 0-45 Days: Soldier completes Financial Planning (completed after Pre-Separation).

- Requirements of Financial Planning:

- Evaluate post-Army housing.
- Evaluate post-Army transportation.
- Complete 12 month post-Army budget.
- 45-60 Days: Soldier completes MOS Crosswalk.
 - Requirements of MOS Crosswalk:
 - Gap analysis.
- 0-90 Days: Soldier completes VA VR&E initial counseling.
- 45-80 Days: Soldier completes career assessment.
 - Requirements for Career Assessment:
 - Soldier completes career assessment through VA VR&E OR
 - Soldier completes career assessment through the Army Career and Education Service (ACES).
- 60-80 Days: Soldier completes DOLEW parts 1 and 2 (Transition Planning & Career Exploration).
 - Requirements for DOLEW parts 1 and 2:
 - Finalize ITP part 1.
 - Select Transition Goals, Plans, Success (GPS) track (ITP Blocks 2-5, Education, Technical, Entrepreneurship, Employment). Soldier is only required to participate in one track but if time permits, can select more than one track).
 - Begin developing Transition GPS track.
 - Internship participants must finalize resume of choice.
 - All others must begin resume development.
- 90 days +: Soldiers complete 90 day scrimmage and select CER activity when CER eligible. The CER activity must align with the Soldier's selected CTP track and career goal(s). ACAP will provide information on Job Training, Employment Skills Training and Internships.
 - Recommended ACAP goals for the 90 day scrimmage:
 - Complete VA Benefits Briefing 1 and 2 NLT 180 days of assignment or attachment, including complete enrollment in e-Benefits web portal and myHealtheVet portal.
 - Complete DOLEW parts 3-7 NLT 180 days of assignment or attachment, including finalizing resume.
- 90-180 days: Soldier completes VA Benefits Briefing 1 and 2. Soldier completes DOLEW parts 3-7.
 - Requirements for VA Benefits Briefing 1 and 2:
 - Enrollment into e-Benefits (if not already completed).
 - Enrollment into myHealtheVet.
 - Requirements for DOLEW parts 3-7:
 - Receive DOL Gold Card.
- 180 days+: Soldier attends scrimmages quarterly and FTR at MRDP. During the scrimmages/FTR, the Soldier will develop goals that lead them to completion of ACAP NLT 90 days prior to discharge.
 - Recommended ACAP goals for follow on scrimmages and FTR:
 - Finalize resume NLT 90 days prior to transition and provide a copy to the ACAP counselor, TC and SL.
 - Apply to and receive acceptance letter to an institution of higher learning with planned degree field or training program NLT 90 days prior to transition (education track) and provide the acceptance letter to the ACAP counselor.

- Apply for and receive any certifications needed NLT 90 days prior to transition (training track) and provide certification to the ACAP counselor.
- Fill out job applications and receive a list of leads that support the CTP career goal(s) NLT 90 days prior to transition (employment track) and provide a copy of job application(s) or job lead(s) to the ACAP counselor.
- Finalize a small business plan NLT 90 days prior to transition (entrepreneurship track) and provide a copy of the plan to the ACAP counselor.
- Finalize and sign my DD Form 2958 (Capstone requirements completed) NLT 90 days prior to transition.
- NLT 90 days prior to discharge: Soldier completes all ITP milestones outlined on their DD Form 2958.
 - Requirements for Capstone:
 - ITP Block 2: Employment: Complete job application.
 - ITP Block 3: Education: Receive college acceptance letter.
 - ITP Block 4: Technical: Receive technical training institution acceptance letter.
 - ITP Block 5: Entrepreneur: Develop business plan.
 - Completed resume of choice.
 - Completed career assessment.
 - Evaluate post-military housing and transportation needs.
 - Develop 12-month post-Army budget.
 - Complete MOS crosswalk gap analysis.
 - Receive DOL Gold Card.

13-10. Small Business Administration (SBA).

a. The Small Business Administration (SBA) is an independent agency of the federal government to aid, counsel, assist and protect the interests of small business concerns, to preserve free competitive enterprise and to maintain and strengthen the overall economic recovery of our nation. The SBA helps Americans start, build and grow businesses. Through an extensive network of field offices and partnerships with public and private organizations, SBA delivers its services to people throughout the U.S., Puerto Rico, the U.S. Virgin Islands and Guam.

b. The Veterans Business Outreach Program (VBOP) is designed to provide entrepreneurial development services through 16 Veterans Business Outreach Centers (VBOC) around the country. Services such as mentoring, training, business preparation and more exclusively for Veterans are available. Services provided are:

- (1) Pre-business Plan Workshops
- (2) Concept Assessments
- (3) Business Plan Preparations
- (4) Comprehensive Feasibility Analysis
- (5) Entrepreneurial Training and Counseling
- (6) Mentorship
- (7) Other Business Related Services:
 - (a) International Trade
 - (b) Franchising

- (c) Internet Marketing
- (d) Accounting

c. SBA Resources for Veterans--Financing for Veteran-Owned Small Businesses:

- (1) Patriot Express Pilot Loan Initiative – This initiative is for Veterans and members of the military community who want to establish or expand a small business.
- (2) Military Reservist Economic Injury Disaster Loan--This provides funds to eligible small businesses to meet operating expenses that cannot otherwise be met due to an essential employee being called to active duty.
- (3) Loans and Grant Search Tool--Many states and other organizations also provide loans to Veterans.

d. SBA Resources for Veterans--Small Business Assistance:

- (1) Operation Boots to Business: From Service to Startup.
- (2) Veterans Business Outreach Centers (VBOC)--Provides entrepreneurial development services for Veterans.
- (3) Office of Veterans Business Development--Provides access to training, counseling and assistance.
- (4) National Veterans Business Development Conference and Expo--Annual conference focusing on Veteran small businesses and federal procurement opportunities.
- (5) Business Resources for People with Disabilities--Information about starting, financing, and running a small business aimed at disabled persons including service-disabled Veterans.

e. There are many opportunities for Veterans and service-disabled Veterans and their small business. It is important that the small business be certified as a Veteran-Owned or Service Disabled Veteran-Owned in order to take advantage of the resources designed especially for the Veteran population. To learn more about how to get started visit:
www.sba.gov/content/veteran-service-disabled-veteran-owned.

13-11. Social Security Administration (SSA).

a. Social Security Disability Income (SSDI): Soldiers may receive expedited processing of disability claims from Social Security. Benefits available through Social Security are different than those from the VA and require a separate application. The expedited process is used for Soldiers who become disabled while on active military duty on or after October 1, 2001, regardless of where the disability occurs. To be found disabled:

- (1) One must be unable to do substantial work because of their medical condition(s) AND
- (2) One's medical condition(s) must have lasted, or be expected to last, at least one year or result in death.

b. Active duty status and receipt of military pay does not, in itself, necessarily prevent payment of SSDI. Receipt of military payments should never stop you from applying for SSDI. If a Soldier is receiving treatment at a MTF and working in a designated therapy program or on limited duty, SSA will evaluate the Soldier's work activity to determine eligibility for SSDI. One cannot receive SSDI if one engages in substantial work for pay or profit. However, the actual work activity is the controlling factor and not the amount of pay one receives or your military duty status.

c. Soldiers may apply for SSDI at any time while in military status or after discharge, whether the Soldier or Veteran is still hospitalized, in a rehabilitation program or undergoing out-patient treatment in a military or civilian medical facility. Soldiers may apply online at www.socialsecurity.gov/woundedwarriors, in person at the nearest Social Security office, by mail or by telephone. One may call (800) 772-1213 to schedule an appointment. Soldiers who are deaf or hard of hearing may call SSA's TTY number: (800) 325-0778.

d. To apply for SSDI, Soldiers must provide information and documentation about their age, employment, proof of citizenship and information regarding all impairments and related treatment. Social Security will make every reasonable effort to help the Soldier get the necessary medical evidence. Soldiers should file the application for disability benefits as soon as possible with any documents readily available. Do not delay filing even if the Soldier does not have all the documents mentioned below.

(1) Original or certified copy of the Soldier's birth certificate or proof of U.S. citizenship or legal residency if foreign born.

(2) Form DD 214, if discharged from military service.

(3) W-2 form or income tax return from last year.

(4) Proof of military pay or workers' compensation.

(5) Social Security numbers of the Soldier's spouse and minor children.

(6) Checking or savings account number.

(7) Name, address and phone number of a contact person, in case the Soldier is unavailable.

(8) Medical records that the Soldier has or that can easily be obtained from all military and civilian sources.

(a) Social Security makes a decision after the Soldier sends the claim to a state Disability Determination Services (DDS) office. The state has medical and vocational experts who will contact the Soldier's doctors and other places where the Soldier has or is currently received or is receiving treatment to get the medical records. The state agency may ask the Soldier to have an examination or medical test. There is no cost to the Soldier for any additional exams or tests that he is asked to take. If the state does request an examination, the Soldier should keep the appointment. The length of time it takes to receive a decision on the Soldier's disability claim can vary depending on several factors, but primarily on:

- The nature of the disability.
- How quickly SSA obtains medical evidence from the Soldier's doctor(s) or other medical source(s).
- Whether the Soldier needs a medical examination to obtain evidence to support the claim.

(b) The Soldier can speed the decision on the application for benefits by being prepared for the interview. SSA can take prompt action on a claim if the Soldier:

- Notifies SSA right away that the disability occurred while on active military duty.
- Has information available regarding all the doctors he has seen and the address of the military site where the records are kept.
- Notify SSA of any address changes the Soldier has while they are working on the claim.
- Inform SSA about any changes in doctors, hospitals or outpatient clinics where the Soldier is or has received treatment.

(c) After SSA receives an application for Social Security disability benefits, they will identify it as a military service member claim and expedite it through all phases of processing, both at Social Security and the DDS. SSA will also expedite disability claims filed online.

(d) Certain members of a Soldier's Family may qualify for benefits based on the Soldier's work. They include:

- The Soldier's spouse, if he is age 62 or older.
- The Soldier's spouse, at any age, if he is caring for a child of the Soldier who is younger than age 16 or disabled.
- The Soldier's unmarried child, including an adopted child, or, in some cases, a stepchild or grandchild.
- The child must be younger than age 18 or younger than age 19 if in elementary or secondary school full time.
- The Soldier's unmarried child, age 18 or older, if the child has a disability that started before age 22 (the child's disability also must meet the definition of disability for adults).

(e) The Soldier may receive Social Security disability benefits and remain on active duty. It is important that the Soldier immediately contact Social Security if there is a change in MOS code. A permanent change of station (PCS) move from one duty station to another is also a potential indicator that the Soldier may be going back to work and should contact Social Security. Changes in your work status may affect the Soldier's Social Security benefits. Tell SSA right away about any changes in work or active duty status.

(f) Social Security has work incentives that allow the Soldier to test their ability to return to work and still receive monthly Social Security disability benefits. The Soldier can also receive help with education, training and rehabilitation needs in order to work.

(g) If the Soldier or Veteran takes a job, individual should tell SSA:

- When work starts or stops.
- If job duties, hours of work or rate of pay changes.

(h) Even if receiving full pay, a Soldier or Veteran still may qualify for SSDI. The Soldier or Veteran may visit a local field office to report their current work activity. It is important that the individual tell SSA whether there is a designated work therapy program or if the limited duty assignment is due to disability. Without this information SSA cannot properly evaluate the work and SSDI may be suspended or terminated.

(i) Participating in OWF while applying for SSDI:

- Soldiers wishing to participate in OWF internships and who are also applying for or receiving SSDI must use the following procedures in order to have their Social Security Administration case manager recognize OWF internship assignments as other than a Trial Work Period or employment:

- SSA Emergency Message 12009 dated March 15, 2012 discusses wounded warriors and determination of Trial Work Periods. It is imperative that if the Soldier wants his OWF internship to be viewed as a "rehabilitative service," they adhere to the guidance below. Not complying with this procedure will initiate a Trial Work Period as defined by the SSA, and may jeopardize consideration for or receipt of SSDI.

- (j) The following procedures apply only to OWF federal internships:
- Soldiers must complete and sign an OWF Application on file with the WTU.
 - A photocopy of the completed OWF Placement Form, signed by the participating Soldier and hosting agency, must be provided to the SSA case manager.
 - The SSA will maintain the copy of this OWF Placement Form in the client file.
- (k) Roles and Responsibilities.
- The Soldier will:
 - Request contact information for Social Security if needed from the CO-TC.
 - Submit a completed OWF Placement Form to his SSA case manager if the individual intends to participate in an internship in a federal agency.
 - Provide requested medical information to Social Security.
 - The WTU Commander will ensure Soldiers receive an overview of the Social Security benefits as part of orientation.
 - The CO-TC will:
 - Refer Soldiers to SSA to learn about disability benefits.
 - Refer Soldiers to TRICARE to learn how Social Security can impact their retiree medical coverage.
 - Refer Soldiers applying for SSA benefits to the VA VR&E counselor for vocational assessment, counseling and career development.
 - Ensure that the Soldier provides a signed copy of the OWF Placement Form to his SSA case manager and that a signed copy is uploaded in AWCTS.

13-12. Special Hiring Authorities.

a. Schedule A:

- (1) Veterans with disabilities may also be eligible for Schedule A hiring authority. Schedule A allows the federal government to hire individuals with certain disabilities non-competitively via Schedule A, 5 CFR 213.3102 (u).
- (2) Individuals hired under Schedule A must meet the qualifications for the position.
- (3) Individuals eligible for placement under Schedule A can apply to open vacancy announcements on USAJOBS.gov. Agencies are not required to post vacancies if the intent is to use Schedule A.

b. Veteran's Preference:

- (1) WTU Veterans and Family members may be eligible for Veteran's Preference, in appointment to federal employment over other applicants based upon their service and disabilities connected to service.
- (2) Veteran's Preference applies to virtually all new appointments in both the competitive and excepted service. Veteran's Preference does not guarantee Veterans a job and it does not apply to internal agency actions such as promotions, transfers, reassignments and reinstatements.
- (3) Veteran's Preference eligibility is based on dates of active duty service, receipt of a campaign badge, Purple Heart or a service-connected disability. Not all active duty service may qualify for Veteran's Preference.

13-13. Hero 2 Hired (H2H).

a. Hero 2 Hired (H2H) is a powerful, comprehensive employment program that includes a focused marketing component assisting unemployed Soldiers with job placement through an electronic job and career web platform, mobile application and Facebook integration. The website contains job listings, career exploration tools, education and training resources, advice, tips and networking opportunities. H2H also provides military-friendly companies with access to Soldiers and allows them to post job openings, search for candidates and invite them to apply and participate in hiring events.

b. The H2H Mobile Job Store (MJS) travels throughout the US and is available to support hiring events. The H2H MJS is a graphically wrapped, self-contained event system where visitors can watch videos, speak with H2H representatives, sign up to join H2H and explore the H2H website.

c. H2H provides job seekers with many tools to assist when searching for a new job or career:

(1) Job Search: Soldiers can search by keyword, location, salary, education level and industry. They will receive an immediate list of open jobs that they can apply to or learn more about. Registering on H2H allows Soldiers to build a professional profile including a resume, work samples, photos, videos and other information about themselves.

(2) Education and Training: Soldiers can find resources about school and college offerings, certificate and training programs, financial aid and military benefits.

(3) Military Skills Translator: Soldiers can input their military occupational code and get a list of career paths that will fit with their military training and experience. Soldiers can view and apply for immediate job openings in each of those career areas.

(4) Advice: Soldiers will find information on job-hunting techniques, interview preparation, resume creation and enhancement and other tips that will help with the job search.

(5) Career Exploration: Soldiers can learn about various industries and the qualifications needed for different occupations. Soldiers can take a career assessment survey that will identify the best fit with their interests and skills. They can view job openings in those areas and either apply or find out what education and/or credentials are needed to enter that career path.

(6) Hiring Events: Soldiers may attend virtual career fairs online and find local hiring events. National, regional and local employers will be represented, and job seekers will have direct access to human resources personnel as well as other employees of companies who are hiring.

(7) Mobile Application: A mobile application allows Soldiers to access website tools and features via smart phones. They can stay connected through text alerts and find employers by location through a GPS tool.

(8) Online and Social Communities: Soldiers can join online groups related to their experience and interests providing networking opportunities and more information to assist with the job search. Additionally, H2H will be accessible through Facebook where Soldiers may ask questions, share experiences, email job listings and network with employers, subject matter experts and other job seekers.

d. Roles and Responsibilities:

(1) The Soldier will create a profile on H2H.jobs prior to transition.

- (2) The BN-TC will:
 - (a) Coordinate with H2H to schedule visits by the H2H MJS.
- (3) The Company TC will:
 - (a) Help Soldiers create a profile on H2H.jobs.
 - (b) Track each Soldier that creates a profile on H2H.jobs.

13-14. CER Program Data.

a. Evaluating program participation requires the collection of CER data for analysis by CER program managers. There are four layers of CER Program Management: (1) CO-TC manage the CER program for a company; (2) BN-TC manage the CER program for a battalion; (3) RMC WTOs manage the CER program for the RMC and (4) WTC CER Branch manages the CER program for WTC/OTSG.

b. CER Data Reporting. WTC will issue a CER data collection tasker each fiscal year. WTUs will collect data manually and report to either their BN or RMC. BNs will report CER data for their COs to RMC. RMCs will report WTU data to WTC CERB. Each level in the chain of command (CO, BN, RMC, and WTC) will use the data to analyze and improve the performance of their CER program.

c. A future update to AWCTS will incorporate CER functions. When released, this will replace the requirement for manual data reporting.

d. Commander's Report Template: Commanders must lead the implementation of their CER program. CO-TCs and BN-TCs provide their Commanders a weekly update on Soldier CER eligibility, CER participation and ACAP completion. This will enable Commanders to make data-based decisions regarding leadership of their CER program. (See Appendix 13-1.)

e. Roles and responsibilities.

(1) Soldiers: Soldiers are responsible for their own CER program activities and participation. CER program success is usually an indicator of success in the career domain after the Soldier leaves the Army. The impact of an individual Soldier's success (or failure) is felt solely by the Soldier and his Family.

(2) Commanders: Commanders are responsible for ensuring that a robust CER program exists at their unit, that CER activities are properly resourced and managed, that CER program goals are established, that CER data is collected, tracked, analyzed and reported and that CER data is properly used to ensure success of the CER program.

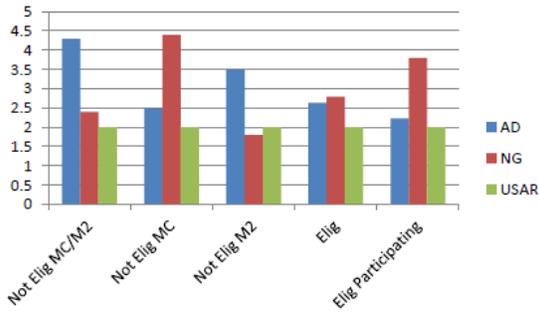
(3) Transition Coordinators: TCs are CER Program Managers. They are responsible for coordinating internal unit resources, external resources, ensuring individual Soldiers participate in appropriate CER activities and tracking Soldier participation in CER activities.

(4) Remaining Cadre: Every Cadre member must be knowledgeable about the CER program, support and encourage a Soldier's participation in CER activities and fulfill their obligations for tracking and providing data about individual Soldier's participation in CER activities.

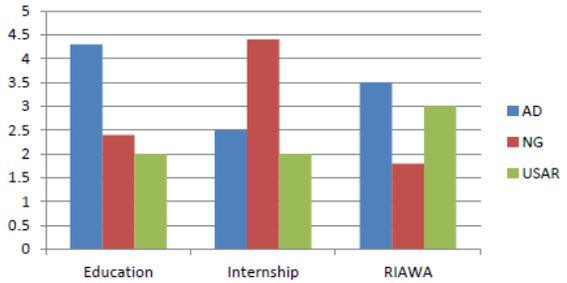
TC Weekly Update

This is a template and should be tailored to Commander's priorities and metrics.

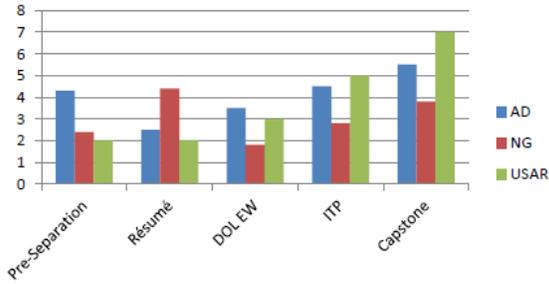
CER Eligible



CER Participation Rates



ACAP Completion Rate



Successes and Challenges

- Bullet points
- To highlight successes/challenges
- Completed by TC

Figure 13-1 (TC Weekly Update)

WCTP Soldier and Leader Guide

Appendix 13-1 Career and Education Readiness (CER) Eligibility Form



**DEPARTMENT OF THE ARMY
WARRIOR TRANSITION BATTALION
XXXX STREET, BLDG XXXX
FORT XXXX, STATE ZIP**

Form Effective Date: Day/Month/Year

Soldier Name: _____ Rank: _____ CO/PLT/SQD: _____	
CER Eligibility Form	
<p>Eligibility for CER activity is based upon two distinct evaluations made by Medical Management (M2) and the WTU Commander. The M2 evaluation must conclude that the Soldier is medically, emotionally and physically ready to participate in a CER activity while continuing medical treatment. The Nurse Case Manager (NCM), in collaboration with the Interdisciplinary Team (IDT), is responsible for coordinating the evaluation of CER eligibility with all members of M2. The NCM is also responsible for documenting the results. The Commander's evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity. The Company Commander is responsible for the CER eligibility evaluation and the Squad Leader (SL) is responsible for documenting the results.</p>	
<u>RECOMMENDATION FOR CAREER AND EDUCATION READINESS PROGRAM:</u>	
CTP Track (circle one): Remain in the Army / Transition from the Army	
CAREER GOALS:	
1. _____	
2. _____	
3. _____	
Transition Coordinator Signature: _____ Date: _____	
Soldier Signature: _____ Date: _____	
M2 DETERMINATION (please circle one)	
NCM Signature: _____ Date: _____ <i>Reason for non-eligibility:</i>	ELIGIBLE NON-ELIGIBLE
CDR DETERMINATION (please circle one)	
SL Signature: _____ Date: _____ <i>Reason for non-eligibility:</i>	ELIGIBLE NON-ELIGIBLE
LIMITATIONS: This section should be used to document limitations on types of approved CER activities, CER participation hours, or other limitations imposed by M2 or CDR.	
<p>NOTE: The Soldier can be re-evaluated whenever M2 and/or Commander determine the Soldier has met or no longer meets the requirements to participate in a CER activity. A new evaluation form must be completed and signed to document a new determination.</p> <p>NOTE: When complete, a copy of this document must be initiated by Commander or M2 and then forwarded to and retained by the TC. The TC signature indicates acknowledgment of receipt for this document and allows the TC to match CER opportunities with the Soldier's CTP track and career goals.</p>	

WCTP Soldier and Leader Guide

Appendix 13-2 Request for Exception to Career and Education Readiness (CER) Work Site Policy

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his own behalf *(Section III)*
ROUTINE USES: To initiate the processing of a personnel action being requested by the Soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU <i>(Include ZIP Code)</i> RMC WTO Address line 1 Address line 2 Address line 3	2. TO <i>(Include ZIP Code)</i> Warrior Transition Command Attn: G1 200 Stovall Street, Suite 7-S-57 Alexandria, VA 22332-5000	3. FROM <i>(Include ZIP Code)</i> WTU Commander Address line 1 Address line 2 Address line 3
--	--	--

SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i> Doe, John	5. GRADE OR RANK/PMOS/AOC E3/PFC/11B	6. SOCIAL SECURITY NUMBER 123-45-6789
---	---	--

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to effective _____ hours,

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

<input type="checkbox"/>	Service School <i>(Enl only)</i>	<input type="checkbox"/>	Special Forces Training/Assignment	<input type="checkbox"/>	Identification Card
<input type="checkbox"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On-the-Job Training <i>(Enl only)</i>	<input type="checkbox"/>	Identification Tags
<input type="checkbox"/>	Volunteering For Oversea Service	<input type="checkbox"/>	Retesting in Army Personnel Tests	<input type="checkbox"/>	Separate Rations
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples	<input type="checkbox"/>	Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification	<input type="checkbox"/>	Change of Name/SSN/DOB
<input type="checkbox"/>	Exchange Reassignment <i>(Enl only)</i>	<input type="checkbox"/>	Officer Candidate School	<input type="checkbox"/>	Other <i>(Specify)</i>
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	Exception to CER Work site Policy re Max Distance

9. SIGNATURE OF SOLDIER <i>(When required)</i>	10. DATE (YYYYMMDD) 2012073
--	--------------------------------

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- 1) SM estimated/forecast date of transition from the WTU/CBWTU is _____.
- 2) SM CTP track is (pick one) Remain in the Army -- or -- Transition from the Army.
- 3) SM long term career goal is _____.
- 4) SM was determined to be eligible for CER on _____.
- 5) Distance from SM residence to proposed work site is _____ miles.
- 6) Provide justification for this request.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE Thomas Jones, CPT, MS, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
--	---------------	---------------------

WCTP Soldier and Leader Guide

Appendix 13-3 Warrior Transition Command (WTC) Job Safety Analysis Form

WTC JOB SAFETY ANALYSIS FORM

Job Safety Analysis (JSA) is an important accident prevention tool that works by finding hazards and eliminating or minimizing them *before* the job is performed, and *before* they have a chance to become accidents. Use JSA for job clarification and hazard awareness, as a guide in new employee training, for periodic contacts and for retraining of senior employees, as a refresher on jobs which run infrequently, as an accident investigation tool, and for informing employees of specific job hazards and protective measures.

Set priorities for doing JSA's: jobs that have a history of many accidents, jobs that have produced disabling injuries, jobs with high potential for disabling injury or death, and new jobs with no accident history.

Select a job to be analyzed. Before filling out this form, consider the following: The purpose of the job - What has to be done? Who has to do it? The activities involved - How is it done? When is it done? Where is it done?

In summary, to complete this form you should consider the purpose of the job, the activities it involves, and the hazards it presents. If you are not familiar with a particular job or operation, interview an employee who is. In addition, observing an employee performing the job, or "walking through" the operation step by step may give additional insight into potential hazards. You may also wish to videotape the job and analyze it.

Here's how to do each of the three parts of a Job Safety Analysis:

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE
<p>Examining a specific job by breaking it down into a series of steps or tasks, will enable you to discover potential hazards employees may encounter.</p> <p>Each job or operation will consist of a set of steps or tasks. For example, the job might be to move a box from a conveyor in the receiving area to a shelf in the storage area. To determine where a step begins or ends, look for a change of activity, change in direction or movement.</p> <p>Picking up the box from the conveyor and placing it on a handtruck is one step. The next step might be to push the loaded handtruck to the storage area (a change in activity). Moving the boxes from the truck and placing them on the shelf is another step. The final step might be returning the handtruck to the receiving area.</p> <p>Be sure to list <i>all</i> the steps needed to perform the job. Some steps may not be performed each time; an example could be checking the casters on the handtruck. However, if that step is generally part of the job it should be listed.</p>	<p>A hazard is a potential danger. The purpose of the Job Safety Analysis is to identify ALL hazards - both those produced by the environment or conditions and those connected with the job procedure.</p> <p>To identify hazards, ask yourself these questions about each step:</p> <p>Is there a danger of the employee striking against, being struck by, or otherwise making injurious contact with an object?</p> <p>Can the employee be caught in, by, or between objects?</p> <p>Is there potential for slipping, tripping, or falling?</p> <p>Could the employee suffer strains from pushing, pulling, lifting, bending, or twisting?</p> <p>Is the environment hazardous to safety and/or health (toxic gas, vapor, mist, fumes, dust, heat, or radiation)?</p> <p>Close observation and knowledge of the job is important. Examine each step carefully to find and identify hazards - the actions, conditions, and possibilities that could lead to an accident. Compiling an accurate and complete list of potential hazards will allow you to develop the recommended safe job procedures needed to prevent accidents.</p>	<p>Using the first two columns as a guide, decide what actions or procedures are necessary to eliminate or minimize the hazards that could lead to an accident, injury, or occupational illness.</p> <p>Begin by trying to: 1) engineer the hazard out; 2) provide guards, safety devices, etc.; 3) provide personal protective equipment; 4) provide job instruction training; 5) maintain good housekeeping; 6) insure good ergonomics (positioning the person in relation to the machine or other elements in such a way as to improve safety).</p> <p>List the recommended safe operating procedures. Begin with an action word. Say exactly what needs to be done to correct the hazard, such as, "lift using your leg muscles." Avoid general statements such as, "be careful."</p> <p>List the required or recommended personal protective equipment necessary to perform each step of the job.</p> <p>Give a recommended action or procedure for each hazard.</p> <p>Serious hazards should be corrected immediately. The JSA should then be changed to reflect the new conditions.</p> <p>Finally, review your input on all three columns for accuracy and completeness. Determine if the recommended actions or procedures have been put in place. Reevaluate the job safety analysis as necessary.</p>

WCTP Soldier and Leader Guide

Appendix 13-4 VA Form 28-1900: Disabled Veterans Application for Vocational Rehabilitation

Department of Veterans Affairs																		
DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION <i>(Chapter 31, Title 38, U.S.C.)</i>																		
PURPOSE OF VOCATIONAL REHABILITATION: Vocational Rehabilitation provides services and assistance to certain veterans with disabilities to get and keep a suitable job. If employment is not reasonably feasible, vocational rehabilitation may be able to provide services to support veterans with disabilities to achieve maximum independence in their daily living activities. IMPORTANT: To see if you should fill out this form, please read the information on back.																		
1. FIRST, MIDDLE, LAST NAME OF VETERAN		2. SOCIAL SECURITY NO.	3. VA FILE NO. <i>(If different from Item 2)</i>	4. DATE OF BIRTH <i>(Month, Day, Year)</i>														
5A. MAILING ADDRESS <i>(No. and street or rural route, City, State and ZIP Code)</i>		5. DAYTIME TELEPHONE NO. <i>(Include Area Code)</i>	6. VA OFFICE WHERE RECORDS ARE LOCATED															
5B. E-MAIL ADDRESS OF VETERAN <i>(If available)</i>		7. EVENING TELEPHONE NO. <i>(Include Area Code)</i>	8. NUMBER OF YEARS OF EDUCATION															
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS, GIVE US YOUR NEW ADDRESS		11. LIST ANY PREVIOUS VOCATIONAL REHABILITATION PROGRAMS YOU HAVE SEEN IN AND GIVE THE DATES <i>(Include both VA and non-VA programs)</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%;">PROGRAM</th> <th style="width: 40%;">DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>		PROGRAM	DATE													DO NOT WRITE IN THIS SPACE <i>(VA DATE STAMP)</i>
PROGRAM	DATE																	
12. SERVICE INFORMATION <i>(Enter the following information for each period of active duty. Show ALL active duty)</i>																		
SERVICE NUMBER <i>(Prefix and suffix)</i> (A)	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE LEFT ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)														
13. IF YOU ARE NOW WORKING <i>(Enter the following information for your current job)</i>																		
A. NAME AND ADDRESS OF EMPLOYER		B. DUTIES OF YOUR JOB	C. MONTHLY SALARY OR WAGES															
14. IF YOU ARE NOW HOSPITALIZED, WHAT IS THE NAME AND ADDRESS OF YOUR HOSPITAL?																		
15A. WHAT IS YOUR DISABILITY RATING?		15B. WHAT IS THE NATURE OF YOUR DISABILITY <i>(DESCRIBE IT)</i> ?																
16. DID YOU SERVE IN: <i>(Check appropriate boxes)</i> <input type="checkbox"/> WORLD WAR II <input type="checkbox"/> POST KOREAN CONFLICT <input type="checkbox"/> GULF WAR <input type="checkbox"/> POST WORLD WAR II ERA <input type="checkbox"/> VIETNAM <input type="checkbox"/> OPERATION ENDURING FREEDOM <input type="checkbox"/> KOREAN CONFLICT <input type="checkbox"/> POST VIETNAM <input type="checkbox"/> OPERATION IRAQI FREEDOM			17. DISABLED TRANSITION ASSISTANCE PROGRAM (DTAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO															
I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim of vocational rehabilitation benefits is a punishable offense that may result in fine or imprisonment or both.																		
18A. SIGNATURE OF APPLICANT <i>(Do not print) (Sign in ink)</i>			18B. DATE SIGNED															

WCTP Soldier and Leader Guide

Appendix 13-5 Non-Operation Warfighter (Non-OWF) Placement Form

Non-OWF Placement Form

Soldier's Rank/Name:
 Company/Platoon/Squad:
 Email:
 Phone:
 Required Uniform:

SQUAD LEADER INFORMATION:

Squad Leader Rank/Name:
 Email:
 Phone:

WORKSITE INFORMATION:

Agency/Unit:
 Supervisor:
 Email:
 Phone:

SCOPE OF WORK/POSITION DESCRIPTION:

Include concise language that include:
 Job title:
 Job objective:
 Summary of the general nature and level of the job:
 Description of the broad function and scope :
 List of duties of tasks specific to the job:
 Key functional and relational responsibilities:
 Job specifications, standards and requirements:
 Job location:
 Equipment to be used at the job:

WORK SITE AGREEMENT:

SOLDIERS: Missing scheduled medical appointments may be cause for Uniform Code of Military Justice (UCMJ) disciplinary action. If scheduled or unscheduled medical appointments interfere or prevent the agency's mission accomplishments, then the work site may be terminated by either party. IAW WTB/WTU policy and procedures, all formations, urinalysis, uniform, mandatory training, and duty roster requirements will be adhered to unless negotiated in advance. Will be accounted for daily by your SL. Will not accept any form of compensation from the agency at any time. If the work site is closed, will report to their SL. Violations of this work site agreement may subject Soldier to non-judicial punishment under UCMJ or other appropriate administrative action. SQUAD LEADER/PLATOON SERGEANT: Will coordinate with the Nurse Case Manager to de-conflict medical and non-medical appointments. Will contact the work site supervisor at least one time a week. Will visit the work site at least one time per month. Will notify the Work site supervisor immediately if the Soldier is terminated from the work site for any reason or cannot attend due to other circumstances. WORK SITE SUPERVISOR: Will call or email the Squad Leader or Transition Coordinator if the Soldier fails to report or return during the prescribed time. Will provide periodic feedback to the WTU on Soldier performance. The Soldier will not be compensated or accept any gifts from the agency. Will be notified of mandatory training, leave and passes as promptly as possible

Soldier Signature: _____ Date: _____

OT Signature: _____ Date: _____

Nurse Case Manager Signature: _____ Date: _____

Squad Leader Signature: _____ Date: _____

Work Site Supervisor Signature: _____ Date: _____

Transition Coordinator Signature: _____ Date: _____

Work Site Schedule

Monday		Tuesday		Wednesday		Thursday		Friday	
From	To	From	To	From	To	From	To	From	To

Work Site Location: _____ Start Date: _____

WCTP Soldier and Leader Guide

Appendix 13-6 Non-Operation Warfighter (Non-OWF) Evaluation Form

Non-OWF Evaluation Form

Soldier's rank, last name, first name: [Click here to enter text.](#)

Work site location: [Click here to enter text.](#)

Performance evaluation dates:

TO: [Click here to enter a date.](#)

FROM: [Click here to enter a date.](#)

Reviewer's name and email address:

EMAIL: [Click here to enter text.](#)

NAME: [Click here to enter text.](#)

Please evaluate the Soldier's work performance in the following areas:

1. Did the Soldier report on the assigned dates? *Choose an item.*
2. Did the Soldier call or communicate with you prior to an absence? *Choose an item.*
3. Did the Soldier report on time? *Choose an item.*
4. Was the Soldier's appearance appropriate? *Choose an item.*
5. Did the Soldier complete their assigned work? *Choose an item.*
6. Did the Soldier work well with others? *Choose an item.*

Please provide an explanation for any "No" responses to the questions above.
[Click here to enter text.](#)

Please provide any comments or suggestions regarding the Soldier's work performance.
[Click here to enter text.](#)

Note: To be completed by the Work site supervisor and returned to the Transition Coordinator or Squad Leader at (enter the email address)

Squad Leader: [Click here to enter text.](#)

OT: [Click here to enter text.](#)

WCTP Soldier and Leader Guide

Appendix 13-7 Occupational Therapist (OT) Career and Education Readiness (CER) Work Site Limitations Form

OT CER Work Site Limitations Form

Soldier Name: _____ **Rank:** _____ **CO/PLT/SQD:** _____ **MOS:** _____

COMPO: 1 / 2 / 3 (circle one) **CTP track:** Return to Duty Transition from the Army (circle one)

CAREER GOALS:

1. _____
2. _____
3. _____

CAREER EXPERIENCE:

1. _____
2. _____
3. _____

CAREER INTEREST WHILE IN WTU:

1. _____
2. _____
3. _____

EDUCATIONAL GOAL (DEGREE/CERTIFICATION/LICENSURE):

1. _____
2. _____
3. _____

ENROLLED IN CLASSES: Yes/No (circle one) **LEARNING ENVIRONMENT:** On-Line/Classroom (circle one)

HOW MANY CLASSES: _____

WHAT CLASSES: _____

CURRENT INSTITUTION OF LEARNING: _____

DRIVING PROFILE: Yes/No (circle one)

IF YES, PLEASE PUT RESTRICTIONS: _____

POV: Yes/No (circle one)

ALTERNATE MODE OF TRANSPORTATION (if on driving profile or no POV): _____

QUARTERS: Off Post / On Post / Barracks (circle one)

PHYSICAL RECOMMENDATIONS

1. STRENGTH-LIFTING AND CARRYING (circle one): Very light work (less than 10 pounds)
Light work (10-20 pounds) Average work (30-40 pounds) Heavy work (more than 50 pounds)

2. ENDURANCE: Recommend Soldier work _____ hours per day _____ times a week.

3. WORK PACE: Recommend Soldier work with rest breaks a minimum every _____ (minutes/hours).

4. ACCESSIBILITY: Soldier needs a fully / partially (circle one) accessible site. Comments:

5. PHYSICAL EFFORT:

Soldier can/cannot use tools. Comments: _____

Soldier can/cannot use equipment. Comments: _____

Soldier can/cannot use machinery. Comments: _____

Soldier can/cannot handle weight. Comments: _____

6. POSITION WHILE WORKING:

Soldier can/cannot tolerate walking. Comments: _____

Soldier can/cannot tolerate standing. Comments: _____

Soldier can/cannot tolerate climbing. Comments: _____

Soldier can/cannot tolerate lifting. Comments: _____

Soldier can/cannot tolerate pulling/pushing. Comments: _____

Soldier can/cannot tolerate sitting. Comments: _____

Soldier can/cannot tolerate bending/stooping. Comments: _____

7. WORK CONDITIONS: Recommend limited exposure to the following:

Dirt. Comments: _____

Fumes. Comments: _____

Lights. Comments: _____

Noise. Comments: _____

Vibration. Comments: _____

Grease/Oil. Comments: _____

Heat. Comments: _____

Water. Comments: _____

Dust /Shavings. Comments: _____

8. COMMUNICATION SKILLS: The Soldier does/does not have communication issues. Comments:

9. SOCIAL INTERACTIONS: The Soldier does/does not have social interaction issues. Comments:

10. ADDITIONAL COMMENTS:

10. OT SIGNATURE/DATE:

WCTP Soldier and Leader Guide

Appendix 13-8 Occupational Therapist (OT) Career and Education Readiness (CER) Work Site Assessment Form

OT CER Work Site Assessment Form

Name of Organization: _____
 Organization Point of Contact: _____
 Job Title: _____
 Telephone: _____ E-Mail: _____

Work Environment

Wheelchair Accessible		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Multitasking		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entry-level administrative work (filing, shredding, phone messaging, etc)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public interaction		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Computer Work		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office Pace	Slow <input type="checkbox"/>	Moderate <input type="checkbox"/>	Fast <input type="checkbox"/>
Office Noise Level	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
Lighting	Low (dim) <input type="checkbox"/>	Bright <input type="checkbox"/>	Fluorescent <input type="checkbox"/>
			Adjustable <input type="checkbox"/>
Personal Workspace	Cubicle <input type="checkbox"/>	Office <input type="checkbox"/>	Open <input type="checkbox"/>
Social Interaction	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
Level of Supervision	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
PHYSICAL REQUIREMENTS			
Walking	Occasional (0-33%) <input type="checkbox"/>	Frequent (34-66%) <input type="checkbox"/>	Constant (67 -100%) <input type="checkbox"/>
			Uneven Terrain <input type="checkbox"/>
Sitting	Occasional (0-33%) <input type="checkbox"/>	Frequent (34-66%) <input type="checkbox"/>	Constant (67 -100%) <input type="checkbox"/>
Standing	Occasional (0-33%) <input type="checkbox"/>	Frequent (34-66%) <input type="checkbox"/>	Constant (67 -100%) <input type="checkbox"/>
Running	Occasional (0-33%) <input type="checkbox"/>	Frequent (34-66%) <input type="checkbox"/>	Constant (67 -100%) <input type="checkbox"/>
Crawling	Occasional (0-33%) <input type="checkbox"/>	Frequent (34-66%) <input type="checkbox"/>	Constant (67 -100%) <input type="checkbox"/>
Climbing	Occasional (0-33%) <input type="checkbox"/>	Frequent (34-66%) <input type="checkbox"/>	Constant (67 -100%) <input type="checkbox"/>
Lifting	0-10 pounds <input type="checkbox"/>	10-20 pounds <input type="checkbox"/>	Over 20 pounds <input type="checkbox"/>
Lifting Degree	Waist high <input type="checkbox"/>	Overhead <input type="checkbox"/>	Repeated <input type="checkbox"/>
Environment	Humidity <input type="checkbox"/>	Fumes <input type="checkbox"/>	Dust <input type="checkbox"/>
			Shavings <input type="checkbox"/>
	Heat <input type="checkbox"/>	Cold <input type="checkbox"/>	Indoor <input type="checkbox"/>
			Outdoor <input type="checkbox"/>

WCTP Soldier and Leader Guide

Appendix 13-9 Table of Career and Education Readiness (CER) Activities

Required Activities for Soldiers on all career paths, including Employment, Education, Technical Training, Entrepreneurship, and Remain in the Army (except for COMPO 1)
Attend ACAP Pre-separation Counseling
Complete DD Form 2648 (AC) or DD Form 2648-1 (RC) (keep a copy on file)
Register for VA Benefits at www.ebenefits.va.gov
Develop a 12-month budget based on current and post-transition expenses
Evaluate opportunities for continuing military service as a reservist (Separate only)
Crosswalk military skill set to corresponding civilian skills (MOS crosswalk)
Identify/Document eligibility & requirements for licenses, certification
Complete the Individual Transition Plan (ITP); Document meeting CRS for the chosen career path
Select and comply with CRS for one of the career paths
Visit the Education Center to assess job skills and interests
Attend VA benefits brief I and II
Complete a resume of choice (keep a copy on file)
Attend the DOLEW workshop
Prepare an individualized transition timeline
Determine Soldier's eligibility for participation in one or more CER activities
Participate in a CER activity: internship, education/training or RIAWA
Identify Soldier's CER Work site
Ensure Soldier's CER Work site complies with WTC Work site Policy Memo 13-001
Evaluate future personal and family housing/transportation requirements
Recommended Activities for Soldiers on all career paths, including Employment, Education, Technical Training, Entrepreneurship, and Remain in the Army
Consider possibility/impact of transferring Post- 9/11 GI Bill benefits to dependents
Create and/or update personal legal documents
Identify/document chronic medical/dental problems and seek treatment (RSM/family)
Schedule/attend individual counseling sessions with the ACAP Transition Counselor
Apply for VA benefits based on individual facts and circumstances
Research options for Survivor Benefit Plan (SBP); Discuss options with spouse
Research and compare VGLI to other insurance
Review DD-214 worksheet
Visit Relocation Assistance Program office
Schedule a visit to the area where you plan to live
Contact the DOL America's Job Center
Decide on a Continued Healthcare program
Refer to VA VR&E employment counselor for vocational assessment (Separate only)
Contact AW2 Advocate at home destination (Separate and COAD/COAR only)

Required Activities for Soldiers on the Employment Career Path
Complete the employment readiness assessment before and after attending DOLEW
Prepare and submit a Job Application Packet to at least two potential employers
Register with DOL America's Job Center; Contact the DVOP and LVER at destination
Obtain the DOL "Gold Card" certificate
Recommended Activities for Soldiers on the Employment Career Path

Research potential locations regarding post-separation career opportunities
Establish a personal network of professional peers and/or mentors
Join one or more professional organizations
Start assembling a wardrobe for the next job
Receive post-military service employment restriction counseling
Make multiple copies of service and medical records
Learn federal job search process; begin posting resumes and applying for jobs
Conduct informational interviews
Send resumes and begin interviewing for jobs
Attend federal resume workshop
Attend corporate resume workshop
Attend interview skills workshop
Attend job/career fair
Contact Vet Success reps for home destination
Required Activities for Soldiers on the Education Career Path
Complete an education needs assessment
Identify, compare, and select academic institutions based on specific selection criteria
Prepare and submit an education application to an academic institution
Schedule one-on-one session with the academic counselor from the preferred institution
Connect with the Student Veteran Organization at the preferred institution
Meet with ACES Counselor
Identify degree plan or training program with ACES
Discuss GI Bill, scholarships and grants with ACES
Recommended Activities for Soldiers on the Education Career Path
Sign up for college entrance exams, training opportunities, license programs, college courses, or certification exams
Apply for Army tuition assistance with ACES
Take basic skills testing (TABE)
Enroll in Basic Skills Enhancement Program (BSEP)
Enroll in correspondence courses (keep a copy on file)
Enroll in college courses (keep a copy on file)

Required Activities for Soldiers on the Technical Training Career Path
Complete an education needs assessment
Identify, compare, and select tech training institutions based on specific selection criteria
Prepare and submit an education application to an academic institution
Schedule one-on-one session with the academic counselor from the preferred institution
Connect with the Student Veteran Organization at the preferred institution
Required Activities for Soldiers on the Entrepreneurship Career Path
Attend the Entrepreneurship Workshop
Develop a business plan
Determine the legal requirements of the business
Recommended Activities for Soldiers on the Entrepreneurship Career Path
Attend a counseling session with an SBA advisor
Consider applying to EBV
Identify anticipated financial requirements and sources of capital for the business

Required Activities for Soldiers on the Remain in the Army Career Path
Meet with training NCO, CC, SL to develop RIA activities
Identify training required for new MOS
Participate in Army Warrior Training
Participate in training to enhance MOS level 1-4 skill sets
Choose a CER activity in which to participate: RIAWA or education/training
Recommended Activities for Soldiers on the Remain in the Army Career Path
Review GT Score / ASVAB
Complete mandatory Army training
Pass APFT and height/weight standards
Complete NCOER/OER/ Non-rated Memo
Re-qualify with weapons (if within profile)
Consider possibility/impact of transferring Post- 9/11 GI Bill benefits to dependents
Contact AW2 Advocate at home destination
Meet with Career Counselor
Meet with ACES Counselor
Identify degree plan or training program with ACES
Discuss GI Bill, scholarships and grants with ACES
Apply for Army tuition assistance with ACES
Take basic skills testing (TABE)
Enroll in Basic Skills Enhancement Program (BSEP)
Enroll in correspondence courses (keep a copy on file)
Enroll in college courses (keep a copy on file)

WCTP Soldier and Leader Guide

Appendix 13-10 Military Service Status Referral to VA Vocational Rehabilitation and Employment (VR&E)

**Military Service Status Referral to
VA Vocational Rehabilitation and Employment (VR&E)**

TO: Department of Veterans Affairs, VR&E (28)
SUBJ: Application for VA VR&E Chapter 31 program
RE:

Name _____

Address _____

Phone _____

SSN or Service Number _____

Branch of Service _____

The above-referenced individual may be medically unfit to perform the duties of his or her office, grade, rank, or rating due to the following injury or illness incurred in the line of duty:

_____ (list medical condition(s) or attach medical documentation)

Referred by:

_____ Name

Title

_____ Signature

Date

_____ Contact information (phone and/or email)

This document should be submitted with a completed VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, if possible.

WCTP Soldier and Leader Guide

Appendix 13-11 DD Form 2870: Authorization for Disclosure of Medical or Dental Information

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.
AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.
PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.
ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.
DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.
 This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE 88th Medical Group TO RELEASE MY PATIENT INFORMATION TO:

(Name of Facility/TRICARE Health Plan)

7. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN NAF Human Resource Office 88 MSG/SVH	8. ADDRESS (Street, City, State and ZIP Code) 4185 Logistics Avenue Wright-Patterson AFB, OH 45433
9. TELEPHONE (Include Area Code) (937)257-4173	10. FAX (Include Area Code) (937)656-1398

11. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)
 PERSONAL USE CONTINUED MEDICAL CARE SCHOOL OTHER (Specify)
 INSURANCE RETIREMENT/SEPARATION LEGAL

12. INFORMATION TO BE RELEASED
 Any information that would affect my mental and emotional stability working with children; ADAPT/Mental Health/Life Skills/and Family Advocacy.

13. AUTHORIZATION START DATE (YYYYMMDD)	14. AUTHORIZATION EXPIRATION DATE (YYYYMMDD)	<input type="checkbox"/> ACTION COMPLETED
---	--	---

SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

15. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	16. RELATIONSHIP TO PATIENT (if applicable)	17. DATE (YYYYMMDD)
--	---	---------------------

SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

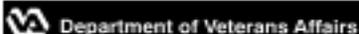
18. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	19. REVOCATION COMPLETED BY	20. DATE (YYYYMMDD)
21. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		22. SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

Reset

WCTP Soldier and Leader Guide

Appendix 13-12

VA Form 3288: Request for and Consent to Release of Information from Individual's Records



REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send this form or requests for benefits to this address.**

TO	Department of Veterans Affairs	NAME OF INDIVIDUAL (Type or print)	
		VA FILE NO. (include prefix)	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon: NAME

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

NOTE: Additional information may be listed on the reverse side of this form.
 SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA) DATE

WCTP Soldier and Leader Guide

Appendix 13-13

VA Form 5571: Authorization to Disclose a Record in the Presence of a Third Party

AUTHORIZATION TO DISCLOSE A RECORD IN THE PRESENCE OF A THIRD PARTY

In accordance with the Privacy Act of 1974 (Public Law 93-579), I hereby authorize the Department
of Veterans Affairs to review and discuss my VA record concerning _____

in the presence of the person accompanying me; namely, _____

(Signature)

(Date)

WCTP Soldier and Leader Guide

Appendix 13-14 Education and Employment Initiative (E2I) Region Coordinator Support Approval Application



Installation: _____

Last Name: _____ First Name: _____ Rank: _____

Installation: _____

Unit of Assignment (if different from Installation): _____

Telephone: () - _____ Email: _____

Service: _____ Separation Date (Estimated): MM/DD/YYYY _____

Clearance Type: TS/SCI Secret Top Secret None

Educational Interests: Enrolled Post ETS Voc Rehab

Please list any desired employment organizations (e.g. DoD or IBM):

- 1.
- 2.
- 3.

Additional (no restriction on how many to list): _____

Please list jobs you prefer to avoid (heavy lifting, noisy environments, etc.):

- 1.
- 2.
- 3.

Additional (no restriction on how many to list): _____

Please list your desired jobs:

- 1.
- 2.
- 3.

Additional (No restriction on how many to list): _____

Please list your job location preferences:

- 1.
- 2.
- 3.

Additional (no restriction on how many to list): _____

With my signature below I hereby affirm and/or understand that:

- I have provided a resume.
- I authorize my information to be shared with the Warrior Care Policy support team and potential employers.
- E2I Regional Coordinators will assist me with finding employment in my current location or future location upon transitioning from the Service.
- I understand the provided information will be maintained and destroyed in accordance with the provisions of the Federal Records Act and the regulations and records schedules of the nation's Archive and Records Administration and in some cases may be covered by the Privacy Act and subject to the Freedom Information Act.

Signature: _____ Date: _____

Responsible Official Acknowledge:

Print Name: _____ Signature: _____ Date: _____

WCTP Soldier and Leader Guide

Appendix 13-15 Operation Warfighter (OWF) Approval for Participation Form



Part A - Recovering Service Member Information:

Last Name: _____ First Name: _____ Rank: _____

Installation: _____ Location (if different from Installation): _____

Telephone: _____ Email: _____

Separation Date (Estimated): _____ Clearance Status: Confidential Secret Top Secret Other

Does the Service member have transportation, or able to use public transportation, in the local area?
 Yes No Explain: _____

How long does the recovering Service member anticipate being able to intern in the local area? _____

Part B – Terms and Conditions:

With my signature below I, _____, hereby affirm and/or understand that:

- I have voluntarily chosen to participate in this program and I will not be paid for this internship.
- The primary purposes of this internship are work therapy and work hardening.
- A secondary purpose of this internship is exposure to civilian employment practices/opportunities in a federal agency.
- My OWF internship may be terminated for cause at any time.
- If this internship does not meet with my needs and/or my satisfaction, I must *first* discuss my concerns with my chain of command *and* the OWF Coordinator before my participation is terminated; I *may not* simply choose to terminate my internship without first discussing my concerns with my chain of command *and* the OWF Coordinator.
- My participation in an OWF internship does not guarantee permanent employment with any Organization.
- My personally identifiable information (PII) I have provided in my application and resume will be shared with Organizations with open OWF Internship positions. My PII will be maintained and destroyed in accordance with the provisions of the Federal Records Act and the regulations and records schedules of the National Archives and Records Administration and in some cases may be covered by the Privacy Act and subject to the Freedom of Information Act.

Signature: _____ Date: _____



Part C – Signatures:

NCM and/or OT Recommendation:

Concur

Non-concur

_____ *Print Name*

_____ *Signature*

_____ *Date*

SL Recommendation:

Concur

Non-concur

_____ *Print Name*

_____ *Signature*

_____ *Date*

TC Acknowledgement:

Concur

Non-concur

_____ *Print Name*

_____ *Signature*

_____ *Date*

Command Decision:

Approve

Disapprove

_____ *Print Name*

_____ *Signature*

_____ *Date*

Please return to Transition Coordinator or Wounded Warrior Program POC upon completion.

This is a Department of Defense Operation Warfighter form. Please note that the above contents may not be edited or changed in any way. Military Installations or Wounded Warrior Units may include additional signatures and/or requirements in the section below:

WCTP Soldier and Leader Guide

Appendix 13-16 Operation Warfighter (OWF) Intern Request Form



The purpose of this form is to capture internship requests from organizations participating in the Operation Warfighter Program (OWF). This form will aid OWF Regional Coordinators in effectively matching recovering Service members with internship opportunities. The participating organization must complete and digitally sign this form. The form must then be saved and e-mailed as an attachment to the appropriate OWF Regional Coordinator.

Part A – Organization Information

Name of Organization: _____
Organization Mission/Description: _____
Organization HR/OWF Administrator Name: _____
Job Title: _____
Telephone: _____ E-Mail: _____

Part B – Intern Supervisor Point of Contact

Name: _____
Job Title: _____
Telephone: _____ E-Mail: _____

Part C – Internship Overview

Internship Title: _____
Internship duties and responsibilities: _____
Desired qualifications and skills of interns: _____
Number of interns you would like to host: _____
Internship Address: _____
Minimum length of time for internship: _____
Minimum level of security clearance needed for internship: _____
Is worksite close to public transportation? Yes No

If yes, please provide details:



Is parking available? Yes No

If yes, how does the Organization plan to accommodate parking?

Is suitable space / equipment available for the intern? Yes No

If yes, is it adaptive to accommodate the intern's potential needs? Yes No

Part D - Please check all that apply to the work environment:

Wheelchair Accessible		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Multitasking		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Entry-level administrative work (filing, shredding, phone messaging, etc)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Public interaction		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer Work		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lifting	0-10 pounds <input type="checkbox"/>	10-20 pounds <input type="checkbox"/>	Over 20 pounds <input type="checkbox"/>	
Lifting Degree	Waist high <input type="checkbox"/>	Overhead <input type="checkbox"/>	Repeated <input type="checkbox"/>	
Office Pace	Slow <input type="checkbox"/>	Moderate <input type="checkbox"/>	Fast <input type="checkbox"/>	
Office Noise Level	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Workspace	Cubicle <input type="checkbox"/>	Office <input type="checkbox"/>	Open <input type="checkbox"/>	
Level of Supervision	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Walking	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Often <input type="checkbox"/>	Uneven Terrain <input type="checkbox"/>
Lighting	Low (dim) <input type="checkbox"/>	Bright <input type="checkbox"/>	Flourscent <input type="checkbox"/>	Adjustable <input type="checkbox"/>
Environment	Humidity <input type="checkbox"/>	Fumes <input type="checkbox"/>	Dust <input type="checkbox"/>	Shavings <input type="checkbox"/>
	Heat <input type="checkbox"/>	Cold <input type="checkbox"/>	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>



Part E – Disclaimer

I (Organization) understand that the OWF Regional Coordinator in my region will make every effort to match my Organization with an intern(s); however, I understand that completing this request form does not guarantee a placement. I further understand that for each OWF Intern, the Organization and recovering Service member will design and agree upon an Intern Development Plan (IDP) which will be reviewed 120 days after the start of the internship, and again at the end of the internship, resulting in a Record of Achievement noting the recovering Service member’s accomplished tasks, goals, trainings, certifications, learned skills, etc. I understand that the signed IDP will be given to the Service member and a copy given to the OWF Regional Coordinator.

Part F – Terms and Conditions

The recovering Service member (Intern) and the Organization understand that:

- The Intern shall receive no remuneration (pay and/or benefits) of any kind whatsoever from the Organization, shall not work nights, holidays or overtime hours, nor earn leave from the Organization while rendering gratuitous services under this Agreement.
- This internship is for training and vocational purposes to assist in the transition and rehabilitation process.
- This Agreement does not guarantee the appointment of the Intern to any position with the Organization.
- The Intern shall undergo an appropriate background investigation if necessary prior to placement.
- The Intern shall observe all Organization rules governing conduct, safety, honesty, integrity, and the confidentiality of records during the performance of services under this Agreement.
- The Organization may terminate the internship with a written cause at any time.
- The Intern remains subject to the Uniform Code of Military Justice and all applicable DoD and Service Directives, Instructions and Regulations. The Organization will ensure violations are documented and forwarded in accordance with standard protocols to ensure privacy and chain of custody for relevant documentation so the Service may pursue appropriate disciplinary action if necessary.

Part G – Signature

Organization Representative/Supervisor: _____

Date: _____

WCTP Soldier and Leader Guide

Appendix 13-17 Operation Warfighter (OWF) Placement Form



This form is used to capture critical information about each placement. It is the responsibility of the Organization to review and complete this form prior to the start of an internship. Once it is complete, the Organization and recovering Service member each digitally sign the form to confirm the accuracy of the information and acknowledge their agreement with the outlined terms and conditions. The signed form should then be e-mailed as an attachment to the OWF Coordinator.

Part A – Service Member Information

Name (e.g., John Smith): _____

Rank: _____

Mobile Number: _____ Email: _____

Unit Point of Contact Name: _____

Phone: _____ Email: _____

Part B – Organization Information

Supervisor Name: _____

Telephone: _____ E-Mail: _____

Agency: _____ Sub-component: _____

Work Address: _____

Part C – Responsibilities

The Intern's responsibilities under this Agreement are:

- To perform the duties listed in Part D; and
- To observe all workplace rules, including those relating to conduct, safety, honesty, integrity, and confidentiality of records.

The Organization's responsibilities under this Agreement are:

- To provide a suitable work space and/or equipment for the intern to perform the services under this Agreement;
- To provide relevant duties and sufficient guidance to afford the intern the opportunity to successfully perform those duties.
- In conjunction with the recovering Service member, to create and agree to an Intern Development Plan, and meet to review progress after the initial 120 days;
- Provide a Record of Achievement at the end of the internship noting accomplished tasks, goals, trainings, certifications, skills, etc.



Part D – Duties & Work Schedule (please list)

The Intern shall perform the above duties according to the following proposed schedule. The Organization understands that this schedule is flexible according to the treatment and rehabilitation schedule of the Intern. *Under no circumstance will any OWF assignment interfere with a recovering Service member's medical treatment or adversely affect the well-being of an OWF participant.*

Projected Work Schedule (days and hours per week):

Monday		Tuesday		Wednesday		Thursday		Friday	
From:	To:	From:	To:	From:	To:	From:	To:	From:	To:

Intern Start Date: _____

Projected End Date: _____

Duty Description: _____

Part E – Terms and Conditions

The recovering Service member (intern) and the Organization understand that:

- The Intern shall receive no remuneration (pay and/or benefits) of any kind whatsoever from the Organization, shall not work nights, holidays or overtime hours, nor earn leave from the Organization while rendering gratuitous services under this Agreement.
- This internship is for training and vocational purposes to assist in the transition and rehabilitation process.
- This Agreement does not guarantee the appointment of the intern to any position with the Organization.
- The Intern shall undergo an appropriate background investigation if necessary prior to placement.
- The intern shall observe all Organization rules governing conduct, safety, honesty, integrity, and the confidentiality of records during the performance of services under this Agreement.
- The Organization may terminate the internship at any time.

Part F – Signatures

The signatures below validate the voluntary participation in the Operation Warfighter Program.

Recovering Service Member (Intern):

_____ Date: _____

Organization OWF Administrator/Supervisor:

_____ Date: _____

Operation Warfighter Program Manager or Regional Coordinator:

_____ Date: _____

WCTP Soldier and Leader Guide

Appendix 13-18 Operation Warfighter (OWF) Intern Development Plan



Introduction

The Intern Development Plan (IDP) documents the specific tasks associated with each internship, as well as goals for the recovering Service member related to their internship experience. Within two weeks of the internship start date, the recovering Service member and the organization supervisor will record tasks, projects, trainings, certifications, etc., to be accomplished, and will identify development areas that will add the greatest value and help accomplish the recovering Service member's goals. Goals should be both realistic and challenging.

After 120 days from the start of the internship, a progress review will be conducted. At the end of the internship, a record of the Service member's achievements during their time with the organization must be created, agreed upon, and signed by the recovering Service member and the his or her internship supervisor.

Some possible questions/points of discussion to assist the Service member and supervisor in creating the Intern Development Plan include:

- What are the recovering Service member's career and/or education goals?
- How can the internship help to accomplish those goals?
- What length of time does the recovering Service member expect to be in the internship?
- What trainings, certifications, and skills can be achieved during the internship?
- What are the organization's expectations?

Some recommendations for recovering Service members to successfully complete their IDP:

- To check progress toward your goals, request feedback from others. This will help you develop bullets for your efficiency report as well as your resume.
- To ensure your continued progress, block at least 15 minutes each week to review the IDP. This small amount of time each week will make reviewing the IDP a part of your routine and daily discipline.
- To avoid obstacles that may keep you from your development priorities, discuss them with your supervisor and Recovery Team (transition coordinator, nurse case manager, occupational therapist, etc.) to find ways to overcome them.

Some helpful hints for supervisors working with recovering Service member interns to develop an IDP include:

- Suggest ways the recovering Service member can develop or maintain skills and where to focus efforts.
- Share knowledge about the organization's culture, your personal experiences in working for the organization, recommended trainings, and contacts. Help the recovering Service member to establish a network.
- Provide guidance on ways to accomplish tasks and ensure the recovering Service member has any equipment or resources necessary to accomplish the work to be done.

Instructions for Completion

1. Meet with the recovering Service member: Discuss their career and educational plans, and determine goals to be accomplished during the time available for the internship. Consider tasks that strengthen a resume, or trainings and certifications that build on existing skills. Include sufficient detail to clearly outline the goal.
2. Determine action steps: What tasks need to be done to accomplish the goal?



3. Complete the IDP below: Include the action steps and dates for completion. This allows both the recovering Service member and the supervisor to see what is expected and when. Consider the length of the internship and the recovering Service member's schedule. Remember that the recovering Service member's recovery and rehabilitation, and therefore medical appointments, must take precedence over internship activities/responsibilities.
4. Check progress: Supervisors and Service members should meet frequently to discuss and resolve any obstacles/issues. Adjust as needed to ensure the internship is a success for both the organization and the recovering Service member.

Example:

Goal: *Become proficient in XYZ computer application.*

Action Step: *Attend XYZ training class*

Action Step: *Perform on-the-job training for 4 hours*

Action Step: *Work on your own and pass competency check*

Success Defined: *Intern successfully navigates and completes work in XYZ computer application.*

Completion Date: *March 15, 2013*



Part A – Service Member Information

Name (e.g., John Smith): _____

Rank: _____

Mobile Number: _____ Email: _____

Part B – Organization Information

Supervisor Name: _____

Telephone: _____ E-Mail: _____

Agency: _____ Sub-component: _____

Work Address: _____

Part C – Complete Intern Development Plan (IDP)

Goal:

Action Step:

Action Step:

Action Step:

Success Defined:

Completion Date:

Goal:

Action Step:

Action Step:

Action Step:

Success Defined:

Completion Date:



Goal: _____

Action Step: _____

Action Step: _____

Action Step: _____

Success Defined: _____

Completion Date: _____

Signatures

Recovering Service member:

_____ Date: _____

Intern Supervisor:

_____ Date: _____

A copy must be furnished to the Operation Warfighter Regional Coordinator.

WCTP Soldier and Leader Guide

Appendix 13-19 Operation Warfighter (OWF) Internship Success Story Information Sheet

Internship Success Story Information Sheet

Internship success stories help transitioning Soldiers understand opportunities available to them and the benefit of participating in an internship as part of their CTP track and career goal(s). The information captured below will enable the WTC Communications Division to write an article, produce a video, or create a social media post to better inform Soldiers of the opportunities and benefits available to them while at a WTU.

Please complete all sections and submit the form to WTC Communications Division at:
usarmy.pentagon.medcom-wtc.mbx.strategic-communications@mail.mil

Intern Rank and Name: _____

Intern Email Address: _____
Phone Number: () _____

Warrior Transition Unit: _____
Type of Injury (optional): _____

Transition Coordinator: _____
Phone Number: () _____

Squad Leader: _____
Phone Number: () _____

Work Site Supervisor Name: _____

Email Address: _____
Phone Number: () _____

Federal Agency: _____

Length of Internship: _____

Success Story Details:

- 1) Describe the intern's roles and responsibilities.
- 2) How did the intern exceed expectations?
- 3) Please share a specific example of why the intern's performance inspired you to submit this "success story".

- 4) How did the intern contribute to the broader mission of your organization?
- 5) Do you have a photo of the intern at work? If so, please email it with this form. What is happening in this photo?
- 6) What further interaction (if any) do you anticipate with this intern? With the WTU for future internships?
- 7) If an article has been posted to a website please provide the link.

WCTP Soldier and Leader Guide

Appendix 13-20 Soldier Internship Checklist

DATE COMPLETE	Soldier Internship Checklist
<i>Before Internship</i>	
	Select your CTP track Within first 30 days of assignment/attachment meet with your Company OT and Career Counselor
	Establish a SMART career goal Within the first 30 days of assignment/attachment meet with your Company OT
	Complete a career assessment Before the 90-day Scrimmage with the VA VR&E or at the Education Center
	Complete a resume Submit a copy to the TC and your SL
	Initiate the <i>OWF Approval for Participation Form</i> Complete and sign the Service Member section and obtain required signatures
	Review <i>OWF Intern Request Forms</i> Identify an internship aligned with your CTP track and career goal(s)
	Research and select preferred Federal Agency Attend an internship fair or review agencies with your TC or online
	Coordinate an interview Respond to phone calls/emails from agency POCs and set-up interview date/time
	Complete the <i>OWF Placement Form</i> Work with SL to create weekly schedule; sign and date the form; maintain a copy and provide one to TC and SL
	Initiate security clearance, if required Coordinate with TC
	Arrange transportation, if required Coordinate with TC and SL
<i>During Internship</i>	
	Develop weekly schedule Work with SL to create clinical and non-clinical calendar to deconflict medical appointments
	Report to work site in proper attire Adhere to designated hours and prescribed attire and communicate any absence to SL and work site supervisor in advance
	Complete the <i>OWF Intern Development Plan (IDP)</i> Within two weeks of the internship start date meet with your work site supervisor to complete IDP and conduct progress review at 120 days from the internship start date
	Discuss barriers With your work site supervisor, TC, SL, and/or OT
	Request functional analysis From OT if a reasonable accommodation has been identified
	Develop and discuss SMART career goal(s) At your Scrimmage and Focused Transition Review (FTR)
<i>After Internship</i>	
	Inform work site supervisor Two weeks prior to internship end date
	Return equipment Badges, equipment, etc.
	Complete exit interview Web link is provided by the Operation Warfighter (OWF) Regional Coordinator (RC)
	Receive <i>OWF Record of Achievement</i> From your work site supervisor

WCTP Soldier and Leader Guide

Appendix 13-21 Education Services for Wounded, Ill and Injured Soldiers at Warrior Transition Units (WTUs)

Education Services for Wounded, Ill and Injured Soldiers at WTUs

Education Services - Soldier Responsibilities Once Soldiers have been determined to be CER eligible, they may participate in career enhancing activities to include all services provided by the installation Education Center. . All activities will be in support of the Soldiers career track and career goals and approved by Medical Management (M2)/Mission Command (MC). CO Level Transition Coordinators will assist Soldiers in executing education goals and subgoals. . They will assist Soldiers by directing them to the appropriate Education Counselor at either the SFAC for post Education Center. Soldiers will provide Transition Coordinators with documentation of all completed activity from the Education Center to include enrollments, degree plans, transcripts, etc. . Soldiers will notify their Squad Leader of any education or military testing appointments, course meeting times or education counseling appointments in order to deconflict these activities with medical appointments.

GoArmyEd Functions for Soldiers

GoArmyEd conveniently combines Soldier requests for Tuition Assistance (TA) and registering for classes into one automated process, anytime and anywhere via the Internet, tracks Soldier college participation and provides Soldiers with an automated resource for communicating with Army Education professionals and colleges to obtain assistance with achieving their education goals.

Using GoArmyEd a Soldier may:

- Request TA 24 hours a day, 7 days a week
- Research school and degree plans and assess readiness for higher education
- Access online advising to select classes that advance him toward an approved degree plan
- Acknowledge the online TA Statement of Understanding (SOU) each term; GoArmyEd sends reminders to sign an Annual TA SOU (SFC and above may sign his own Annual TA SOU in place of a Commander signature)
- Cancel a TA request while dropping a class
- Withdraw from classes that already have started and initiate recoupment for TA if required
- Access an online version of the Soldier's Student Record
- View class grades that schools have posted directly to the Soldier's online Student Record
- Call the GoArmyEd Helpdesk during posted operational hours or submit Helpdesk cases via GoArmyEd whenever support is needed

Tuition Assistance

Everything a Soldier needs to know about establishing a GoArmyEd TA-eligible account, obtaining counseling for and choosing a school and a degree plan, acquiring up-front Army TA for enrollment in college courses, and Army TA policy is presented in the Step-by-Step Instructions for Soldiers on the GoArmyEd website. Soldiers who encounter problems have several avenues for obtaining help from ACES professionals, helpdesk employees, and college representatives, all of whom are accessible via the GoArmyEd website, email, or phone. . It is the individual Soldier's responsibility to thoroughly familiarize himself with the inner workings of GoArmyEd and Army TA policy.

Army TA policy in accordance with (IAW) AR 621-5 Army Continuing Education System requires Soldiers to apply for and obtain approval of Army TA on a course-by-course basis, prior to the course start date, but no later than the end of the school's drop/add period for each course. Since the Non-LOI (Letter of Instruction) enrollment process involves manual review, sometimes by several parties, Soldiers who use the Non-LOI enrollment process must not wait until the last minute to enroll in classes. In addition, they must upload tuition and fees cost verification to their record in GoArmyEd (e-File) when submitting a TA request for Non-LOI classes. (Non- LOI schools are those that have not signed a Letter of Instruction with ACES). It is highly recommended that Soldiers initiate the Non-LOI enrollment process one month prior to the start date of a course.

Army TA is available for traditional classroom, distance learning, and hybrid classes leading to certificates, associate, bachelor's, and graduate degrees and offered by colleges and universities that are regionally or nationally accredited by an accrediting agency recognized by the Department of Education (DOE).

The Army issued TA policy clarification, which reinforces the intent of AR 621-5 and ensures the equitable application of TA benefits for eligible Soldiers. Army tuition assistance currently pays 100% tuition up to a cap of \$250.00 per semester hour and a ceiling of \$4,500.00 per fiscal year (subject to change).

Effective 14 July 2011, the following guidelines apply to TA:

- TA is available for a bachelor's degree or up to 150 semester hours of undergraduate credit, whichever comes first
- TA is available for a master's degree or up to 45 semester hours of graduate credit, whichever comes first
- Once a Soldier obtains a baccalaureate degree, all further course work counts toward the 45 semester hours of graduate credit allowable under TA

The only exceptions are initial, one-time Teacher Certifications, selected foreign languages included on the current Army Strategic Language List, and specialized Chaplain Certification programs.

Duplication of Benefits. When combining TA with Veterans Affairs (VA) educational benefits under MGIB Chapter 30 or MGIB-SR Chapter 1606, in no case will combined (TA and MGIB) amount exceed the total costs of the course. The limitation applies only to Active Duty Soldiers (including mobilized Army Reserve and mobilized National Guard on Title 10 orders). Army Tuition Assistance can be used in conjunction with MGIB-SR Chapter 1606 or REAP Chapter 1607 for eligible Reserve Component Soldiers attending school at least half- time.

When using federal financial aid (i.e.: Pell Grant), the Army TA will be applied first (and up to the cost of the course/program) and the federal aid will be applied to the remaining balance of financial need as determined by the academic institution.

National Guard State Tuition Benefits. In addition to federal education benefits, including TA and VA GI Bill, individual states offer additional educational benefits for members of the National Guard. These programs are operated, funded, and managed under the laws of the individual state, not the federal government. In most cases, the Reserve Montgomery GI Bill or the Active Duty GI Bill may be used at the same time with state educational programs, but combined benefit cannot exceed cost of course/program.

Education benefits for National Guard members offered by the individual states can be found by consulting an ACES Education Counselor. It should be noted that these benefits are subject to available funds and it is not unusual for a state to suspend benefits when funding runs out.

Soldiers should always check with the individual state National Guard agency or National Guard recruiter for the latest information and programs.

In-State Tuition for Military Members and their Families. Members of the Armed Forces (Army, Navy, Air Force, Marine Corps and Coast Guard) on Active Duty for a period of more than 30 days and his spouse or dependent children are eligible to receive in-state tuition at public colleges and universities in the state where they reside or are permanently stationed. Once a Soldier or his Family members are enrolled and paying in-state tuition, they will continue to pay the in-state tuition rate as long as they remain continuously enrolled at the institution even if the Soldier is reassigned outside the state.

This change is included in Section 114 of the Higher Education Opportunity Act (H. R. 4137) (HEOA) which was signed into law on 14 August 2008 and amends and extends the Higher Education Act of 1965 (HEA). This requirement applies to all public institutions that receive funds under a program authorized by the HEA. Soldier is reassigned outside the state.

Education Counseling Services

Soldiers may request education counseling on the following topics:

- Army Tuition Assistance policies and guidelines
- GoArmyEd: program and course enrollment, navigation tips, holds College degrees and degree plans available to Soldiers, such as College of the American Soldier or Army Career Degree Program
- Transfer of college credit and academic residency requirements
- Evaluation of military training and experience for college credit
- Testing for college credit and military tests
- Career counseling/interest inventories
- Army commissioning programs
- Basic skills programs
- Veterans Affairs education benefits
- Financial aid, grants, loans and scholarships, state tuition, when appropriate
- Local colleges and universities
- Employment, job searches, resume writing tips and other transition activities

In-processing. Arriving Soldiers generally in-process at their local Personnel Services Center (PSC). Depending upon the size of the installation the Army Education Center personnel may conduct education briefings in a group setting or require the Soldier to visit the education center for individual counseling. In-processing sessions establish education goals, discuss ways they can earn promotion points, raise General Technical (GT) scores or highlight local schools and programs. In-processing activities vary somewhat depending on the Army component and location.

Out-processing. Soldiers on Permanent Change of Station (PCS) orders may be pre-cleared at some installations. All separating Soldiers will be individually counseled on their Veterans Affairs (VA) education benefits and a note posted in GoArmyEd. An Officer or Warrant Officer who has incurred an ADSO/RDSO must have a written authorization on their orders to repay the un-served portion of the TA obligation.

All Soldiers must sign a VA education benefits statement stating they have been briefed on benefits. This document will be maintained at the Education Center.

Counselors from different Army components conduct out-processing activities according to their local policies and their component-specific regulations.

Sample Education Center Out-Processing Checklist:

- PCS requires a counseling note in GoArmyEd
- Review GoArmyEd to ensure completeness with policies such as ADSO, unresolved recoupments, and grade reports
- Soldiers can utilize TA while on transitional leave if the course ends prior to the last date of Active Duty
- Ensure any incomplete, withdrawal, or failing grade is cleared
- Ensure the Soldier has returned items borrowed from the Multi-Use Learning Facility

Counseling Family Members and Civilians

Many Army Education Centers provide counseling to Family Members, Civilians, other Services, and Veterans. This may be on a space-available basis, walk-in, or by scheduled appointment.

Education Counselors will assist the Soldier and Family Assistance Center (SFAC) education counselors or wounded, ill and injured Soldiers with issues they encounter. Counselors should be prepared to explain Family member's education opportunities such as:

- Military OneSource financial aid information
www.militaryonesource.com
- Military Career Advancement Accounts (MyCAA)
- Local funding options
- Wounded Warrior and/or spouse assistance
- VA benefits for those eligible for the Post 9/11 GI Bill Transferability
- Interviewing skills, writing effective resume, and job searches

Defense Activity for Non-Traditional Education Support (DANTES) Testing

www.dantes.dodDODed.mil

DANTES sponsors a wide range of examination programs to assist Soldiers in meeting their educational goals. Most tests are free of charge to Soldiers. They include:

Credit-By-Exam

- College Level Examination Program (CLEP)
- DANTES Subject Standardized Tests (DSST)

Entrance Examinations

- American College Testing (ACT)
- Scholastic Achievement Test (SAT)
- Graduation Management Admission Test (GMAT)
- Graduate Record Examination (GRE)
- Law School Admission Test (LSAT)

Other tests include the General Educational Development (GED) and the Praxis Series.

These examinations are administered on over 500 military installations by the DANTES Test Control Officer (TCO), who is normally the Education Services Officer (ESO) for the military installation, or by base-sponsored National Test Centers. About 150,000 DANTES-sponsored examinations are administered each year to military personnel.

Check DANTES website for a list of available tests, credit-by-exam pass rates, examination calendar, fact sheets and other free study materials, and transcript requests.

Army Personnel Testing Program (APT)

The APT program includes standardized tests to determine eligibility for enlistment or specialized training and language aptitude/proficiency tests. The APT program is governed by AR 611-5 Personnel and Classification Testing. The APT TCO Handbook provides general information regarding tests and a list of all current APT tests. The APT TCO Handbook is available at www.hrc.army.mil/site/education/ACF.html.

Current APT Tests

Tests included in the APT program:

- Armed Services Vocational Aptitude Battery (ASVAB)
- Armed Forces Classification Test (AFCT)
- Alternate Flight Aptitude Selection Test (AFAST)
- Auditory Perception (AP) Test
- Defense Language Aptitude Battery (DLAB)
- Defense Language Proficiency Tests (DLPT I, II, III, IV, 5/5.1)
- Defense Language Reading Proficiency Tests (DLRPT)
- Oral Proficiency Interview (OPI)
- Armed Forces Classification Test (AFCT)

The AFCT is administered to Soldiers desiring to improve their enlistment ASVAB or previous AFCT scores. The General Technical (GT) score is one of the 10 aptitude scores of the AFCT. These scores qualify a Soldier to perform a particular military occupation, attend an Army formal school, become a Warrant Officer/Officer, or attend a Reserve Officers' Training Corps (ROTC) program. This test is now web-based except for down-range test sites.

Soldiers may apply for a retest if the original scores no longer represent the examinee's potential for advanced specialized training or retention because acquired in-service education, job experience, or training has changed the examinee's knowledge and skills. Soldiers retesting must wait 6 months to retest and must retake all subtests.

With the approval of the unit commander, Soldiers are authorized to take the AFCT 4 times, the initial AFCT and 3 retests, with 6 months between test dates. (The enlistment ASVAB is not included in his count.). A Soldier may not take the first AFCT until 6 months after the date of ASVAB used to enlist.

Application for Retesting:

- Soldiers are responsible for initiating a DA Form 4187 Request for Personnel Action, to apply for an AFCT retest. Request must document justification for retest, including classes taken and practice testing.
- After the company commander has signed the request, the DA Form 4187 is forwarded to the local military personnel office (MILPO)
- After the MILPO has verified the Soldier's eligibility for retesting IAW 611-5, the DA Form 4187 will be forwarded to the APT TCO before retesting

Alternate Flight Aptitude Selection Test (AFAST)

This test is used to select Soldiers for aviation training. The passing score is 90. If Soldiers receive a score of 90 or better, they may not retest. Only one retest is authorized, after 6 months, if a passing score is not achieved on the initial test. *Note: The AFAST will soon be replaced by the web-based selection instrument for flight training (SIFT).*

Auditory Perception (AP) Test

The AP test evaluates a Soldier's ability to use International Morse Code. . The sole MOS currently requiring the AP test is 35P. . The time that it takes to administer the test is determined by the CD length, approximately 25 minutes. . A minimum score of 100 is required to qualify.

Defense Language Aptitude Battery (DLAB)

This test is used to determine language aptitude for Soldiers applying for language training and certain Military Occupations Specialty (MOS) such as Special Forces and military intelligence career management fields. . A passing score is 95. Retesting after obtaining a 95 or higher requires an approved exception to policy from the APT program office. Justification for such an exception must include relevant military reasons attested to by the unit commander.

Personnel who fail to achieve a passing score may retest in 6 months. . First and second retests may be given after 6 months on approval of the immediate commander. The qualifying DLAB score required to study a particular language is listed in AR 611-6 Army Foreign Language Program.

Defense Language Proficiency Tests (DLPT)

These tests are used to evaluate language proficiency or to add a Language Identifier to a Soldier's MOS. Soldiers holding a Language Identifier and working in their MOS using that language are eligible for Foreign Language Proficiency Bonus (FLPB) with the required score.

Oral Proficiency Interview (OPI)

The OPI is an interview given telephonically by a DLI approved interviewer. . This test is given when there is no DLPT/DLRPT available in a given language and the language is on the strategic language list eligible for Foreign Language Proficiency Bonus. . Soldiers who have a justifiable military reason for measuring speaking proficiency may also take OPIs. . The OPI cannot be taken in place of the DLPT for FLPB purposes. .

Other Tests

Test of Adult Basic Education (TABE)

TABE is an achievement test in reading, mathematics and language. It is used most commonly to identify areas of weakness in these skills areas. Based on the result of TABE, students are enrolled into appropriate programs or courses, i.e., Online Academic Skills Program (OASC). Some MOS producing courses require TABE testing prior to attending the courses.

English Language Tests

Soldiers whose first language is not English are screened for English language competency for one of several reasons:

- Commanders believe Soldiers need English remediation
- Soldiers are applying for Officer Candidate School (OCS)
- Soldiers are applying for an MOS which uses English competency as a qualifier

Other Education Center Services Offered

Troops to Teachers (TTT)

www.dantes.dodDODed.mil/Dantes_web/troopstoteachers/index.asp

<http://proudtoserveagain.com/>

The purpose of Troops to Teachers is to assist eligible military personnel as they transition to new careers as public school teachers in schools serving students from low-income Families. To achieve this goal, Troops to Teachers provides the following services to its participants:

Counseling. TTT state offices are available for counseling relative to becoming a certified teacher. They can provide information specifically on the transition of military personnel into a career in teaching and are knowledgeable on state requirements and the needs of the schools in their state.

Mentor Connection. The mentor connection consists of TTT participants who are currently teaching and who have volunteered their time via e-mail to answer questions of other participants. They can provide first-hand information of their experience with the certification process and job search in their state.

Financial Assistance. Pending availability of funds, financial assistance may be provided to eligible individuals in the form of either (1) a stipend of up to \$5,000 for teacher certification expenses for which individuals must teach for three years in a school located in a “high-need” district; or (2) a bonus of \$10,000 to teach in a school serving a high percentage of students from low income Families.

Army/American Council on Education Registry Transcript System (AARTS)

<https://aarts.army.mil>

AARTS is an automated system providing a transcript documenting learning and work experiences to include military training, DANTES examinations, and Military Occupational Specialty (MOS). AARTS provides college credit recommendations for military experience and training as endorsed by the American Council on Education (ACE). The AARTS transcript contains recommended credit and can be accepted, modified, or rejected by a college or university. AARTS is also a good source of information for Soldiers and Veterans preparing a resume.

Eligible Soldiers with a Basic Active Service Date (BASD) of October 1, 1981 or later can request their official transcript through the AARTS website and select a school of their choice as a recipient. AARTS transcripts are free of charge. Unofficial AARTS transcripts are also available online. The unofficial read-and-print-only copies are for personal and counseling purposes only and should not be submitted to a school.

To ensure that only the individual or Army Counselor can access the transcript, the social security number, date of birth, and BASD must be entered. Individuals can review previous requests and corresponding mailing dates, receive their course completions and MOS summary, review an explanation of the transcript record and make comments/suggestions for improvements.

Correcting AARTS record

Soldiers should go to the AARTS website and click on the “Corrections” link for instructions and email the AARTS staff at hrc.tagd.aarts@conus.army.mil if a specific question needs to be answered.

Credentialing Opportunities On-Line (COOL)

www.cool.army.mil/

Army COOL is a resource for Soldiers who want to know what civilian credentials relate to their MOS and how to obtain them. It is also helpful for education, career and transition counselors providing guidance on education, professional growth and career requirements and opportunities, and for employers and credentialing boards interested in how military training and experience prepares Soldiers for civilian credentials and jobs.

Licensure and certification are the two primary types of credentialing:

- **Licensure** – Government agencies – federal, state and local – grant licenses to individuals to practice a specific occupation, such as a medical license for doctors. State or federal laws or regulations define the standards that individuals must meet to become licensed. Licenses are typically mandatory.
- **Certification** – Non-governmental agencies, associations and even private sector companies may grant certifications to individuals who meet predetermined qualifications. These qualifications are generally set by professional associations or by industry and product-related organizations. Certification is typically an optional credential. For many occupations, more than one organization may offer certifications.
- **Credential search shows:**
 - Civilian Equivalents - Civilian jobs that are similar to a selected MOS
 - National Certifications –
 - Directly related certifications – certifications that are directly related to the MOS or are related to a particular skill set acquired through MOS training and experience
 - Advanced/specialized certifications – additional certifications that are also related to the MOS but are more advanced or specialized and therefore require additional education or training.
- **State Licensure** - Shows if the civilian occupation is licensed by any state and provides links to additional information on state licensure.

Army Correspondence Course Program (ACCP)

www.atsc.army.mil/accp/aipdNew.asp

The Army Correspondence Course Program (ACCP) is the formal nonresident extension of the U.S. Army Training and Doctrine Command (TRADOC) service schools' curricula. Soldiers may enroll in ACCP courses through Army Knowledge Online (AKO). Army correspondence courses enable Soldiers to obtain or further their military education in skills related to their MOS. Many Soldiers complete them solely for promotion points. It is the Transition Coordinator's responsibility to include advising Soldiers of the program and to recommend courses that enhance career and personal development.

Some Army correspondence courses have been recommended for college credit by the American Council on Education (ACE); however, schools usually require a proctored end-of-course examination before the possibility of credit will be considered. The Army, with few exceptions, has not established an ongoing proctored end-of-course examination program. Those listed in the Guide to the Evaluation of Educational Experiences in the Armed Services are, for the most part, high-level schools or specialized schools, such as the Army Logistics Management College (ALMC).

College of the American Soldier (CAS)

www.goarmyed.com

www.soc.aascu.org/socad/CollAmSoldier.html

CAS is a U.S. Training and Doctrine Command (TRADOC) initiative and consists of two education tracks or pathways: the Career NCO Degrees Program and the Enlisted Education Program. TRADOC works in conjunction with HQ ACES, GoArmyEd, SOCAD, and SOCAD colleges whose degrees participate in either one, or both, of the CAS programs. Additionally, the Career NCO Degrees Program and the Enlisted Education Program are extensions of the SOCAD Army Career Degree Program. Degrees for both programs are offered through

distance/online learning and in traditional classroom settings on or near military installations. All degrees in CAS have or will have a superscripted “c” after the degree title if the degree is listed in the GoArmyEd portal. . A current list of participating colleges and degrees can be found on both the GoArmyEd and SOCAD Army Career Degree websites.

Career NCO Degrees Program. The Career NCO Degrees Program expands existing civilian higher education degree choices to provide Career NCOs with broad preparation degree options not tied to a specific MOS and that:

- Provide flexibility in degree completion time
- Maximize credit transfer between colleges
- Maximize college credit for military training and education
- Minimize academic residency requirements
- Provide business- and management-related degrees

While aimed toward Combat Arms NCOs, the program is open to Soldiers in all MOSs. . Soldiers should contact the college Point of Contact (POC) for more information on how credit from their NCOES training can be applied to a Career NCO Degree.

VA Education Benefits

Prior to the introduction of the Post 9/11 GI Bill and the Reserve Education Assistance Program (REAP), Veteran’s educational benefits for Soldiers were awarded upon the completion of initial Active Duty training. The following paragraphs provide information on each chapter of Veteran benefits under the provisions of Title 38, U.S. Code. For detailed, up-to-date guidance, go to www.gibill.va.gov or call VA at (888) 442-4551.

Post 9/11 GI Bill, Chapter 33

References:

1. Title 38, U.S. Code, Chapter 33 Post-9/11 Veterans Education Assistance Act
2. Public Law 110-252, June 2008
3. Public Law 111-32, Fry Scholarship, June 2009
4. S. 3447 Post-9/11 Veterans Education. Assistance Improvements Act of 2010, January 2011
5. H.R. 1383, Restoring GI Bill Fairness Act of 2011, July 2011

The Post 9/11 GI Bill went into effect August 1, 2009. Approved funded training under the Post 9/11 GI Bill includes undergraduate and graduate degrees, vocational/technical training, on-the-job training, flight training, correspondence training, licensing and national testing programs, and tutorial assistance. All programs must be approved by the Department of Veterans Affairs (DVA). More information can be found at

www.gibill.va.gov/benefits/post_911_gibill/index.html.

The Post 9-11 GI Bill will pay eligible individuals:

- Full tuition and fees directly to the school for all public school in-state students. For those attending private or foreign schools tuition and fees are capped at \$17,500 per academic year. If a Soldier is attending a private institute of higher learning in Arizona, Mississippi, New Hampshire, New York, Pennsylvania, South Carolina or Texas he may be eligible for a higher tuition reimbursement rate. For those attending a more expensive private school or a public school as a non-resident out-of-state student, a program exists which may help to reimburse the difference (Soldiers must serve 36 months on Active Duty to qualify for this program). This program is called the “Yellow Ribbon Program.” (http://gibill.va.gov/GI_Bill_Info/CH33/Yellow_ribbon.htm)

- Monthly housing allowance (MHA) based on the basic allowance for housing (BAH) for an E-5 with Family members at the location of the school. For those enrolled solely in distance learning the housing allowance payable is equal to ½ the national average BAH for an E-5 with Family members (\$673.50 for the 2011 academic year). For those attending foreign schools (schools without a main campus in the U.S.) The BAH rate is fixed at \$1,347 for the 2011 academic year. *Note: Active Duty students and their spouses cannot receive the MHA.*
- An annual books and supplies stipend of \$1,000 paid proportionately based on enrollment.

A one-time rural benefit payment is available for eligible individuals. This benefit provides up to 36 months of education benefits, generally benefits are payable for 15 years following your release from Active Duty.

The Post 9/11 GI Bill allows Soldiers (Officer or Enlisted, Active Duty or Selected Reserve), to transfer unused education benefits to immediate family members (spouse and children). Soldiers must have at least 6 years of service, and commit to an additional four years of service in order to transfer benefits to a spouse or child.

Due to the potential impact of this benefit on recruiting and retention, transferability policy is determined by the Department of Defense (DOD) services. For the latest information on policy and rules for transferability of Post-9/11 GI Bill benefits, visit the DOD GI Bill website at http://www.defenselink.mil/home/features/2009/0409_gibill/.

Montgomery GI Bill-Active Duty (MGIB-AD), Chapter 30

References:

1. Title 38, U.S. Code, Chapter 30
2. Public Law 101-510 (Involuntary Separation)
3. Public Law 102-484 (Voluntary Separation, SSB/VSI (Special Separation Benefit/Voluntary Separation Incentive)
4. AR 621-202 Army Educational Incentives and Entitlements

To qualify for MGIB-AD benefits, an Active Duty Soldier must complete their initial term of Active Duty service with a fully honorable discharge. However, Soldiers with “Other than Honorable” discharges may be eligible if they receive a fully honorable discharge from another period of service. *Note: Reserve Component Soldiers who were activated under Title 10, U.S. Code, for two continuous years of Active Duty are eligible for the MGIB-AD.*

For Active Duty Soldiers, participation in the MGIB-AD is automatic unless they sign a DD Form 2366 Montgomery GI Bill Act of 1984 (MGIB) Basic Enrollment declining enrollment within the first 3 three working days of entering Active Duty. If the Soldier elects to participate, \$100 per month is reduced from their pay for the first 12 months of their enlistment. This money is not refundable. Eligible Reserve Component Soldiers must complete a DD Form 2366 and pay \$1,200 to receive MGIB-AD benefits. By law, Reserve Component Soldiers have up to one year after completion of their required Active Duty service to complete the payment.

In some cases, Soldiers unable to complete the required period of service are still eligible for the MGIB-AD. The law still provides some benefits for those separated early for one of the following reasons:

- Service-connected disability
- Hardship

- Pre-existing medical condition
- Physical or mental condition that interfered with performance of duty
- Reduction in Force (RIF)
- Convenience of the Government (COG)

Soldiers who qualify for early separation for convenience of the Government with service obligation of three or more years receive full benefits if they serve 30 months of continuous Active Duty, and Soldiers with less than three years of service obligation must have 20 months of continuous Active Duty service.

Those who qualify for early separation for any other reason will earn one month of benefits for each month of Active Duty served.

The Army College Fund (ACF), MGIB-AD, Chapter 30

The ACF is an enlistment incentive option offered to Soldiers who enlist for a critical or shortage Military Occupational Specialty (MOS). The ACF option must be included in the initial enlistment agreement upon entry to Active Duty. To receive ACF benefits, individuals must maintain MGIB eligibility. . ACF is prorated for Soldiers who qualify for early separation. For more information concerning ACF, see AR 621-202 Army Educational Incentives and Entitlements. .

MGIB GI Bill – Active Duty (MGIB-AD), Chapter 30 - Increased Benefit – Buy Up

Some Soldiers may contribute up to an additional \$600 to the GI Bill to receive increased monthly benefits. For an additional \$600 contribution, Soldiers may receive up to \$5,400 in additional GI Bill benefits. The additional contribution must be made while on Active Duty.

Tuition Assistance Top-Up

Through the Tuition Assistance (TA) Top-up program Active Duty Soldiers can use the GI Bill to supplement the military provided TA program. Top-Up covers the difference between the total cost of a college course and the amount of TA that is paid by the military. The Top-up benefit is available for all courses that are eligible for military TA. Top-up is charged against Soldiers' GI Bill benefit.

Montgomery GI Bill-Selected Reserve (MGIB-SR), Chapter 1606

References:

1. Title 10, U.S. Code, Chapter 160
2. AR 135-7 Incentive Programs, Chapter 8

To qualify for MGIB-SR benefits, Soldiers must become members of the Selected Reserve and remain in a reserve unit to maintain and receive benefits. The Selected Reserve is defined as Troop Program Unit (TPU) or Drilling Individual Mobilization Augmentee (DIMA). Enlisted applicants usually complete a standard 6+2 enlistment contract while Commissioned Officers and Warrant Officers must complete DA Form 5447-R Officer Service Agreement Selected Reserve Educational Assistance Program to establish Chapter 1606 eligibility (unless previously established as an Enlisted Soldier). Soldiers cannot serve on full-time Active Duty to include an Active Guard Reserve (AGR) status to receive Chapter 1606 benefits.

Benefits can be terminated for the following reasons:

- Declared an Unsatisfactory Participation (by receipt of orders)

- Discharged or separated for any reason from the SELRES (Selected Reserve) except due to a disability
- Transfers from the Selected Reserve to any other control group category other than SELRES (i.e., Ready Reserve (IRR), Standby Reserve, Retired Reserve) after more than 1 year without returning to SELRES (for religious missionary obligations, the Soldier has up to 3 years)
- Transfers from the SELRES to other than SELRES status more than once

Note: All instances noted above cause the Soldier to be recouped, if initial 6 year contract is not fulfilled.

- Enters on full time Active Duty to include AGR
- Receives financial assistance under an Reserve Officers' Training Corps (ROTC) scholarship per 10 U.S. Code 2107

Montgomery GI Bill-Selected Reserve (MGIB-SR), Chapter 1606 Kickers

- Must be eligible for MGIB-SR, Chapter 1606
- Standard MGIB-SR Chapter 1606 Kickers are incentives as identified on the Selected Reserve Incentive Programs (SRIP) list from the U.S. Army Reserve Command (Army G1)
- Kicker amounts: \$100, \$200 or \$350

Montgomery GI Bill-Selected Reserve (MGIB-SR), Chapter 1606 – ROTC/SMP Kickers (Reserve Officers' Training Corps/Simultaneous Membership Program)

- Must be eligible for MGIB-SR, Chapter 1606 (Amount: \$350)
- ROTC Advance Camp does not count as completion of Advanced Individual Training (AIT)
- 09R is a reporting code not a MOS
- Soldier's unit of assignment completes ROTC SMP Kicker Checklist and Add/Edit Kicker Transaction in Reserve Component Manpower System (RCMS) MGIB Eligibility
- MGIB-SR data is managed and updated in TAPDB-R using the RCMS by the Soldiers Reserve unit

Reserve Education Assistance Program (REAP), Chapter 1607

Reference: Directive-Type Memorandum (DTM) 08-040 Revised Program of Educational Assistance Authorized by Chapter 1607, Title 10, U.S. Code, dated 17 March 2009

Eligibility:

- Soldiers mobilized or deployed in support of a contingency operation (Operation Noble Eagle (ONE), Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF))
- Soldiers mobilized 11 September 2001 or after for 90 days or more
- AGR Soldiers are eligible (if mobilized with unit on unit mobilization orders)

Eligibility Duration. Soldiers remain eligible if:

- Mobilized or deployed from the SELRES and remain in SELRES
- Mobilized or deployed from the IRR and remain in the IRR

Payment levels (based on 3 year MGIB Chapter 30 full time rate)

- Mobilized 90 to 364 days = 40%
- Mobilized 365 to 730 days = 60 %
- Mobilized 2 or more years or aggregate of 3 years = 80%

Termination and Delimiting Period

- If the Soldier is discharged from the SELRES and completes a service contract under other than dishonorable conditions, eligibility is maintained for 10 years following the last release from Active Duty date (REFRAD date)
- If the Soldier is mobilized from the Ready Reserve (IRR) and then discharged from the Ready Reserve, Soldier is NOT eligible for 10 year delimiting period
- If the Soldier fails to complete service contract and is discharged
- If the Soldier is discharged from the IRR

Suspension. Soldiers mobilized from the SELRES who are transferred to the Ready Reserve cannot receive REAP benefits while in the IRR. Benefits are reinstated once the Soldier re-affiliates with the SELRES.

Reserve Education Assistance Program (REAP), Chapter 1607 - Increased Benefit – Buy Up

Soldiers may elect to contribute up to \$600 in multiples of \$20. This contribution may be done at any time. For each \$20 contributed, the monthly amount of REAP Chapter 1607 is increased by \$5 for full time academic studies.

REAP, Chapter 1607 Buy Up is accomplished through the Defense Finance and Accounting Services (DFAS) or through a Defense Military Pay Office (DMPO), or, if available, through an Army or other service component military pay, finance, or comptroller office.

Once payment is made, Soldier should receive a DD Form 1131 Cash Collection Voucher that the contribution was made specifically for Reserve Educational Assistance Program (REAP, Chapter 1607). . The DD Form 1131 is used to forward to the DVA for proof of payment.

Veterans Educational Assistance Program (VEAP), Chapter 32

VEAP became effective 1 January 1977, and was the primary program until the MGIB was established in July 1985. Contributions varied from \$25 to \$100 a month and maxed out at \$2,700. For this the Soldier received \$5,400 in education benefits, and he had 10 years from the last day of service to utilize it. Many VEAP participants converted to the MGIB during two open windows in the late 1980s and mid 1990s.

Active Duty Loan Repayment Program (LRP)

LRP is an enlistment incentive option and must be included in the initial enlistment agreement. LRP participants must decline enrollment into the MGIB within the first 3 working days of entering Active Duty by signing DD Form 2366.

Student Loan Repayment Program (SLRP)

The Student Loan Repayment Program (SLRP) is governed by Army Regulation AR 135-7 Army National Guard and Army Reserve Incentive Programs, Chapter 5.1. SLRP is a Selected Reserve (SELRES) incentive program that helps Soldiers pay off their student loans.

Army National Guard Guaranteed Reserve Forces Duty (ARNG GRFD)/ Dedicated Army National Guard (DEDNG)

GRFD and DDNG scholarships are available through the Army Reserve Officers' Training Course (ROTC). These scholarships guarantee that commissioned Cadets serve in ARNG. GRFD scholarships are available for up to 2 years and allow simultaneous use with the Select Reserve Montgomery GI Bill (Chapter 1606 or 1607). The DEDNG scholarship is available for

up to 3 years but does not allow simultaneous use with the GI Bill. Major scholarship qualifications include: U.S. citizenship, 2.5 Grade Point Average (GPA), under 31 years of age for the entire year of commissioning, pass the Army Physical Fitness Test, meet Army height/weight standards, be full-time student, and be of good moral character.

These scholarships pay full tuition and mandatory fees, or can pay room and board (not to exceed \$10,000 per year). Room and board payment is for on-campus or off-campus. All scholarships come with a \$1,200 per year book allowance paid directly to the student. GRFD and DEDNG scholarships for room and board can be used with Federal and/or state tuition assistance to cover all major college expenses (tuition and fees, room & board, books). Cadets are also paid a monthly stipend in the following amounts: \$350 for the sophomore year, \$400 for the junior year, and \$500 for the senior year. If eligible for Chapter 1606 the student may qualify for an additional \$350 per month MGIB SMP Kicker.

Note: Both scholarship students must participate in the Simultaneous Membership Program (SMP) with an ARNG unit while in school. The Cadet drills with an ARNG unit and paid at the rank of E-5, approximately \$250 per month, unless already in the ARNG and holds a rank higher than E-5. Eligibility for Federal tuition assistance is subject to change.

Vocational Rehabilitation, Chapter 31

References:

1. Title 38, U.S. Code, Chapter 31
2. VA Pamphlet 22-90-2 Federal Benefits for Veterans and Family members

A Veteran or Soldier may be eligible for vocational rehabilitation if he suffered a service-connected disability. DVA counselors are responsible for testing, evaluating, and developing degree plans for services.

For more information concerning benefits under Chapter 31, see the DVA website at www.vba.va.gov/bln/vre/.

Survivors and Dependents Educational Assistance Program (DEA), Chapter 35

References:

1. Title 38, U.S. Code, Chapter 35
2. VA Pam 22-73-3 Summary of Educational Benefits Under the Survivors' and Family members, Educational Assistance Program

Benefits for survivors and Family member may be authorized for surviving spouse, unmarried children under 18, helpless children, those between 18 and 23 (if attending a VA-approved school), and low-income parents of service personnel or Veterans who died or were disabled at the time of death under certain conditions.

Other Financial Aid

When discussing financial aid with Soldiers, you should advise them that Soldiers are eligible for financial aid other than Tuition Assistance (TA).

Free Application for Federal Student Aid (FAFSA)

FAFSA is the first step in the financial aid process. Soldiers should use FAFSA to apply for Federal student financial aid, such as the Pell Grant, student loans, and college work-study. In addition, most states and schools use FAFSA information to award their financial aid. Advise Soldiers to go to www.fafsa.ed.gov for instructions on how to complete the FAFSA.

Soldiers need to reapply for financial aid each year. Application deadlines are announced annually, usually in January when the new FAFSA is distributed. The financial aid officers at the Soldier's school will assist with the application process.

Loans and Grants

Loans are financial aid that is either funded or backed by the federal government, and paid directly to the school. Each type of loan has different fees (a percentage charged up front), interest rates and payment deferment plans. Grants are free money for school paid by the federal government to the school's business office. After student's school bills are paid, the remaining balance goes to the student.

Direct (Stafford) Loans

www.staffordloan.com

There are two different types of direct loans: unsubsidized and subsidized. These loans are identical in most ways, except how and when a student begins to be charged interest.

- **Unsubsidized.** With the Unsubsidized Stafford Loan, the interest begins compounding as soon as a student school receives the money. When considering which loans to accept, a Soldier needs to know that the interest on an unsubsidized loan can add up over four years.
- **Subsidized.** With the Subsidized Stafford Loan, a student is not charged interest until 6 months after he leaves school. This can mean a considerable savings for the student.

Federal Family Education Loan (FFEL) Loans

www2.ed.gov/programs/ffel/index.html

The only difference between the Stafford loans and the FFEL is the source. Private banking institutions fund FFEL loans. FFEL is also available in unsubsidized and subsidized forms.

Perkins Loans

www2.ed.gov/programs/fpl/index.html

Perkins loans are funded by participating schools and have a fixed interest rate of 5%. All of the billing and payment arrangements are made directly through the school's business office.

Pell Grants

www.ed.gov/programs/fpg/index.html

A Federal Pell Grant, unlike a loan, does not have to be repaid. The maximum Pell grant for the 2011-12 award years (July 1, 2011, to June 30, 2012) is \$5,550. The amount depends on your financial need, costs to attend school, status as a full-time or part-time student, and plans to attend school for a full academic year or less.

Federal Supplemental Educational Opportunity Grant (FSEOG) Program

www2.ed.gov/programs/fseog/index.html

The FSEOG Program provides need-based grants to low-income undergraduate students to promote access to postsecondary education. Students can receive these grants at any one of approximately 4,000 participating postsecondary institutions.

Soldier and Leader Guide

Section 14

Resilience

Section 14. Resilience

14-1. Definition.

Resilience is defined as the mental, physical, emotional and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks. Personal resilience is directly linked to readiness and it is essential that wounded, ill and injured Soldiers have the self-development tools and training necessary to enhance their resiliency and ability to cope with life situations, whether transitioning back to the force or into civilian life.

14-2. Purpose.

[Army Warrior Care and Transition Program](#) (WCTP) leaders recognize that providing resilience and performance-enhancement training to wounded, ill and injured Soldiers and the Cadre who support them is a vital part of the recovery and [transition](#) process. [Comprehensive Soldier and Family Fitness](#) (CSF2) resilience and performance-enhancement skills training is provided to Soldiers and Cadre located at the Army's [Warrior Transition Units](#) (WTUs) and Community Care Units (CCUs). The combined efforts of unit Master Resilience Trainers and [CSF2 Training Center](#) staff makes this training possible in WTUs.

14-3. Training.

The WCTP, in liaison with [CSF2](#), incorporates standardized resilience and performance-enhancement training into each Soldier's [Comprehensive Transition Plan](#) (CTP). Soldiers assigned to WTUs receive performance-enhancement training between days 31-90 of their transition process. Training is taught quarterly by the local CSF2 Training Center staff, or through [mobile training teams](#).

a. WTU Cadre also require the resilience and mental toughness necessary to meet the extensive demands of a care-giving role. The [Warrior Transition Command](#) (WTC), in liaison with the [Army Medical Department Center & School](#), provides resilience training for all incoming Cadre as part of their resident course training. This training helps improve Cadre's personal level of resilience, carrying over into a mentorship capacity as they train Soldiers to become more resilient and build the skills necessary to transition successfully.

WCTP Soldier and Leader Guide

Section 15

Warrior Transition Command (WTC) Public Website

Section 15. Warrior Transition Command (WTC) Public Website

15-1. Purpose.

Based on feedback from Warrior Transition Unit (WTU) Soldiers, U.S. Army Wounded Warrior Program (AW2) Soldiers and Veterans, Families and Cadre, the Warrior Transition Command (WTC) launched a more user-friendly public website in January 2014: www.WTC.army.mil. The new website contains information that will further empower wounded, ill and injured Soldiers throughout their recovery and transition process. It also provides Soldiers, Veterans, Families/Caregivers and Cadre with information and tools about programs, resources and benefits. Information on Policies and Guidance and Frequently Asked Questions are available on separate pages as well as on the appropriate topic of interest pages.

15-2. Navigation.

- a. As of January 2014, the WTC public website, www.WTC.army.mil, is easily accessible on smart phones, tablets and computers.
- b. Users can navigate the website using their role in the process (Soldier, Family and Caregivers, Cadre and Advocates, Veterans, Community Supporters and Employers), to select topics of interest or transition status.

15-3. Features.

- a. Information for Soldiers: Includes topics of interest such as the Warrior Care and Transition Program, U.S. Army Wounded Warrior Program, Internships, Career and Education, Health and Recovery, Integrated Disability Evaluation System (IDES), Pay and Benefits, Personnel Actions, Family and Caregiver Resources and Community Resources. Soldiers can also navigate the website by where they are in the process (in-processing, rehabilitation, return to duty, transition to civilian life and Veteran resources).
- b. Information for Families and Caregivers: Includes topics of interest such as Understanding Roles and Responsibilities, Getting Involved in My Soldier's CTP, Behavioral Health (Anger Management, Depression, Post-Traumatic Stress Disorder (PTSD), Suicide Prevention and Substance Abuse), Soldier and Family Assistance Center (SFAC) and Resources for Families and Caregivers.
- c. Information for Cadre and AW2 Advocates: Includes Roles and Responsibilities, Cadre Selection Process, Non-Medical Attendant, Cadre Collaboration Portal, WTC SharePoint Collaboration Site, Army Warrior Care and Transition System (AWCTS), Policies and Manuals.
- d. Information for Veterans: Includes topics of interest such as U.S. Army Wounded Warrior Program (AW2), Career and Education, Pay and Benefits and Veterans Resources. Veterans can also navigate the website by where they are in the process - preparing for transition or post transition.
- e. Other sections of the website include information about WTC, Announcements, Policies and Guidance, Press Information, Frequently Asked Questions, Community Support Network and Employer Resources.

f. The website provides links to WTC social media platforms, including Twitter, Facebook, YouTube, Flickr and the WTC blog. Appendix 15-1 provides a listing of online resources for public websites, CAC-enabled websites and social media sites.

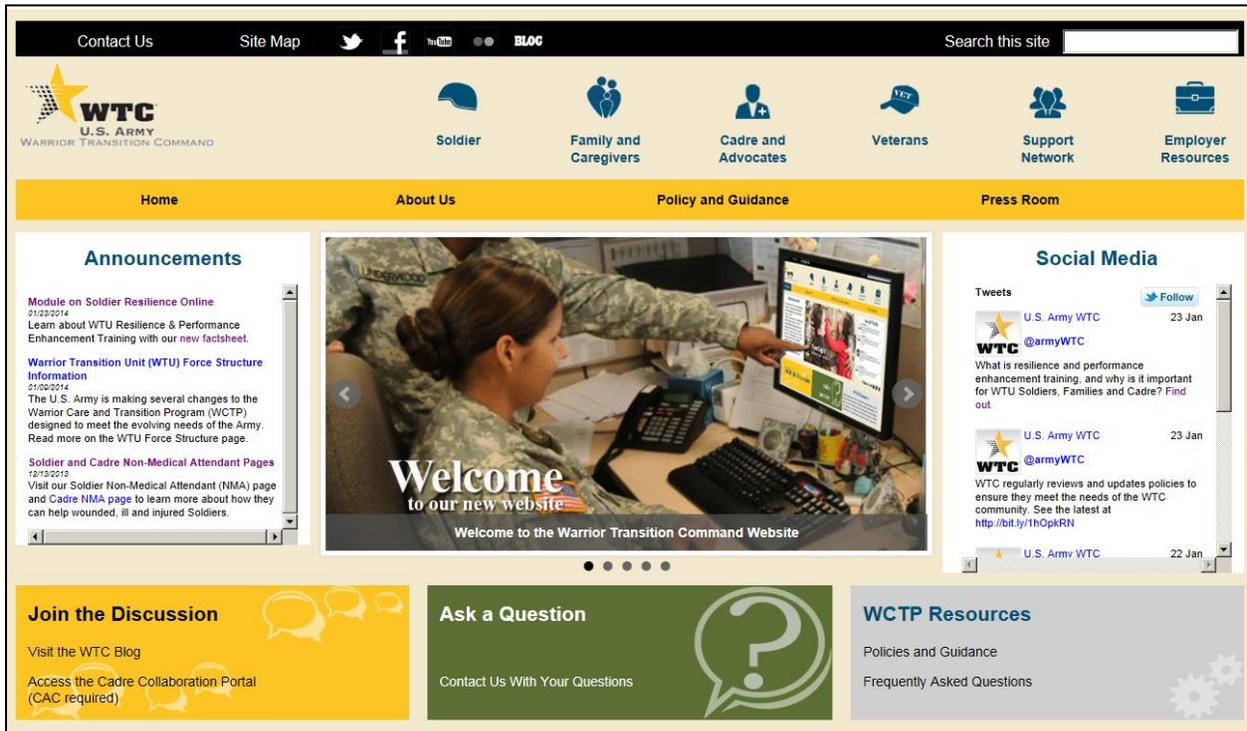


Figure 15-1 (Warrior Transition Command Website)

WCTP Soldier and Leader Guide

Appendix 15-1

Online Resources

Online Resources

Public websites

Warrior Transition Command (WTC) website: www.WTC.army.mil

WTC website, Policy and Guidance section: <http://www.WTC.army.mil/documents/policies.html>

WTC website, Frequently Asked Questions section: <http://www.WTC.army.mil/faqs.html>

WTC website, Comprehensive Transition Plan page: <http://www.WTC.army.mil/modules/soldier/s1-ctp.html>

CAC enabled websites

WTC Army Warrior Care and Transition System (AWCTS): <https://awcts.csd.disa.mil/wtu/>

Army Wounded Warrior Program (AW2) Army Warrior Care and Transition System (AWCTS): <https://awcts.csd.disa.mil/AW2/>

Cadre Collaboration Portal:

<https://www.milsuite.mil/book/groups/WTUCadre%3ECadre%20Collaboration%20Portal>

Social media

WTC Blog: <http://WTC.armylive.dodlive.mil/>

Face book: <http://www.facebook.com/armyWTC>

Twitter: <http://www.twitter.com/armyWTC/>

YouTube: <http://www.youtube.com/user/WarriorCareCom>

Flickr: <http://www.flickr.com/photos/armyWTC>

WCTP Soldier and Leader Guide

Section 16

Community Support Network Program

Section 16. Community Support Network Program

16-1. Purpose.

a. Local community support is an important component of the transition process for Soldiers and Veterans during recovery, life post-injury or illness and reintegration into the community. Local support is at the heart of the Warrior Care and Transition Program (WCTP), which is why Warrior Transition Units (WTUs) work closely with supporting organizations in their local areas.

b. The Warrior Transition Command (WTC) Community Support Network (CSN) Program provides wounded, ill and injured Soldiers, Veterans and their Families and Caregivers an online directory of products and services made available through various organizations from across the nation. The directory is updated regularly and is not an exhaustive list of all of the resources that may be available in the local community. Organizations participating in the CSN have met WTC review criteria and have agreed to meet one of the following terms:

- (1) Services or products are provided free of charge
- (2) Services or products are significantly discounted with all costs being disclosed up front and prior to agreement
- (3) Services or products are covered by insurance

c. Participants that are listed on the Network's website, <http://www.WTC.army.mil/community>, include both federal and external organizations that have agreed to share information regarding their programs and services supporting wounded, ill or injured Soldiers, Veterans, Families and Caregivers. Neither the Department of Defense (DOD), U.S. Army, U.S. Army Medical Command (MEDCOM), WTC, U.S. Army Wounded Warrior Program (AW2) nor the CSN solicit, endorse, guarantee or partner with these organizations and are not responsible for the content of their websites.

d. A "search" for organizations can be conducted by name or category. The products and services that are offered include but are not limited to:

- (1) Adaptive Materials and Services
- (2) Adaptive Reconditioning and Recreational Services
- (3) Alternative and Holistic Medicine and Services
- (4) Animals
- (5) Animal and Pet Supplies and Services
- (6) Care Packages, Correspondence, Food and Moral Support
- (7) Caregivers Assistance
- (8) Crisis Counseling and Intervention
- (9) Dietary and Nutritional Information and Counseling
- (10) Education and Training
- (11) Emergency Contact Information
- (12) Employment Support and Opportunities
- (13) Equine Services
- (14) Family Planning
- (15) Fertility and Reproduction Counseling
- (16) Financial Counseling and Services

- (17) Housing and Relocation Assistance and Counseling
- (18) Interactive Communications Forum
- (19) Language and Translation Services
- (20) Legal Services
- (21) Medical Equipment, Aids and Devices
- (22) Mental Wellness Support and Counseling
- (23) Physical and Rehabilitative Support
- (24) Resource Databases
- (25) Retirement and Transition
- (26) Service Dogs and Therapy Dogs
- (27) Services for Families, Children and Caregivers
- (28) State Programs for Veterans
- (29) Substance Abuse Assistance and Counseling
- (30) Travel Resources and Retreats
- (31) Veteran, Soldier and Family Assistance

e. All organizations that register in the CSN have either been referred to or have approached the CSN on their own accord. Prior to participation in the CSN, each organization must pass a standard review process. The review includes ensuring the organization is not on the State Department's Anti-Terrorism Watch List and, using information from the Better Business Bureau, Charity Navigator, Guide Star and other applicable sites, the organization's overall rating meets satisfactory standards as set forth in the WTC vetting process. Organization website content and external reviews, comments, complaints and ratings are also considered in the overall review and rating process.

f. WTC cannot solicit, endorse, guarantee or partner with any organization. All individuals should do their own research before engaging with any organization. If an organization does not meet or maintain a standard level of performance as determined by WTC, they will not be allowed to participate in the CSN. Individuals that experience problems with an organization's performance, intent and/or its representatives are encouraged to report the organization to the CSN Program Manager. Feedback forms to report an organization's performance, good or bad, can be found and completed online at www.WTC.army.mil/community.

(1) Anyone who is approached by an organization interested in supporting wounded, ill or injured Soldiers, Veterans, Families and Caregivers, should recommend them to the CSN website where they will be able to access the registration form, CSN contact information and review participation policies and best practices.

(2) Organizations that are interested in participating in CSN must complete the CSN registration form and return it via email to: usarmy.pentagon.medcom-WTC.mbx.communitysupportnetwork@mail.mil or fax the form to (571) 256-3339 or (703) 325-0193.

(3) Information on the CSN can be found at www.WTC.army.mil/community. Questions, concerns or suggestions may be directed to the CSN Program Manager at usarmy.pentagon.medcom-WTC.mbx.communitysupportnetwork@mail.mil.

WCTP Soldier and Leader Guide

Section 17

VA Programs

Section 17. VA Programs

17-1. VA Programs.

The Warrior Transition Command (WTC) supports the Army's commitment to the rehabilitation and successful transition of wounded, ill and injured Soldiers back to active duty or to a Veteran's status and ensures that Veteran services and programs that support wounded, ill and injured Soldiers are integrated and optimized. In coordination with the Department of Veterans Affairs (VA), the Army continues to work to streamline procedures and eliminate duplication. The following programs and services provide benefits to Veterans and their Families or Caregivers:

a. The Federal Recovery Coordination Program (FRCP) is a program that was jointly developed by the Departments of Defense (DOD) and VA to assist severely wounded, ill and injured Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Soldiers, Veterans and their Families with access to care services and benefits. Soldiers can be referred to the FRCP by a member of the interdisciplinary team, the WTU commander, the U.S. Army Wounded Warrior Program (AW2) or through self-referral. Federal Recovery Coordinators (FRCs) track the care, management and transition of a recovering service member or Veteran through recovery, rehabilitation and reintegration.

b. AW2 Advocates work closely with FRCs who are currently located in military and VA Medical Facilities. AW2 Advocates are located throughout the country at Military Treatment Facilities (MTFs) and VA Medical Centers (VAMCs) providing on-the-ground support to AW2-eligible Soldiers, Veterans and their Families and Caregivers. Advocates are present at most VA facilities and all WTUs. Advocates that are co-located with FRCs coordinate closely with them. The open referral process allows AW2 Advocates and the Triad of Care (TOC) to refer Soldiers and Veterans to the FRCP if they qualify. . Advocates help with non-medical case management, including everything from aligning Soldiers and Families with Army and community resources to assistance with military benefits.

c. The Veterans Health Administration (VHA) is a component of the VA that administers and operates the medical assistance program of the VA through numerous VAMCs, Outpatient Clinics (OPC), Community Based Outpatient Clinics (CBOC) and VA Community Living Centers (VA Nursing Home) Programs. Veterans receive a medical benefits package, which the VA administers through a patient enrollment program. Enrollment in the VA Health Care System assures that health and treatment services are available when a Veteran needs them.

d. The VA has state-of-the-art electronic medical records that permit portability of a Veteran's health care benefits throughout its system. If a Veteran travels or lives temporarily at an address far away from his primary treatment facility, he may seek care at any VA health care facility across the country without reapplying.

e. The My HealtheVet (MHV) website, <https://www.myhealth.va.gov>, was developed especially for Veterans as the VA's online personal health record. Through MHV, Veterans have access to important information about their health.

f. The Veterans Benefits Administration (VBA) is another component of the VA. The mission of the VBA, in partnership with the VHA and the National Cemetery Administration, is to provide benefits and services to Veterans and their Families in a responsive, timely and compassionate manner in recognition of their service. . The VBA is responsible for administering programs that provide financial and other forms of assistance to Veterans, their Family members and survivors. Primary benefits include Veterans' compensation, Veterans'

pensions, survivors' benefits, rehabilitation and employment assistance, education assistance, home loan guarantees and life insurance coverage.

17-2. VA Health Care Online: eBenefits.

a. The eBenefits website, <https://www.ebenefits.va.gov/>, is a centralized VA portal that Veterans, Soldiers and their Families can use to research, find, access and manage their benefits and personal information.

b. eBenefits offers:

(1) A personalized workspace called My Dashboard that provides quick access to eBenefits tools to complete various tasks. A Soldier or Veteran can apply for benefits, download his DD Form 214 (Discharge Papers and Separation Documents) and view his benefits status. The workspace is available to a user upon completing an eBenefits account registration.

(2) A catalog of links to other sites that provide information about military and Veteran benefits.

17-3. Warm Hand-off.

a. Veterans deserve the best possible start as civilians. When the time comes for a Soldier to depart the military, WTU/CCU Cadre will help facilitate a warm hand-off to the VA. A VA representative will ensure that Soldiers understand, apply for and receive the benefits for which they are eligible.

b. A Soldier's successful transition should include establishing a financial plan, assessing the potential impacts of relocating and understanding education, training and employment options, in addition to understanding how to apply for and access benefits before out-processing from the WTU.

WCTP Soldier and Leader Guide

Section 18

Family Programs

Section 18. Family Programs

18-1. Army Family Covenant.

a. The Army Family Covenant is the Army's promise to take care of Soldiers, and the Families who also serve side-by-side with their Soldiers.

b. The Army's Installation Management Command, G9, Family Programs is the organization charged with:

(1) Soldier and Family Assistance Centers (SFACs) have been established at Army installations that have WTUs. These centers provide a facility for WTU Soldiers and their Families to gather for mutual support that aids in the physical, spiritual and mental healing process. Services provided within the centers also include transition support, financial counseling, child care and education counseling. (See Section 19.)

(2) The Army Family Covenant pledges to provide programs and services to help Soldiers and Families cope with stressors resulting from unfamiliarity with Army life, including frequent deployments and navigating Army policies and procedures. Major Family programs and services include:

- (a) Army Community Services (ACS) readiness programs
- (b) Community information services (information and referral)
- (c) Family Advocacy
- (d) Support for geographically dispersed Soldiers
- (e) Volunteer programs

(3) The Army has increased the number of Military Family Life Consultants who work Directly with ACS, National Guard Headquarters and Reserve Regional Commands to provide support to Soldiers and their Families during deployment and return cycle. The activities of Military Family Life Consultants include:

- (a) Providing support to Families during reintegration
- (b) Providing outreach support to Guard and Reserve Families on weekends
- (c) Responding to specific requests for support when there has been a unit death or injury.

(4) ArmyOneSource.com provides a single access point to Family programs and services for Families on Army installations and for geographically dispersed Families located away from an installation.

(5) Survivor Outreach Services uses a decentralized approach in providing support for survivors of fallen Soldiers.

(6) The Family Readiness Support Assistant position was initiated within Family Readiness Groups (FRGs). The FRG normally consists of Soldiers' spouses from within battalion- or brigade-sized units who meet to discuss and resolve issues affecting Families within the units.

(7) Enhanced relationships with the Army's Chaplain Corps. Since the inception of the Army Family Covenant, Family Life Chaplain positions have been created to deliver Family ministry, training and marriage-enhancement programs.

WCTP Soldier and Leader Guide

Section 19

Soldier and Family Assistance Centers

Section 19. Soldier and Family Assistance Centers

19-1. Soldier and Family Assistance Centers. .

a. Soldier and Family Assistance Centers (SFACs) provide services to equip and aid Soldiers and their Families in making life-changing decisions as they transition back to duty or to civilian life.

b. SFACs are located on installations that have Warrior Transition Units (WTUs). If an installation does not have a WTU, then SFAC services are coordinated through Army Community Services (ACS) for WTU Soldiers at the installation.

c. SFACs provide tailored, integrated support services and access to various types of information and opportunities that are local and convenient for use by Soldiers and their Families. SFAC standards of service are developed to respond to the needs of WTU Soldiers and their Families. To ensure coordination between the WTU and the SFAC, WTU Cadre attend SFAC staff meetings and the SFAC staff attends WTU meetings, town halls and other events as requested by Cadre.

d. Support Services and Programs. Some of the most common services and programs available include:

(1) Assistance to help WTU Soldiers and their Families navigate through federal, state and private benefits systems, as well as access to other resources such as select financial, educational, employment, legal and medical resources.

(2) Social services addressing a broad range of diverse and complex issues in a variety of settings and environments. These include screenings and evaluations for referral, crisis intervention and referral services for treatment (including substance abuse and suicide prevention education). Additional social-service transition requirements in support of the WTU Soldiers and their Family members may be identified and required by the Warrior Transition Command (WTC) or WTU.

(3) Information, referral and follow-up, which consists of assessing individual and Family needs, providing information, making service referrals and conducting client follow-up to ensure issues are resolved.

(4) Financial counseling services to include assistance with personal budgeting, spending plan, and assets/liabilities for long-term planning, predatory lending, estate planning, Heart Act entitlements, Traumatic Service Members Group Life Insurance (TSGLI) benefits, custodian planning and living wills.

(5) Transition and employment assistance provided by the Army Career and Alumni Program (ACAP), includes a detailed explanation of transition benefits and services, coordination with other installation transition service providers, employment assistance training and WTU Soldier preparation for the federal and civilian employment market.

(6) On-site educational counseling and counseling services to WTU Soldiers and their Families (includes counseling on GI Bill benefits). Where available, SFAC counselors may also provide General Technical Score Improvement classes, learning center-type facilities and academic or military testing through local education centers. The SFAC may also assist in accessing federal, state, county or local education benefits or information.

(7) Child, Youth and School Services (CYSS) support to include the designated WTU's Non-Medical Attendants (NMAs). Services include hourly care in SFACs, short-term alternative child care, CYSS Kids on Site Program and other CYSS programs.

(8) Defense Finance and Accounting Services (DFAS), which consist of military pay support/education, travel advances and travel settlements.

(9) Outreach services that offer a broad spectrum of support services provided outside the SFAC, which include:

(a) Coordination and attendance at WTU meetings, functions and events.

(b) Deployment of SFAC services to WTUs and Soldiers' Families at inpatient, remote or other non-facility locations.

(c) Coordination with community support agencies, including federal, state, local and nongovernmental agencies.

WCTP Soldier and Leader Guide

Section 20

Commanding in a Warrior Transition Unit (WTU)

Section 20. Commanding in a Warrior Transition Unit (WTU)

20-1. Commanding in a WTU.

a. General. Commanding a WTU requires all leadership and professional development skills to lead and manage wounded, ill and injured Soldiers, Families and Cadre. While commanders will find many similarities to other assignments throughout their Army career, commanding a WTU will bring unique challenges. In a WTU, each Soldier's recovery is different. No two Soldiers' injuries or illnesses are identical. Family, maturity, personal perspective on their illness or injury, general attitude, openness to change, personal values and—most importantly—trust and rapport with WTU Cadre members all play essential roles in each Soldier's recovery, making each Soldier different. Good leadership in a WTU is a balance of leading each Soldier through a complex and challenging experience with compassion and discipline, without hindering the Soldier's successful transition. Compassion does not mean an absence of stress. Recovering from a wound, injury or illness is undoubtedly difficult, stressful and uncomfortable. Because of these challenges, the Army provides each Soldier with an interdisciplinary team (IDT) dedicated to their recovery and transition. The IDT helps the Soldier understand the tools and resources available to enhance their recovery. While recovering, each Soldier must uphold Army values. The teamwork ingrained in each Soldier encourages recovery and promotes wellness. Whenever possible, recovering Soldiers should participate in group activities, both physical and emotional (mental).

There are several key things each WTU commander must understand. First, the commander must understand the requirements and enormous responsibility placed on Cadre members. Second, the commander must understand the systems and processes that exist in the unit. Finally, the commander must have the maturity and compassion to enforce a consistent level of professionalism while promoting a high level of expectations for each WTU Soldier to progress in their recovery.

b. Triad of Leadership. The Triad of Leadership (TOL) oversees the execution of the Warrior Care and Transition Program (WCTP) at the installation level and oversees the successful entry and exit of each Soldier. At the battalion level, the TOL requires weekly, if not daily, dialogue to ensure each member understands each WTU's demographics and second and third order effects of how they determine entry into a WTU or Community Care Unit (CCU). The TOL must understand the entire Medical Retention Program (MRP), including Active Duty Medical Extension (ADME), Medical Retention Processing (MRP), Medical Retention Processing 2 (MRP2), Medical Retention Processing – Extension (MRPE) and attaching COMPO 1 (Active Component) Soldiers that are expected to return to their units. The TOL roles and responsibilities are listed (see Section 3-1.g). It is important for WTU commanders to understand the importance of a healthy and enduring relationship between all members of the TOL.

c. Combat Multipliers. On each installation there are several supporting organizations and programs created to support leaders and Soldiers. Each of these organizations and programs provide significant support and resources for Soldiers and their Families and must be incorporated into WTU plans and courses of actions to support each Soldier's individual recovery and transition plan. Below are combat multipliers to the WTU mission:

- (1) Army Career and Alumni Program (ACAP)
- (2) Army Substance Abuse Program (ASAP)
- (3) Installation Education Center
- (4) Soldier Readiness Processing (Continental United States (CONUS) Replacement Center)

Sites

- (5) Department of Labor
- (6) Installation Trial Defense
- (7) Installation Finance Unit
- (8) Traumatic Servicemember's Group Life Insurance (TSGLI)
- (9) Veteran Health Administration representatives
- (10) Veteran Benefits Administration representatives

d. Compassion and Discipline in a WTU. Often, issues facing WTU Soldiers are a result of a communication breakdown somewhere and a resulting lack of confidence or trust in the WTU Cadre. The first corrective action is fixing the root problem with the IDT and the WTU Soldier. Reassigning the Soldier from the IDT is often the wrong answer and breeds distrust between the WTU commander and the Cadre. Because of the different challenges and sensitivities of each WTU Soldier as they recover, each issue requires dialogue and a plan to change the inappropriate behavior and to prevent it from happening again. This often causes a WTU commander to conduct a care conference with all relevant individuals. These types of conferences frequently include the spouse/Family of the WTU Soldier, ombudsmen, patient advocacy, AW2 Advocates and/or legal representation. Because each Soldier and situation requires undivided attention from the WTU Soldiers leadership, WTU commanders should make every effort to utilize care conferences as the primary vehicle to resolve grievances and concerns before they become larger problems.

(1) WTU leaders must enforce Uniform Code of Military Justice (UCMJ) standards and maintain unit discipline while providing the advocacy and right level of compassion to each Soldier and their Family. If Soldiers commit crimes or violate Army regulatory guidance, leaders must take action. It is the WTU Cadre's responsibility to create and maintain discipline throughout the unit and enforce standards while establishing a certain level of compliance and expectation with the WTU Soldiers. If there is a violation of that established standard, WTU Cadre must ensure proper documentation and follow reporting procedures in order to ensure any organization response to that violation is legitimate and fair. WTU commanders should note that when a WTU Cadre member comes to report an issue, it likely has been an ongoing issue and may be beyond the WTU Cadre member's ability to stop that lack of compliance. If a Soldier must receive Article 15 (Company of Field Grade), WTU commanders must execute this in a deliberate manner. Be predictable about the time and place "court" is executed. Formally invite those non-Cadre members that should attend. Ask the Soldier who he wishes to speak for him. Ensure there is a company or battalion "battle drill" with the execution of "court". Ensure the entire chain of command is in attendance, as the Soldier's concerns and issues will involve his chain of command and, before any judgment is made on a Soldier, there should be no issues left unresolved or topics not discussed.

e. Policy. The Warrior Transition Command (WTC) is the proponent for the WCTP. As the proponent, WTC writes and oversees execution of the WCTP through the Regional Medical Commands. WTU leaders can find policy in several locations, especially on the WTC website,

www.WTC.army.mil. Subject matter experts (SMEs) on the WTC staff are also available to discuss and make recommendations to current policy. Contact WTC staff either directly or through the WTC Collaboration Portal on MilBook:

<https://www.milsuite.mil/book/groups/wtucadre> .



Thru milBook, the WTC staff monitors and engages with the WTU community directly.

Sign up and be a part of the discussion.

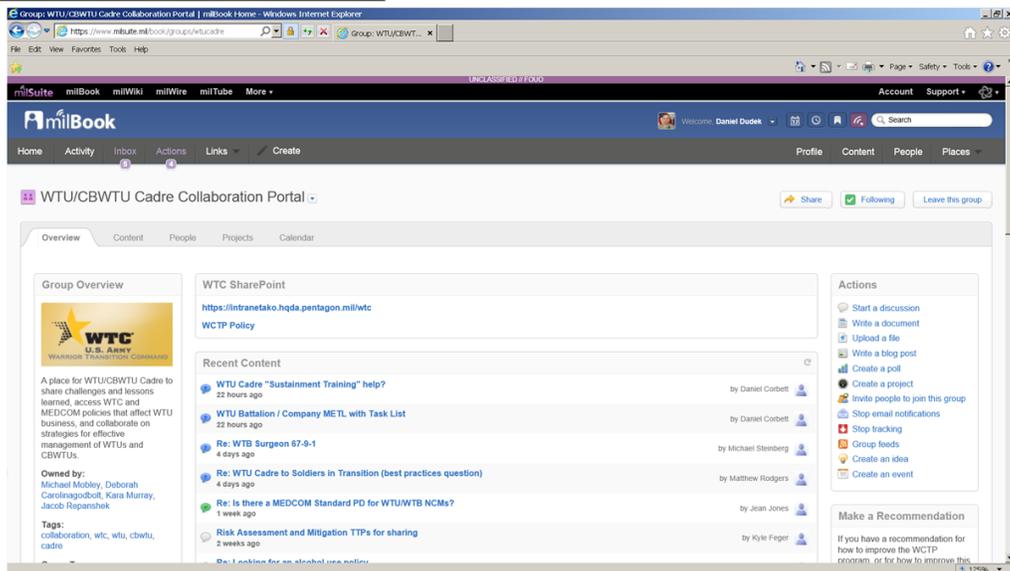


Figure 20-1 (Cadre Collaboration Portal)

f. Battle Rhythm. Managing time in a WTU is critical. Many leaders hold too many meetings, while some hold too few. The solution, in part, is a detailed battle rhythm that WTU Cadre trust and adhere to strictly. The balance emerges when WTU Cadre prepare and deliver their discussion in a concise manner, and the leadership listens with trust and then delivers a quick and productive decision. Central to a company battle rhythm is the Triad meeting. The Triad Meeting should serve as the primary meeting that all Cadre attend, as it is the only time each week where all IDT members are present to synchronize each Soldier's care plan.

20-2. Commander's Tools in AWCTS. Each WTU commander must gain technical competency in using AWCTS. Although each company has a Comprehensive Transition Plan (CTP) Management Analyst, each Commander must be able to get a visual display of the progress and issues most affecting their unit. Measuring each Soldier's transition success through their CTP efforts is an essential capability for commanders at the WTU Company level and Senior Army Leadership, including the WTC Commanding General and the U.S. Army Surgeon General.

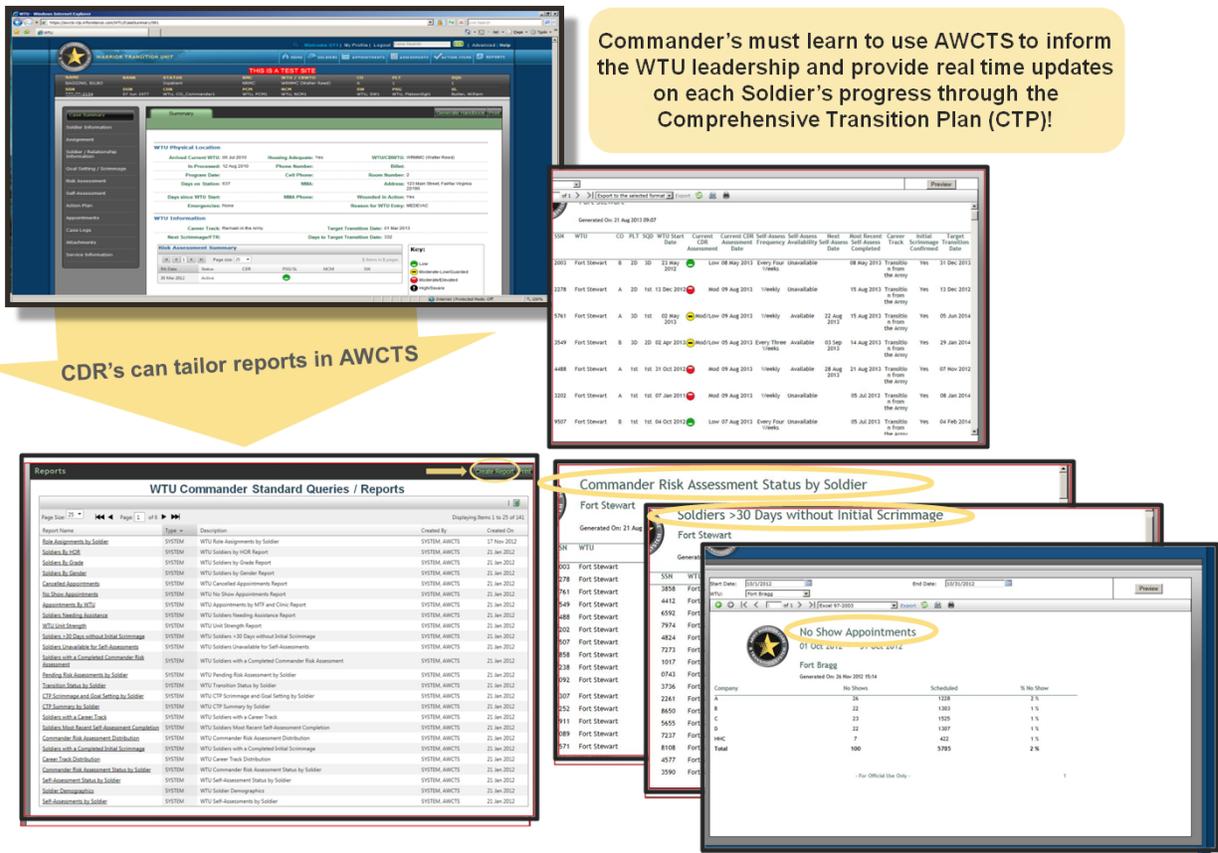


Figure 20-2 (Reports and Queries in AWCTS)

20-3. Cadre Selection/ Management. Soldiers serving as Cadre for wounded, ill and injured Soldiers perform a very important function for the Army. Cadre work in high-stress, high-risk environments 24 hours per day, seven days per week. They often support Soldiers with traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other complex and serious medical conditions. They directly interface with the Soldiers' Family members and often serve as "first responders" to provide counsel and behavioral health support to Soldiers and their Families. The best qualified Soldiers are selected to serve as a WTU/CCU Cadre in order to best serve the Army's wounded, ill and injured Soldiers and their Families as they heal, recover and transition back to the force or out of the Army.

a. Cadre Selection.

(1) In accordance with (IAW) ALARACT 210/2009, WTU Personnel Assignment and Utilization Policy, 31 July 2009, Senior Commanders are responsible for resourcing and approving personnel to fill component-specific WTU/CCU Cadre positions except those involving component mismatches. Senior Commanders will identify, screen and select best-qualified candidates to fill WTU/CCU Cadre positions. Senior Commanders may delegate this authority one level except for Soldiers with unfavorable information indicated on the Department of the Army (DA) Form 7424 (Sensitive Duty Assignment Eligibility Questionnaire).

(2) Criteria for Selection for WTU/CCU Cadre Assignments. Soldiers identified for WTU/CCU Cadre positions must meet the following military education and experience requirements:

(a) Squad Leaders (SL)

- Warrior Leadership Course (WLC) required, Advanced Leader Course (ALC) preferred
- At least one successful leadership experience as a Squad Leader required
- At minimum, E-5

(b) Platoon Sergeants (PSG)

- ALC required, Senior Leader Course (SLC) preferred
- At least one successful leadership experience as a Squad Leader or Platoon Sergeant required.

- At minimum, E-6

(c) First Sergeants (1SG)

- SLC required, 1SG course required
- At least one successful leadership experience as a Platoon Sergeant required

(d) Company Commander

- Captains Career Course required
- Successfully commanded for at least one year

(e) Nurse Case Manager (NCM)

- Captains Career Course preferred
- At minimum, O-3

(f) Senior Nurse Case Manager

- Intermediate level education required
- Advance Nurse Leadership Course preferred. Successfully served as a Clinical Nurse Officer in Charge or in a supervisory position

(g) Additionally, Soldiers identified for WTU/CCU Cadre positions must display strong manner of performance and strong potential for promotion and must have completed all required Non-Commissioned Officer Evaluation Step (NCOES) level training for their grade.

(h) Soldiers identified for WTU/CCU Cadre positions will complete DA Form 7424 (Sensitive Duty Assignment Eligibility Questionnaire) indicating whether there have been any reports of unfavorable information within the previous 12 months. If a Soldier indicates any unfavorable information, only the Senior Commander will make the final determination for assignment as a Cadre.

(i) All personnel identified for assignment as WTU/CCU Cadre will be assigned against an authorized Table of Distribution and Allowances (TDA) position corresponding to their service component.

(j) WTU/CCU Commanders or their Cadre selection panels will interview and review the records of candidates to validate if a candidate possesses the required skills and attributes to work as WTU/CCU cadre. Candidate recommendations will then be forwarded to the Senior Commander for final approval. WTUs/CCUs will maintain all interview packets for 180 days from day of interview. (See Appendix 20-1 through 20-5.)

(k) Upon acceptance, U.S. Army Medical Command (MEDCOM) Reserve Augmentation and Mobilization Plans and Operations Division will process Reserve Component (RC) Cadre through HQDA G3, Department of the Army Mobilization Processing System-Army (DAMPS-A), for a request for orders under Contingency-Active Duty for Operational Support (COADOS)

in a voluntary status IAW Headquarters Department of the Army G1 Personnel Policy Guidance reference instructions.

(1) WTUs/CCUs, with endorsement from the Senior Commander, may request through their chain of command Military Treatment Facility (MTF) and Regional Medical Command (RMC) to have Human Resources Command (HRC) backfill COMPO 1 positions with local assets. WTUs/CCUs will forward requests to MEDCOM Human Resources (HR) Soldier Transition Support Branch for coordination with the Human Resources Command (HRC).

b. Cadre Tour Length. A Cadre assignment is two-years in length to avoid Cadre strain

(1) Active Component (AC) Cadre personnel will be stabilized for 24 months upon assignment into the WTU. One 12-month extension may be requested for exceptional Cadre personnel under extenuating circumstances. Extension requests may be requested through the chain of command to the Commander, WTC (ATTN: MCWT-PER). WTUs/CCUs will prepare a DA Form 4187 (Personnel Action) that is signed by the unit commander and endorsed by the first field grade officer in the WTU or CCU chain of command, and will forward requests electronically to the WTC to usarmy.pentagon.medcom-WTC.list.g1-orders-approval@mail.mil. Included with the request should be a copy of the entire Cadre member's Non-Commissioned Officer Evaluation Reports (NCOERs)/Officer Evaluation Reports (OERs) while performing duties as a WTU/CCU Cadre and enlisted record brief (ERB) or officers record brief (ORB). WTC will endorse and return requests to MEDCOM HR Soldier Transition Branch to stabilize the AC Cadre for one 12-month extension.

(2) Assignment and tour lengths for Active Component Command Sergeants Major will be strictly managed by HRC Sergeants Major Branch.

(3) Reserve Component (RC) Cadre orders are for a period not to exceed 730 days. Cadre members wishing to continue in the position after their initial tour of duty must submit a 365 days extension request through the chain of command to Commander, WTC (ATTN: MCWT-PER). WTUs/CCUs will prepare a DA Form 4187 (Personnel Action) that is signed by the unit commander and endorsed by the first field grade officer in the WTU/CCU chain of command, and will forward requests electronically to the WTC to usarmy.pentagon.medcom-WTC.list.g1-orders-approval@mail.mil. Included with the request should be a copy of all the Cadre's NCOERs/OERs while performing duties as a WTU/CCU cadre, and ERB, ORB or 2-1. WTC will coordinate with Component Force Providers (CFPs) and provide final approval. Approved extension requests must be entered into DAMPS-A/TOD no later than 180 days before their initial orders end. Consecutive COADOS tour lengths cannot exceed three cumulative years within the previous four-year period (1,095 cumulative days out of the previous 1,460). All COADOS extension requests that will exceed the 1,095-day rule require a memorandum signed by a Brigadier General (O-7) or Senior Executive Service (SES) equivalent or higher.

(4) WTUs/CCUs will initiate replacement and identification of personnel with the Responsible CFPs no later than 180 days prior to projected/programmed loss date.

c. Component Mismatch Assignments. A component mismatch assignment is a Soldier assigned against an authorized position that does not correspond to their service component. For example, if a Senior Commander selects an active component Soldier to fill an Army National Guard coded duty position, this constitutes a component mismatch.

(1) The Commanding General (CG), WTC, is the sole approval authority for component mismatch assignments. Requests for component mismatch approval will be sent by the requesting WTU/CCU through the Senior Commander, To: Commanding General, Warrior

Transition Command (ATTN: MCWT-PER). Requesting officials will forward requests electronically to the WTC to usarmy.pentagon.medcom-WTC.list.g1-orders-approval@mail.mil.

(2) Upon receipt of requests, WTC G1 will notify the responsible CFPs of the identified Soldier and the position. Requests for concurrence/non-concurrence will be sent in writing to each CFP.

(3) Once the WTC G1 receives the concurrence/non-concurrence, the WTC Commander will approve or disapprove the request. The originating office will be notified in writing of the decision. If the request is approved, the written notification will include the duration of the mismatch. Notification of approval or disapproval will be completed within 10 calendar days of receipt of the request. By Name Request assignments are not authorized without the written approval of the CG, WTC.

d. Cadre Management. Stability of Cadre, both medical and administrative, is critical to the success of the WCTP. Commands must minimize turnover and closely control the movement and transfer of members of the Triad of Care (SL, PSG and NCM) within WTUs/CCUs:

(1) The first O-6 commander in the chain of command is the approving authority for the movement of personnel within the WTUs/CCUs that results in changes of personnel within the Triad of Care.

(2) WTU/CCU Commanders will obtain approval of the first O-6 commander in their chain of command prior to movement of Cadre (SL, PSG or NCM) within the Triad of Care.

(3) Personnel assigned to a Triad of Care position (SL, PSG or NCM) will remain in their assigned position for the complete tenure of their tour unless one of the following obligations occurs:

(a) Permanent change of station, professional development, leave or other official administrative reassignment as directed in AR 614-200 (Enlisted Assignments and Utilization Management) or AR 614-100 (Officer Assignment Policies, Details and Transfers,).

(b) Relief for Cause, Article 15 or other UCMJ and/or disciplinary actions.

(4) WTU/CCU Commanders will establish a policy for the movement of personnel that result in breaking the Triad of Care. The policy must include timely notification of the Soldier and their Family.

(5) Commanders at all levels are responsible for implementing this guidance.

(6) Changes to a Soldier's Triad of Care should be kept to a strict minimum to promote healing, enhance positive Cadre-Soldier/Family rapport and alleviate separation anxieties.

e. Cadre Assignment Procedures and Responsibilities.

(1) WTU/CCU Commanders will:

(a) Follow policy and procedures outlined in this guidance when identifying and selecting military personnel to fill component-specific WTU/CCU Cadre positions.

(b) Coordinate with MTF, RMC, MEDCOM HR Soldier Transition Branch, United States Army Reserve Command (USARC), Army National Guard (ARNG) and Senior Commanders to ensure their unit is fully staffed.

(c) Ensure military personnel assigned as WTU/CCU Cadre successfully complete the WTU Cadre Orientation Course (distance learning) and appropriate WTU Triad Training, Staff

Training or NCM Course preferably before, but no later than (NLT), 60 days after assuming duties.

(d) Counsel new personnel upon arrival of the demands of the role, expectations in terms of time demands and duty stressors, how to access behavioral health support and expectations of the position related to customer service. Commanders will also use the Soldier Leader Risk Reduction Tool to identify potential personal stressors that may impact performance. If a personal stressor is identified, measures must be put in place to assist the Soldier. If the commander assesses the Soldier to have personal stressors that will negatively impact duties and performance, the commander should discuss with the Senior Commander or HRC a potential reassignment for the Soldier.

(e) Counsel all RC Soldiers/Officers on submitting extension requests and the 1,095-day rule and sanctuary. (See Appendix 20-6).

(2) Regional Medical Commanders will:

(a) Monitor and coordinate with the Senior Commander to ensure that Cadre staffing of subordinate WTUs/CCUs is IAW approved and prescribed staffing ratios.

(b) Provide by-name-request-eligible personnel for WTU/CCU key leader positions (battalion commander (non-Centralized Selection List (CSL)), CSM (non-CSL), separate company commander and first sergeant) through the Senior Commander to HRC NLT 270 days prior to report date.

(c) Once each month, report the number of open positions within the region (broken down by unit) to the WTC G1. Validate that all RC positions are in the TOD System and that TOD positions are eligible to accept applicants.

(d) Train WTUs on the use of TOD.

(3) Senior commanders will ensure that subordinate WTUs/CCUs are fully manned IAW approved and prescribed staffing ratios.

20-4. Cadre Training. (Sustainment Training/ Professional Development, Orientation and Mentorship).

a. Purpose. Cadre Training provides the Command team with an opportunity to establish guidance, goals and objectives and to outline the overall training strategy for the WTU. It ensures Cadre are properly trained to accomplish their missions. Proper training ensures WTU Cadre are educated on all resources available, and that they know how to effectively leverage those resources.

b. Timeline. Cadre training requirements start during in-processing and continue through the Cadre's tenure at the WTU. All WTU Cadre will complete the required courses, based on position, prior to assuming leadership roles. Sustainment and professional development training, as well as additional training directed by the RMC, SMC and MTF Commanders are also mandatory.

c. Responsibilities. The WTU/CCU commander is responsible for establishing local policies and procedures to ensure that the Transition Review Process is effective and required tasks are completed.

d. Required Tasks. The required minimal training tasks for Cadre are listed in enclosure 4 of WTC/MEDCOM Annual Training Guidance. This training is held annually, semi-annually, quarterly and during initial in-processing. Cadre will receive updated educational briefings as

new policies are developed or as regulatory procedures change. Additionally, a Cadre mentorship program is highly recommended per each Warrior Transition Battalion (WTB)/WTU Command Guidance. The categorized training is as follows:

(1) Sustainment Training. Training that is given to a fully-trained WTU Cadre and is given quarterly, semi-annually or annually as required, i.e. Veterans Affairs (VA) Benefits, drug and alcohol, legal, etc.

(2) Professional Training. Training that is specific to Cadre, i.e. AMEDD Center and Schools

(3) Orientation Training. Initial orientation given to new Cadre by command element of a WTB/WTU.

(4) Mentorship Training. Initial and Sustainment Training via peer to peer, i.e. non-commissioned officer development program (NCODP), officer development program (ODP), etc.

20-5. Special Duty Assignment Pay (SDAP) Purpose.

Special Duty Assignment Pay (SDAP) is a valuable tool used to encourage Soldiers to volunteer for extremely demanding duties or duties demanding an unusual degree of responsibility. SDAP for WTU/CCU Cadre is limited to Soldiers serving in a documented PSG or SL duty position. These positions do not depend on the Soldier's Military Occupational Specialty (MOS). As long as the Soldier meets all the eligibility criteria, the Soldier will not be denied SDAP based solely on the fact that they do not possess the MOS associated with the documented position. Effective 1 February 2014, the SDAP rate for all qualified and eligible Soldiers is SD-3.

a. Eligibility. Soldiers must meet all of the following:

(1) Assigned to a documented PSG or SL position.

(2) Graduate of the Warrior Leader Course (WLC) (Previously referred to as Primary Leadership Development Course).

(3) WTU Triad Training Course for PSGs and SLs.

b. Termination of SDAP.

(1) The first field grade officer in the WTU/CCU chain of command is responsible for determining if the Soldier has failed to maintain all the requirements for continued receipt of SDAP.

(2) SDAP must cease when a PSG or SL is reassigned or is no longer utilized in a PSG or SL position.

(3)

c. Orders procedures. The WTU S1 is responsible for facilitating the orders process.

(1) WTUs/CCUs will prepare a Request for Orders (RFO) (DA Form 4187, Personnel Action, or DA Form 2446, Request for Orders) that is signed by the unit commander. If the authority to publish orders has not been delegated to the WTU/CCU, then the request will be submitted to the servicing military installation Orders Section. Included with the request should be a copy of the Soldier's DA Form 1059, Service School Academic Evaluation Report or WLC graduation certificate and a copy of the WTU Triad Training Course completion certificate. WTUs/CCUs with orders issuing authority will assemble the same documentation listed above and prepare individual or group orders for the issuing authority's signature.

(2) The orders should be prepared IAW Army Regulation (AR) 600-8-105, Military Orders, Format 330, proficiency pay, local procedures and AR 614-200, Enlisted Assignments and Utilization Management, chapter 3, paragraph 3-21. Orders must include the level of SDAP authorized, effective date and authority (ALARACT 014/2014 - Special Duty Assignment Pay (SDAP)). Distribution of orders should be to the Soldier, local unit's records and the local finance office for payment.

d. Reporting procedures. Each month, WTU/CCU Commanders will validate PSGs and SLs receiving SDAP to ensure qualified Cadre are receiving the pay.

20-6. Compliance Inspections and Staff Assistance Visits (SAVs) Within a WTB/WTU.

a. The WTC Organizational Inspection Program (OIP) is a comprehensive, written plan that provides the commander with an organized management tool to identify, improve, prevent or eliminate problem areas. It addresses all inspections and audits of a WTB and equivalent sized WTU. WTC's inspections conducted at a WTB/WTU are designed to assess a unit's ability to accomplish their mission by determining compliance against established standards, as well as to determine the root cause of noncompliance. Inspections conducted are either command inspections or staff assistance visits (SAVs), IAW AR 1-201, Army Inspection Policy, MEDCOM Regulation No. 1-2, U.S. Army Medical Command Organization Inspection Program, and OPORD 14-01, FY14 Warrior Transition Command Organizational Inspection Program.

b. WTC's Inspection Concept of Operations. The WTC will conduct WTB/WTU inspections as directed by the Assistant Surgeon General for Warrior Care and Transition (Figure 20-3) to identify WTU compliance with applicable Army, MEDCOM and WTC standards. The WTC Inspection Team is multi-disciplinary, and consists of medical and non-medical subject matter experts (SMEs) comprised of WTC, RMC and MEDCOM staff who, via execution of Command Inspections, determine whether the WTU/CCU meets the standards of the WCTP, standardize continuous operational improvements and identify and propagate best practices among the WTU. The areas of inspection are:

- (1) Mission Command
- (2) Clinical
- (3) Behavioral Health
- (4) Human Resources
- (5) Transition
- (6) Integrated Disability Evaluation System (IDES)
- (7) Soldier Transfer and Regulating Tracking Center (STARTC)
- (8) Army Wounded Warrior Program (AW2)
- (9) Family Readiness Support Assistant (FRSA)
- (10) Family Programs
- (11) Safety
- (12) Training
- (13) Comprehensive Soldier and Family Fitness (CSF2)
- (14) Facilities

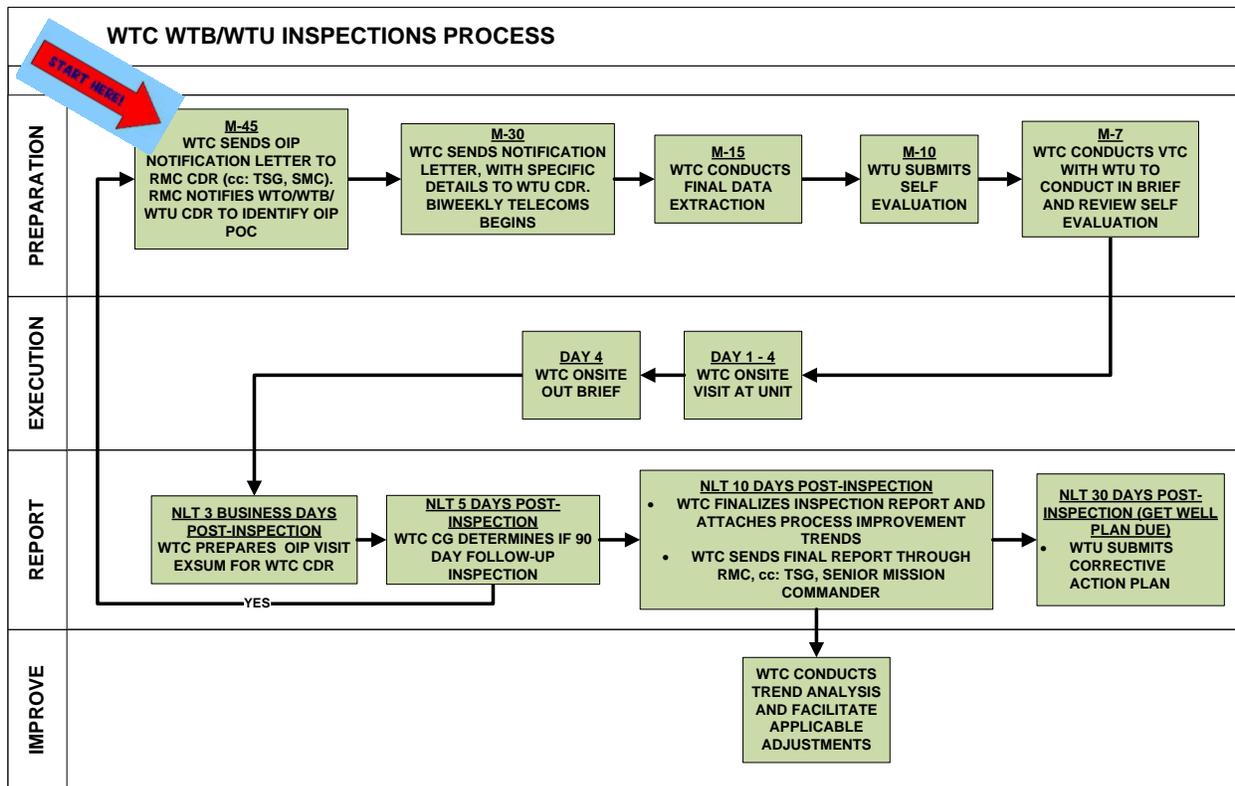


Figure 20-3 (WTC Inspections Process)

c. SAVs afford a Commander an opportunity to request education, training and assistance support from their higher headquarters for critical areas to better understand standards and goals, gauge strengths and weaknesses and learn how best to ensure compliance. The inspection team will provide feedback to the staff section receiving the assistance, thus a formal report will not be prepared. SAVs are normally conducted by the Regional Medical Commanders.

d. WTC inspections follow the five principles of Army Inspections, in that they are:

- (1) Purposeful – inspections must have a specific purpose that the Commander approves.
- (2) Coordinated – the proper coordination of inspections precludes redundancies, complements other inspection activities and minimizes the inspection burden on subordinate organizations.
- (3) Focused on Feedback – inspections are critical because they provide the Commander with accurate and timely feedback and a written record of the results.
- (4) Instructive – teaching and training is an essential element of all inspections and is the overarching purpose of SAVs.
- (5) Followed-Up – inspections expend valuable resources and are not complete unless the inspecting unit or agency develops and executes a follow-up inspection or plan to ensure the implementation of correction actions.

e. WTC inspections have one purpose—to provide feedback to WTB/WTU Commanders so they can make decisions that will improve the Army, and more specifically, facilitate the transition of wounded, ill and injured Soldiers either back into the Army force or into the civilian sector. The five basic elements of an inspection are:

- (1) Measure performance against a standard.
- (2) Determine the magnitude of the problem(s).
- (3) Seek the root cause(s) of the problem(s).
- (4) Determine a solution.
- (5) Assign responsibility to the appropriate individuals or agencies.

f. A WTC-conducted WTB/WTU inspection is founded in high-payoff key functional areas as documented in a structured WTB/WTU Inspection Checklist. All the high-payoff key functional areas affect a WTB/WTU's health, function and effectiveness. In order to determine the 'why' behind noncompliant items, the Root Cause Analysis Flow Diagram (Figure 2) is used in conjunction with open-ended questions.

g. The three major reasons for noncompliance are "Don't know," "Can't Comply" and "Won't Comply," (Figure 3) and they form the basis for an inspector's recommendations. Inspector's recommendations assign responsibility and charge a command, staff section or individual with correcting the problem via a correction action plan.

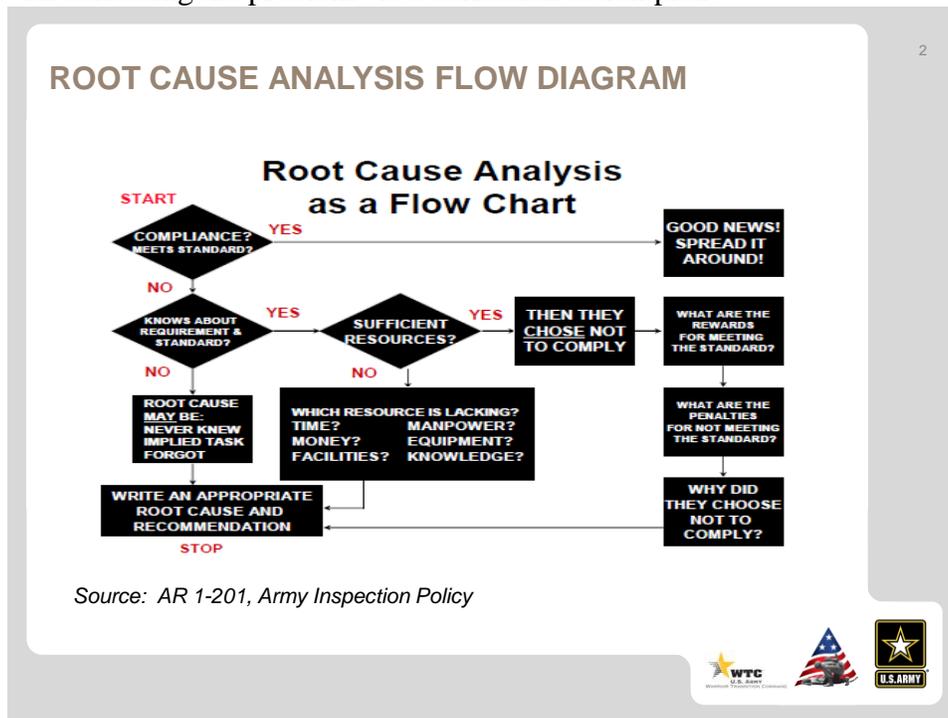


Figure 20-4 (Root Cause Analysis Flow Diagram)

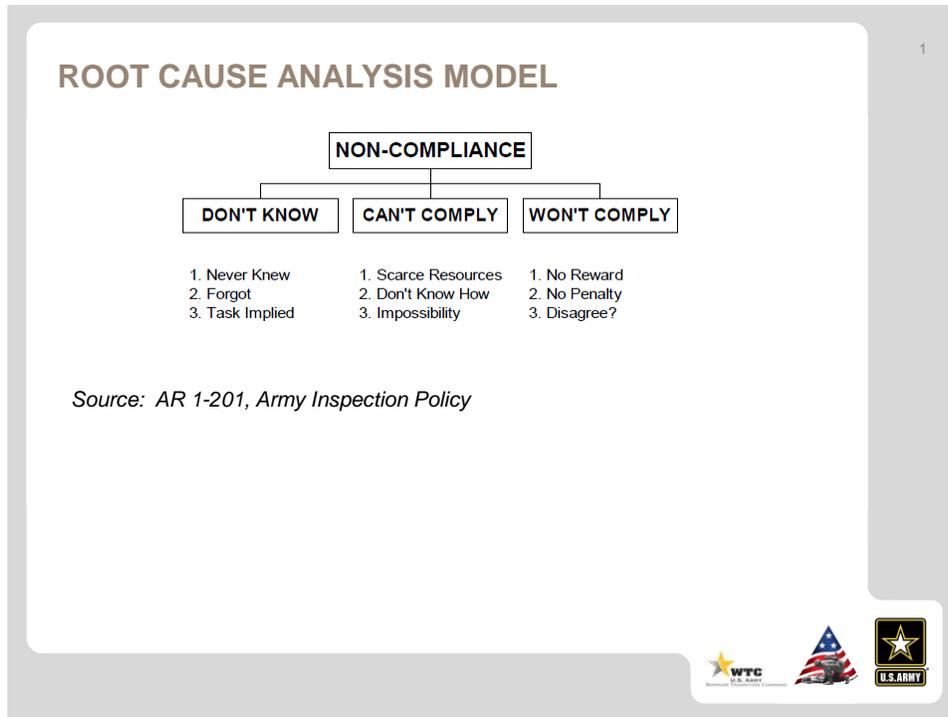


Figure 20-5 (Root Cause Analysis Model)

20-7. UCMJ- Considerations for Noncompliant Soldiers.

The WTC policy on each Soldier's medical and military responsibilities discusses compliance with UCMJ considerations for noncompliant Soldiers. The current policy does indicate that WTU Commanders can remove a Soldier from the program, back to their parent or former unit, for noncompliance. The policy does not provide all of the details about how to remove a Soldier, especially a COMPO 2/3 Soldier. It is unlikely that there will be more authoritative or more permissive language in a future WTC policy or from the DA and MEDCOM level of Army leadership. At the tactical level, the WTU Battalion and Company Commanders must work closely with their Triad of Leadership to keep every leader updated on each Soldier's status. For a COMPO 1 Soldier, the WTU Battalion and Company Commander must work closely with the Soldier's former or prior unit. For a COMPO 2/3 Soldier, the WTU Battalion and Company Commander must work closely with the Soldier's owning unit. State Command Sergeant Majors and State WTU Liaison Officer (LNOs) are a very effective resource in collaborating with National Guard units to ensure each noncompliant WTU Soldier understands that their National Guard unit is aware of their behavior and is ready to receive a Soldier when and if the WTU is forced to release that WTU Soldier from active duty (REFRAD). In almost every case, removing a Soldier from a WTU must be a deliberate process that includes every leader's input, both clinical and non-clinical.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 20-1

Interview Guidance

1. **PURPOSE.** To provide information on how to design interview questions and conduct interviews to fill Cadre vacancies within Warrior Transition Units (WTUs) and Community Care Units (CCUs). WTUs/CCUs must structure interviews to consistently select quality candidates.

2. **REFERENCES.** Federal Selection Interview: Unrealized Potential, Report to President and the Congress, by the U.S. Merit Systems Protection Board, 2003.

3. **APPLICABILITY.** This document is a guide to aid in interviewing and selecting the best qualified candidates for Cadre vacancies. Selection assessment tools are offered here that can be used to evaluate job related competencies. Competency refers to all aspects of qualifications, including job related knowledge, skills, abilities, behaviors and other characteristics. As this information is not all inclusive, the guide is not intended to be exhaustive in its approach.

4. **INTERVIEW PROCESS REQUIREMENTS.**

a. Interviews are used to assess candidate qualifications and abilities. Since hiring decisions are some of the most important decisions that the leadership will make, and as a lot of time and effort is invested in the selection process, it is important to ensure that Senior Commanders or their designees are making the best choices in filling Cadre positions. WTC recommends using the structured interview process when evaluating candidates for Cadre positions. During the structured interview, the WTU/CCU Commander or a Cadre Selection Board asks questions tied to job requirements, asks the same questions of each candidate and scores answers using a pre-developed rating scale. In comparison, unstructured interviews are random in nature, whereby questions are asked spontaneously and responses are not evaluated in any systematic manner. Commanders can significantly improve the likelihood of selecting good candidates and ensure fairness and objectivity in the selection process by using established structured criteria. Structured interviews include asking the candidate to describe responses, actions and accomplishments in actual situations and competency assessments based on technical or basic knowledge.

b. Structured interviews are interviews that use multiple elements or mechanisms that help make the interview job related. The elements or mechanisms of a structured interview include:

- Questions that are based on actual job requirements (*ensures fairness and predictability when placed in situational or behavioral settings*)
- Tools that aid in asking effective questions (*evokes responses that help make the right decision*)
- Same questions are posed to all candidates (*ensures objectivity and fairness*)

Structured interviews are more accurate, consistent and ensure equal opportunity. Unstructured interviews rely on unaided judgment which may expose the WTU/CCU to future challenges related to poor selection decisions.

Tips to Enhance Effectiveness and Equal Opportunity of the Interview Process

Review the job requirements of the position and ensure that the interview questions are job-related.
--

Do not ask questions that are prohibitive in nature.
Ask the same questions to all candidates.
Develop a rating scheme; assign a weight to each competency (these are attributes that exceed the basic qualification skills); this factor will help ensure that selection rationale is documented.
Consider using Cadre Interview Boards rather than an individual interviewer (assures a more thorough interview and incorporates different perspectives and demographic diversity).

5. INTERVIEW SCOPE AND OBJECTIVES OF QUESTIONS.

a. The first step in designing a structured interview is to clarify the objectives and purpose of the process. This will help establish the type of information that should be collected, and the process to use in collecting it. One advantage that this technique offers is that it provides the WTU/CCU Commander or Cadre Selection Board with the ability to determine more about the job candidate and vice versa.

- Helps to best measure qualifications that are achieved face-to-face, such as oral communication.
- Gives candidates the opportunity to demonstrate their responses to situational job scenarios in person (reactions when placed in situational job scenarios may reveal the performance of such skills as listening and communicating the correct information, in addition to interpersonal skills).

b. Types of Interview Questions. The three most common and effective types of questions are situational, behavioral and job knowledge questions. Each of the formats can be effective when used independently or can be combined when there is a need for a more comprehensive assessment of candidates. No matter which format approach is used, questions should address the skill sets, knowledge and competencies required for the specific job role. Questions should also be open ended and clearly address the position requirements, while eliciting insight into the candidate's job history. The three types of questions are discussed below.

Situational Questions. These types of questions present a hypothetical situation that is typical to the work of the position. The candidate is asked to address what they would do in a particular situation, considering the resources that are available and the context of the job. The premise is that intentions are predictive of potential future behavior. The candidate's response to the scenario is evaluated against the expected answer that the WTU/CCU Commander or Cadre Selection Board has established. One advantage of using situational questions is that candidates respond to a hypothetical situation rather than describing past experiences, which does not place anyone at a disadvantage.

Tips for Developing Situational Questions
Ask Cadre personnel to write out real work scenarios that have happened, particularly those that have prompted the exercise of the actual qualifications in question.
Develop more probing questions as appropriate.

Sample Situational Questions (Working as a Team)

Consider that you have an idea in mind to help improve a WTU working requirement, but some other staff feel that the proposed change would not work. How would you handle this situation and why? What work processes would you consider to fix the problem? Who would you talk within the chain of command about the issue?

You and another Cadre member are assigned to work on a particularly important work project for which you have both identified how the work will be split up. The other Cadre member does not perform their share of the work. What would you do about the situation?

Behavioral Questions. Behavioral questions are most suitable for positions where the candidate has relevant experience and it is necessary to determine their past behaviors rather than their intentions. Behavioral questions are useful in predicting future job performance, which is based on the specific qualification requirements of the position. The idea is that the individual is asked to demonstrate a particular qualification that is important to the job, on the premise that past behavior will be predictive of future behavior.

Tips for Developing Behavioral Questions

Ask Cadre personnel to write out real work scenarios that have occurred, which employed the exercise of the actual qualifications in question.

Develop more probing questions as appropriate.

Sample Behavioral Question (Work Deadlines)

Describe a time when you had competing timelines for completing different work projects. What did you do to make effective use of your time? What was the outcome? What feedback did you receive from your leadership regarding the work?

Job Knowledge Questions. Competency assessments use job knowledge questions to confirm technical or basic knowledge requirements needed to perform a job. These types of questions are useful in cases where leadership desires to validate technical job knowledge by having the candidate verbalize responses to important skill requirements necessary for successful performance on the job.

Tips for Developing Job Knowledge Questions

Focus on the several technical aspects of the job.

Decide how much knowledge an individual should be expected to have coming into the job versus what can be learned later on in the job.

Sample Job Knowledge Question (Leadership)

Provide an example of a case in which you demonstrated leadership qualities on the job.

6. INTERVIEW ASSESSMENT. After the interview, the WTU/CCU Commander or Cadre Selection Board will assess the candidate's performance against the job qualification requirements by reviewing the interview responses and reaching consensus on a single evaluation for each qualification assessed. The interview results will then be integrated with

those of other assessment tools, such as reference checks, to reach a final assessment. The Cadre Selection Board will then recommend the person who is the “right fit” for the job.

7. **POINT OF CONTACT (POC).** The POC for this guidance is WTC, G-1 at usarmy.pentagon.medcom-wtc.list.g1-orders-approval@mail.mil.

WCTP Soldier and Leader Guide
(Coordinating Draft)

Appendix 20-2
Company Commander Interview Questions

Weight scale 1 – 5 (5 = most important)
Criteria scale 0 – 2 (2 = best)

1. Have you served in the MEDCOM community in the past? If so please describe where and your duties.

Weight: 1

Criteria: If answer is “no”, score 0; if answer is “yes”, score 1; if answer is within a WTU, score 2.

2. Are you familiar with the Warrior Care and Transition Program? If so, in what way?

Weight: 1

Criteria: If answer is “no”, score 0; if answer is “yes”, score 1; if answer yes due to working in a WTU, score 2.

3. What do you see as your greatest strengths as a leader? Weaknesses?

Weight: 5

Criteria: If answer demonstrates the candidate does not have strong leadership skills, score 0; if answer demonstrates the candidate has strong leadership skills that are proven for their specific specialty, score 1; if answer demonstrates the candidate has leadership skills that would be useful in a WTU/CCU setting, score 2.

4. Describe a time in your career where you were stretched as a leader and responded in a way that you are proud of and a time when your actions were not effective and/or you thought you could do better.

Weight: 4

Criteria: If answer demonstrates the candidate does not show sound decision making and compassion as a leader, score 0; if answer demonstrates the candidate has sound decision making and compassion, score 1; if answer demonstrates the candidate has outstanding decision making, demonstrates Army values, shows compassion toward Soldiers and is aware as a leader of how their actions impact Soldiers and Families, score 2.

5. Working in a WTU/CCU is stressful, but rewarding. Describe a situation when you experienced significant stress and discuss how you dealt with the stress.

Weight: 4

Criteria: If the answer demonstrates poor coping skills, score 0; if the answer demonstrates the candidate has some coping skills that enable the candidate to manage stress, score 1; if the

answer demonstrates the candidate has self awareness of their stress levels and has robust coping skills that enable the candidate to continue to make sound decisions during stress.

6. Describe a situation in which you had to discipline a Soldier or subordinate.

Weight: 3

Criteria: If the answer demonstrates the candidate does not demonstrate informed decision making, Army values and compassion, score 0; if the answer demonstrates the candidate demonstrates informed decision making, Army values and compassion, score 1; if answer demonstrates the candidate has an understanding of the impact of health on a Soldier's actions and makes disciplinary decisions that take into consideration a Soldier's health, score 2.

7. Families often get very involved in the lives of their Soldiers. At times, Family involvement may create friction with the Soldier, the Cadre and/or the clinical staff. How might you address a situation where a spouse or parent is perceived as interfering with the Soldier's healing process and causing issues for the care team?

Weight: 4

Criteria: If the answer demonstrates the candidate has not managed Army Families in the past, score 0; if the answer demonstrates the candidate has worked with Army Families but has a limited understanding the Army's Family programs, score 1; if the answer demonstrates the candidate has successfully managed Army Families and understands Army Family programs.

8. Do you have the ability to work after normal duty hours and weekends, or in an on-call status?

Weight: 5

Criteria: If the answer demonstrates the candidate does not have the ability to work after hours or weekends, score 0; if the answer demonstrates the candidate can work the hours required of a commander, score 2.

9. Please provide some final thoughts on why Company Command in a WTU might be a good fit for you given your gifts, skills and abilities.

Weight: 3
Criteria: If answer demonstrates the candidate wants to serve in the position to check the box on a command position, score 0; if the answer demonstrates the candidate wants to serve in the WTU to broaden their skill sets and grow as a leader, score 1; if the answer demonstrates that candidate wants to serve in the WTU to meet the challenge of encouraging our wounded, ill, or injured to achieve success in their healing and successfully transition to the next phase in their lives, score 2.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 20-3

Nurse Case Manager Interview Questions

Weight scale 1 – 5 (5 = most important)
Criteria scale 0 – 2 (2 = best)

1. Have you ever served in the role of a case manager? If so please discuss where and your duties.

Weight: 5

Criteria: If answer is “no”, score 0; if answer is “yes” and can describe the case management process, score 1; if answer is “yes” and can describe case management process and has successfully worked in a WTU/CCU, score 2.

2. Under what circumstances did you leave the case management role?

Weight: 2

Criteria: If answer is “relieved/fired”, score 0; if answer is related to changing roles due to REFRAD or normal transitions without adverse reasons, score 1; if answer demonstrates individual was selected to move to a position with increased responsibilities, score 2.

3. Have you ever case managed clients with behavioral health (BH) issues? If yes, about what percent of your client base had BH issues?

Weight: 4

Criteria: If answer is “no”, score 0; if answer is “yes but less than 30% of their client base”, score 1; if answer is “yes and greater than 31% of client base had BH issues,” score 2.

4. Describe a case that you have managed where you were required to collaborate with multiple agencies. Describe the most difficult part of dealing with multiple agencies.

Weight: 3

Criteria: If response identifies difficulty working with external agencies, score 0; if response identifies ability to work with external agencies, score 1; if response demonstrates applicant has knowledge of and the ability to successfully collaborate with agencies the WTU/CCUs are required to work with, score 2.

5. Describe your most difficult case and how you resolved issues.

Weight: 4

Criteria: If response does not demonstrate compassion, collaboration and critical thinking, score 0; if response demonstrates compassion, collaboration and critical thinking, score 1; if response demonstrates a thorough understanding of the case management model, understanding of the human response to illness and solid critical thinking skills, score 2.

6. Working in a WTU/CCU is stressful, but rewarding. Describe how you cope with stress and manage potential burnout.

Weight: 3

Criteria: If response demonstrates low coping skills and a poor understanding of burnout, score 0; if response demonstrates positive coping skills and an understanding of burnout, score 1; if response demonstrates positive coping skills, solid awareness of how understanding of stress and burnout impact care, self-awareness of how stress impacts them and knowledge of when to use coping skills, score 2.

7. Describe a case where you had to guide a client away from their desired end-state due to their condition and circumstances.

Weight: 3

Criteria: If response demonstrates the inability to appropriately advocate and educate a Soldier, score 0; if response demonstrates the ability to advocate and educate a Soldier and Family, score 1; if response demonstrates a solid understanding of advocacy, case management skills, and ability to ensure the client was properly informed, score 2.

8. Describe a case where a Family member caused a disruption in the management of the client and how you managed the situation.

Weight: 3

Criteria: If response demonstrates poor ability to manage Families, score 0; if response demonstrates the ability to integrate Families into the plan of care, score 1; if response demonstrates the ability to integrate the Family and a solid understanding of the Family's role in health and recovery, score 2.

9. Describe your understanding of the military health care system (MHS).

Weight: 1

Criteria: If no experience with MHS, score 0; if moderate amount of experience (X-X years) with MHS, score 1; if vast amount of experience (greater than X years) with MHS, score 2.

10. Do you have the ability to work after normal duty hours and weekends, or in an on-call status?

Weight: 2

Criteria: If no, score 0; if yes, score 1.

11. Describe a situation where you were part of a team. What was your role and how did you impact the team?

Weight: 3

Criteria: If response demonstrates that individual will work better alone, score 0; if response demonstrates individual can work in a team setting, score 1; if response demonstrates the individual works well in a team setting and contributes to the team development, score 2.

12. For military candidates. Have you completed the Captains Career Course?

Weight: 3

Criteria: If the candidate's response is no, score 0; if candidate's response demonstrates the candidate is actively enrolled and completing the Captains Career Course, score 1; if the candidate has completed the Captains Career Course, score 2.

WCTP Soldier and Leader Guide
(Coordinating Draft)

Appendix 20-4
1SG/PSG/SL Interview Questions

Weight scale 1 – 5 (5 = most important)
Criteria scale 0 – 2 (2 = best)

1. Have you ever served in the role of a Squad Leader (insert 1SG, PSG as appropriate)? If so, please discuss where and your duties.

Weight: 5

Criteria: If answer is “no”, score 0; if answer is “yes” and can describe the supervisory process, score 1; if answer is “yes” and can describe supervisory process and has successfully worked in a WTU/CCU, score 2.

2. Under what circumstances did you leave the Squad Leader (insert 1SG, PSG as appropriate) role?

Weight: 2

Criteria: If answer is “relieved/fired”, score 0; if answer is related to changing roles due to REFRAD or normal transitions without adverse reasons, score 1; if answer demonstrates individual was selected to move to a position with increased responsibilities, score 2.

3. Have you ever supervised Soldiers with behavioral health (BH) issues? If yes, about what percent of your Soldiers had BH issues?

Weight: 4

Criteria: If answer is “no”, score 0; if answer is “yes but less than 30% of their Soldiers”, score 1; if answer is “yes and greater than 31% of Soldiers had BH issues”, score 2.

4. Describe a situation that you have managed where you were required to collaborate with multiple on/off post agencies to assist a Soldier. Describe the most difficult part of dealing with multiple agencies.

Weight: 3

Criteria: If response identifies difficulty working with external agencies, score 0; if response identifies ability to work with external agencies, score 1; if response demonstrates applicant has knowledge of and the ability to successfully collaborate with agencies the WTU/CCUs are required to work with, score 2.

5. Describe your most difficult Soldier or Family situation and how you resolved the issue(s).

Weight: 4

Criteria: If response does not demonstrate compassion, collaboration and critical thinking, score 0; if response demonstrates compassion, collaboration and critical thinking, score 1; if response demonstrates a thorough understanding of the case management model, understanding of the human response to illness and solid critical thinking skills, score 2.

6. Working in a WTU/CCU is stressful but rewarding. Describe how you cope with stress and manage potential burnout.

Weight: 3

Criteria: If response demonstrates low coping skills and a poor understanding of burnout, score 0; if response demonstrates positive coping skills and an understanding of burnout, score 1; if response demonstrates positive coping skills, solid awareness of how understanding of stress and burnout impact care, self-awareness of how stress impacts them and knowledge of when to use coping skills, score 2.

7. Describe a situation where you utilized written counseling and a plan of action to guide a Soldier to a desired goal.

Weight: 3

Criteria: If response demonstrates the inability to appropriately counsel and educate a Soldier, score 0; if response demonstrates the ability to counsel and educate a Soldier and Family, score 1; if response demonstrates a solid understanding of counseling, action plans and ability to ensure the Soldier was properly informed, score 2.

8. Describe a situation where a Soldier's Family member caused a disruption in the Soldier's daily duty performance or at the unit, and how you managed the situation.

Weight: 3

Criteria: If response demonstrates poor ability to manage Families, score 0; if response demonstrates the ability to integrate Families into the unit, score 1; if response demonstrates the ability to integrate the Family and a solid understanding of the Family's role in mission success, score 2.

9. Describe your understanding of the military health care system (MHS).

Weight: 1

Criteria: If no experience with MHS, score 0; if moderate amount of experience (3-5 years) with MHS, score 1; if vast amount of experience (greater than 5 years) with MHS, score 2.

10. Do you have the ability to work after normal duty hours and weekends, or in an on-call status?

Weight: 2

Criteria: If no, score 0; if yes, score 1.

11. Describe a situation where you were part of a team. What was your role and how did you impact the team?

Weight: 3

Criteria: If response demonstrates that individual will work better alone, score 0; if response demonstrates individual can work in a team setting, score 1; if response demonstrates the individual works well in a team setting and contributes to the team development, score 2.

12. For Squad Leaders Only. Have you completed the Warrior Leader Course?

Weight: 3

Criteria: If the candidate has not completed, score 0; if candidate has completed, score 1; if the candidate has completed the Advanced Leader Course, score 2.

13. For Platoon Sergeants Only. Have you completed the Advanced Leader Course?

Weight: 3

Criteria: If the candidate has not completed, score 0; if candidate has completed, score 1; if the candidate has completed the Senior Leader Course, score 2.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 20-5

Cadre Candidate Questionnaire

SECTION I

Name (Last, First, Middle Initial): _____

SSN: _____ Rank: _____ Date of Rank: _____

Primary MOS: _____

Contact information:

Home phone: _____

Mobile phone: _____

Work phone: _____

AKO email: _____

Alternative email: _____

Unit S1 phone: _____

For officers:

Name/Rank of Commander: _____

Contact information (Phone / email address): _____

For NCOs:

Name of CSM: _____

Contact information (Phone / email address): _____

All:

Direct military supervisor's name: _____

Military Supervisors contact information:

Office Phone: _____

Blackberry: _____

Email Address: _____

SECTION II

1. Are you currently on assignment?
 - Yes If yes, when do your orders end? _____
 - No

2. Are you approaching 1095 days of active service in a 4 year period?
 - Yes
 - No

3. The role of a WTU/CCU Cadre requires strong customer service skills. Please discuss any customer service roles in which you have served and how well you performed in this arena, and any customer service training you may have had.

4. The role of a WTU/CCU Cadre may require duty after normal duty hours. Do you have any issues that would preclude you from working outside of normal duty hours?
 - Yes
 - NoIf yes, please discuss.

5. WTU/CCU Cadre work extensively with Soldiers' Families and loved ones. These Families or loved ones often experience a high levels of stress related to their Soldier's injuries/illness and their need to learn how to navigate the health care system and the Army. Please describe below an experience where you have helped a Family during a time of need or helped a Family learn how to operate in a new environment or culture.

6. Serving as a WTU/CCU cadre is among the most rewarding roles in the Army and one of the most demanding and stressful (second only to deployments). Please describe how you handle stressful situations and how you manage your personal stressors.

7. In the role of a WTU/CCU Cadre, you may be required to go TDY to other installations/facilities. Would anything preclude you from going TDY?

- Yes
 - No
- If yes, please discuss.

8. Many Soldiers (not Cadre) assigned to a WTU/CCU may go through the Integrated Disability System (IDES). Please discuss any knowledge you have of the IDES process, include in the discussion if you have personally gone through the IDES process.

9. As WTU/CCU Cadre, you will be required to lead Soldiers during times of significant stress and change. Please discuss an experience that you have had leading Soldiers during stressful times or periods of change.

10. WTUs/CCUs are multi-component units. Please describe any experiences that you have had in a multi-component environment.

11. Do you have medical or psychological care needs which would impact the mission, require duty modifications, or require extensive time away from the unit?

- Yes
 - No
- If yes, please explain.

12. Do you currently have a profile? Do you have any medical action (recommended surgery) or medical boards pending? If yes, explain

13. Do you own a reliable vehicle for your exclusive use?

- Yes
- No If no, please explain your transportation arrangements:

14. Have you ever received any of the following:

- Article 15
 - Letter of Reprimand (either filed locally or in your official personnel files)
 - Court Martial (general, special or summary)
- Please explain any checked boxes:

15. Have you ever been enrolled in Army Substance Abuse Program?

- Yes
 - No
- If yes, indicate the circumstances and if you remain enrolled or if resolved:

16. Have you ever been involved in a domestic dispute, which involved law enforcement?

- Yes
 - No
- If yes, explain circumstances and outcome:

17. Have you ever been arrested (civilian or military), even if not formally charged?

- Yes
 - No
- If yes, explain circumstances and outcome:

18. Have you ever been Absent Without Leave (AWOL)?

- Yes
 - No
- If yes, indicate dates and circumstances, and how the situation was resolved:

19. Have you had deployments that are not on your enlisted record brief (ERB) or officers record brief (ORB)?

- Yes
- No

If yes, please list deployments and the method by which these deployments may be verified:

20. Do you feel you work better with a team/others or independently? _____

Explain why _____

21. What skills or attributes will you bring to this position?

Thank you for your time and efforts in completing this questionnaire. Our mission is to care for our wounded, ill and injured Soldiers. This is a trusted obligation and our role is to select the best quality Soldiers and civilians to work with our wounded, ill and injured. Thank You.

WCTP Soldier and Leader Guide

(Coordinating Draft)

Appendix 20-6

Requirements for Extending COADOS Tour Counseling

DEVELOPMENTAL COUNSELING FORM		
For use of this form, see FM 6-22; the proponent agency is TRADOC.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.	
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.	
ROUTINE USES:	The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.	
PART I - ADMINISTRATIVE DATA		
Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	
PART II - BACKGROUND INFORMATION		
<p>Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)</p> <p>Explanation of requirements for extending COADOS tour.</p>		
PART III - SUMMARY OF COUNSELING		
Complete this section during or immediately subsequent to counseling.		
Key Points of Discussion:		
<p>1. As a RC Soldier, you are authorized to serve in the WTU/CCU under COADOS orders. Your orders are limited to 730 days. If you would like to extend your tour, you must complete the following:</p> <p style="margin-left: 40px;">A) Inform your parent RC unit (if in a TPU) of your intent to request an extension NLT 240 days prior to the end of your current orders. Request a written approval letter from your parent RC unit, approving your request to extend.</p> <p style="margin-left: 40px;">B) After receiving approval from your parent RC unit, inform your WTU/CBWTU Chain of Command NLT 210 days prior to the end of your current orders that you would like to extend.</p> <p style="margin-left: 40px;">C) After your WTU/CCU Chain of Command approves your request, apply and upload your packet into Tour Of Duty (TOD) for the position for which you are applying.</p> <p style="margin-left: 40px;">D) If applicable, 1095 waivers and sanctuary requests require an endorsement by the first General Officer or Senior Executive Service in your chain of command. The endorsement must be uploaded into TOD and accompany your packet for approval.</p> <p style="margin-left: 40px;">E) Notify, in writing, your WTU/CCU Chain of Command that you have applied and uploaded your packet into TOD. Be sure to include the date you applied and uploaded your packet into TOD. Your packet must include a current valid APFT card. Please see the unit S1.</p> <p style="margin-left: 40px;">F) On a monthly basis, meet with the unit S1 to get a status update on your packet as often times additional items are needed to complete your packet.</p> <p>2. 180 days prior to your orders ending, we will submit a backfill request if you have not completed the above steps.</p> <p>3. You will ensure that your chain of command stays informed on where your packet is in the approval process. As the approval process is lengthy, the unit may not receive your extension orders until the day before your orders end. As such, you must plan to</p>		
OTHER INSTRUCTIONS		
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.		

WCTP Soldier and Leader Guide

Section 21

Gifts and Donations

Section 21. Gifts and Donations.

21-1. Gifts and Donations.

- a. Gifts and donations take on various forms, including cash, goods, services and opportunities that are provided in support of the WTC population.
- b. There are several types of gifts and donations with different acceptance authorities and limits that are governed by separate statutes, regulations and policies. In general, Commanders and Soldiers who have questions about gift and donations should consult their local ethics counselors.

21-2. Acceptance Authorities for Gifts and Donations Given to Organizations.

- a. MEDCOM: Gifts to organizations have to be forwarded to appropriate Acceptance Authorities at either IMCOM or MEDCOM. The Army Surgeon General (TSG) has acceptance authority for gifts to MEDCOM valued up to \$250,000 for Medical Treatment Facilities (MTFs). The TSG has delegated acceptance authority to Regional Medical Commanders for gifts valued up to \$50,000. WTC has no gift acceptance authority.
- b. IMCOM: Gifts to the Soldier and Family Assistance Centers (SFACs). SFACs support WTUs by providing services and information to Soldiers and their Families. Non-Appropriated Funds (NAF) are utilized to provide quality-of-life services, refreshment items and supplies in support of Soldiers and their Families when Appropriated Funds (APF) are not authorized (e.g. snacks and refreshments in the SFAC, fees and charges for participation in MWR activities or local transportation costs, such as event travel or a taxi fare coupon which are provided to WTU Soldiers and their Families). Donations for the SFAC are accepted by the Army Soldier and Family Readiness Donations Supplemental Mission Non-Appropriated Funds Instrumentality (NAFI) at the Installation Management Command, G9.
IMCOM
- c. SOLDIERS: Gift to individual Soldiers will be accepted/no accepted in their personal capacity after consultation with local ethics counselors.

21-3. Coordination with WTC.

- a. Since 11 September 2001, public awareness of the sacrifices made by the wounded, ill and injured Soldiers, Veterans, and Families Members has increased. There are several different types of gifts and donations with different acceptance authorities and limits. They are governed by separate statutes, regulations, and policies. Because of the many regulations and policies, potential donors at times become confused, frustrated, and discouraged from giving. Although WTC has no gift acceptance authority, it is often the first point of contact for organizations, businesses, individuals and other agencies who wish to donate cash, goods, services, and opportunities to the WTUs.

b. In an effort to reduce confusion and facilitate the donation process to the ill and injured Soldiers and Families Members by managing the gift inquiries and offers, WTC will conduct a preliminary review on the gift offer sent to WTC (please note, WTC will not conduct a preliminary review of gift offers sent to Regional Medical Commands, WTOs, or WTUs). If the preliminary review indicates that the offered is best intended for members of the Warrior Transition Unit. The gift offers will be forwarded to the WTUs.

c. The preliminary review completed at WTC analyzed some basic issues regarding time, logistics, and legal constraints for processing the offer. The preliminary review **DOES NOT** take the place of legal opinions that each individual may need in order to accept a gift/donation in their personal capacity. Soldiers and Family members must still seek individual ethic advice from the Designated Agency Ethics Official as appropriate.

d. In order to ensure better coordination, the WTC has notified the donor that the offer was forwarded to WTU and the donor will be provided with WTU contact information. Prior to forwarding the gift offer to the WTU, WTC will notify the donors that Soldiers in the WTU are in various stages of medical treatment and rehabilitation. They have multiple medical appointments and may have unique physical limitations. Due to these issues, not every gift/donation opportunity can be accepted.

21-4. Role of WTC Gift Program Manager:

a. Upon referral of a gift offer or inquiry, send an initial acknowledgment to the donors

b. Conduct preliminary reviews for WTC gifts offers and inquiries. In general, preliminary reviews will be completed in seven days.

c. Dissemination of gift offers and inquiries in a timely and appropriate manner to the WTU Commander/WTU Gift Managers. If required, act as the bridge between the donor and WTUs to gather and provide specific information required to execute a donation in accordance with the intent of the donor.

d. Track all gifts, offers, and inquiries and provide status updates to the WTC Commander on a monthly basis. Consistent with the United States Army Medical Command gift acceptance record keeping requirements, maintain the records of all gift offers and inquiries for six years and three months beyond the date of the initial offers and inquiry.

21-5. WTU Commander's Responsibility: Commanders should appoint a unit level gift coordinator to help process gift and donations. Commanders should seek advice from local ethics counselors whenever there is any question about gifts and donations.

21-6. WTU Gift Manager's Responsibility:

a. Provide full support to the WTC Gift Program Manger, including quick action to gather data, provide info to donors, and coordinate logistics needed to ensure the donor's intentions are met.

b. Disseminate gift opportunity and offers in a timely and appropriate manner.

c. Track all monetary and non-monetary gifts and donation inquiries processed by the WTU. Provide feedback to the WTC Gift Program Manager within 14 days of conclusion/closing of opportunity.

d. Establish and maintain a phone roster of local ethics counselors in order to facilitate Gifts to Ill or Injured Soldiers under Joint Ethics Regulation, Section 3-400.

21-7. Soldier's Responsibility: Acceptance of gifts/donations by the Soldier is completely voluntary. An agency ethics official must make a written determination regarding a gift that exceeds \$350 in value per source per occasion, or a gift(s) of an aggregate value that exceeds \$1000 from any one source in a calendar year. Soldiers should seek advice from local ethics counselors whenever there is any question about gifts and donations.

WCTP Soldier and Leader Guide

Section 22

Facilities

Section 22. Facilities

22-1. Facilities Guidance and Policy for Wounded, Ill and Injured Soldiers.

a. Policy: Commanders and Cadre should ensure that quality lodging and maintenance are provided to wounded, ill and injured Soldiers to allow Soldiers and their Families and Caregivers the maximum opportunity to focus on their recovery and transition. The primary references for policy and guidance are Army Regulation (AR) 420-1, Army Facilities Management and the Assistant Chief of Staff for Installation Management (ACSIM) Memorandum for Unaccompanied Personal Housing (UPH) for Warriors in Transition (WT) Policy, dated 10 OCT 2009.

(1) Lodging Assignment and Hospitality. Commanders will ensure arriving Soldiers are welcomed professionally and accommodated properly in Warrior Transition Unit (WTU)/Community Care Unit (CCU) barracks and installation/contract-controlled lodging facilities. This includes room assignment procedures to ensure Soldiers are assigned to lodging commensurate with their personal and medical requirements and the staff is courteous and responsive to unique furniture arrangement needs.

(2) Soldier Transitions. Commanders must ensure Soldiers' in-processing procedures are efficient, consolidated, and Soldier-focused and reflect a positive command climate. These procedures should apply to Soldiers and their Families initially entering into the Warrior Care and Transition Program (WCTP) and those Soldiers at vulnerable points of transition (from inpatient to outpatient, Soldiers returning from treatment in the Army Substance Abuse Program, CCU to WTU, etc.). Commanders must:

(a) Establish a Soldier transition standard operating procedure (SOP) specific to lodging practices.

(b) Coordinate with the medical management staff to ensure a smooth transition occurs between inpatient and outpatient environments. This transition must be rehearsed and support the needs of the Soldier and any non-medical attendant and/or Family or Caregiver requirements.

22-2. Maintenance Standards. Commanders must employ proactive lodging problem identification and ensure deficiencies do not distract Soldiers from their recovery and rehabilitation. Procedures to address lodging-facility problems must include a decision point to move the affected Soldier to alternate lodging to minimize the impact on their quality of life. Soldiers should be the best source of information for deficiencies but cannot be the only method employed to identify and report problems with facilities. Establish a unit SOP that identifies how maintenance standards will be enforced and addresses the following at minimum:

a. Ensure 1SGs are accountable for health, welfare and security of all assigned Soldiers and all personnel residing in barracks under the First Sergeant's Barracks Program footprint.

b. Appoint a Barracks Non-Commissioned Officer (NCO)/individual on each floor for Soldiers to report deficiencies to and delegate Barracks NCO to report, manage and track completion of all work orders reported to Directorate of Public Works (DPW).

c. Command teams are accountable for appropriate work-order tracking and resolution. Establish work order tracking and resolution mechanism and a timeline from the time the deficiency is reported to the time the deficiency is resolved. Timeline may vary based on

installation DPW, however commanders must ensure the supporting installation support team is aware of the enhanced necessity and sensitivity toward correction of WTU facilities issues (e.g. in the event of heating, ventilation, air conditioning (HVAC) or water heater failure, medical necessities of Soldiers recovering from surgical procedures or burns may require faster attention from facilities personnel than a standard barrack).

- d. Assign Charge of Quarters.
- e. Establish rules and procedures for Barracks NCO to report unresolved deficiencies to 1SG for further action with DPW.
- f. Establish standards that ensure good order and discipline in the barracks are maintained at all times.
- g. Ensure a contingency plan is in place for potential Soldier relocation while significant maintenance problems are addressed.
- h. Report any degradation of or adjustments impacting the infrastructure or provision of medical care supporting Soldiers assigned or attached to a WTU, including government-owned or leased housing, clinical or administrative support (e.g. Soldier and Family AC) activities to the U.S. Army Medical Command (MEDCOM) as a Commander's Critical Information Requirement item in accordance with Annex A MEDCOM Operations Order (OPORD) 12-25.
- i. Establish visitation procedures on quality-of-life for Soldiers residing off-post.

22-3. Inspection Standards. Inspections must be thorough, involve the chain of command and consider seasonal impacts (heating/cooling, etc.). Relying on room sampling or another organization's inspection program is not sufficient to ensure that lodging facilities are at the standard of a Soldier's requirements. In order to address gaps, commanders must know the inspection intervals, process and areas of emphasis for the various lodging facility inspections.

- a. At minimum, all WTU/CCU facilities must be inspected monthly by the chain of command and at least weekly by the Squad Leader (SL)/Platoon Sergeant (PSG); however, daily room checks and walk-throughs are highly encouraged.
- b. Ensure Soldiers secure their medications and their containers in a safe, locked place when not being taken or administered.
- c. Inspector General for each Regional Medical Command will inspect quarters and housing facilities under their jurisdiction annually and;
- d. Submit a report on their inspection to the post commander, the commanding officer of the hospital affiliated with the facility, the Army Surgeon General, the Secretary of the Army, the Assistant Secretary of Defense for Health Affairs and the congressional defense committees;
- e. Post each report of inspection on the respective regional medical command's website.

22-4. Reporting Procedures. Commanders must establish and rehearse Commander's Critical Information Requirements to identify and resolve facility issues as quickly as possible and at the appropriate leadership level.

22-5. Baseline Housing Standards from Department of Defense (DOD) Memorandum on DOD Housing Inspection Standards for Medical Hold and Holdover Personnel, dated 18 SEP 2007.

- a. Condition. All military personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of

imminent failure or malfunction. Building systems include, but are not limited to, roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety and HVAC. It is important that military personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation or any other environmental, safety or health hazard.

b. Kitchens. Kitchens are an important quality-of-life feature for military personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging or family housing).

c. Laundry Facilities. Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging or Family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

d. Furnishings. Provide loaned furnishings as appropriate.

e. Electronic Equipment. Generally, a television with cable/satellite service, internet service and a telephone with local service shall be provided in each military member's housing unit. If a Soldier facing a long rehabilitation period is unable to bring their personal electronic equipment to their assigned/referred housing, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer and video game player. If the internet service is hard-wired, consideration should also be given to providing Wi-Fi and a laptop computer.

f. Housekeeping and Pest Management. Military personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

g. Landscaping, Grounds Maintenance and Parking. Parking areas, turf and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

h. Physical Security. Soldier accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

i. Building Maintenance and Housekeeping Requests. An effective preventive maintenance program shall be in place for military personnel housing. Also, installations shall have a mechanism where military personnel can request building maintenance and housekeeping services.

22-6. Special Medical Requirements from DOD Memorandum on DOD Housing Inspection Standards for Medical Hold and Holdover Personnel, dated 18 SEP 2007. Many Soldiers will have certain medical conditions that result in various functional limitations. For these Soldiers, it is essential that special accommodations and services are provided as an integral part of their medical treatment plan as determined by the primary care physician, Soldier and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

a. For Soldiers who have accessibility requirements, accommodations must, at minimum, comply with the most current standards issued by DOD under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways,

ramps, parking) that a Soldier must travel from their housing accommodations to reach their medical treatment center, dining facility or other support services. For all other Soldier accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever-type door handles in lieu of knobs).

b. Cognition. When required, Soldier accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and stroke. For example, sometimes complex geometric patterns on rugs, linens or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

c. Visual and Auditory. Necessary features for visually and auditory impaired Soldiers shall be provided in accordance with DOD standards.

d. Burns. Soldiers recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

e. Other Physical Limitations. Standard accessibility guidelines generally are adequate for ambulatory impaired Soldiers except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, military personnel can be fully ambulatory with prostheses, but still need accessible accommodations when in a wheelchair.

(1) For physically impaired Soldiers, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs and longer hoses on shower nozzles. For Soldiers with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

f. Housekeeping. If a Soldier without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

g. Laundry Services and Equipment. Special laundry service may also have to be provided for Soldiers who have a medical condition that requires their linens, towels and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

h. Kitchens and Food Service. For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Ranges and cook tops in accessible units should have control knobs on the front for easy wheelchair access.

i. Furnishings. Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

j. Parking. Soldiers with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by military personnel. The next level of priority shall be extended to individuals who transport Soldiers with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces

shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

k. Proximity to Outpatient Treatment Center and Other Services. Soldiers may require housing in close proximity to a medical treatment facility (MTF) for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by Caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for Soldiers who do not have their own means of transport (e.g., transportation by a non-medical attendant with a privately owned vehicle (POV)) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities and other important support facilities such as exchanges and commissaries.

22-7. WTU Military Construction (MILCON) Complex. WTU Military Construction (MILCON) structures are not medical facilities (CAT CODE 500 series facilities), as defined by DA PAM 415-28, Guide to Army Real Property Category Codes, and are not subject to Joint Commission inspections. Therefore, WTU MILCON structures should not be required to support clinical operations. For clarification, WTU Commanders and clinical leaders should gain support from their MTF Commander and/or the MTF Deputy Commander for Clinical Services and Deputy Commander for Administration.

22-8. WTU Complexes. WTU complexes composed of barracks, administrative (BnHQ) and operations (COF) facilities and Soldier and Family Assistance Center (SFAC) facilities are being constructed to create a healing environment in the vicinity of the MTF.

a. WTU Soldier Barracks are buildings or portions thereof that meet or exceed minimum standards for assignment as housing for unaccompanied permanent party personnel. As support to the WTUs, these facilities are accessible to individuals with disabilities in accordance with the Uniform Federal Accessibility Standards (UFAS) and as required by Architectural Barriers Act (ABA) (Public Law 90-480), title 42 United States Code, sections 4151 - 4157, (42 USC 41 51-4157). Additional accessibility features may be added or incorporated based upon the medical needs of specific occupants as certified by the installation medical authority.

b. Administrative/operations facilities, also known as Battalion Headquarters and Company Headquarters facilities, are provided for battalions, companies, batteries and troops as space to perform daily administrative and supply activities supporting the WTUs.

c. SFACs are facilities where staff and volunteers provide information, guidance and assistance in solving problems of a personal nature for Soldiers and their dependents. This assistance may provide information on career counseling, emergency leave, family advocacy, grants, handicapped children, housing, insurance, legal matters, loans, military separation, passports, personal financial management, retirement, social work services, transportation and voting. Space may be used as a Family Resource Center to serve as a nonreligious meeting point for spouses of deployed soldiers and/or a Women, Infant and Children (WIC) office.

22-9. Minimum Standards of Acceptable Barracks Space. Table 3–9 of AR 420–1, Army Facilities Management, identifies minimum standards of acceptable space and privacy based upon grade:

- a. Grade: E9, CW3, CW4, CW5 and O3 and above are authorized a 400 square foot (SF) net living area to include living room, bedroom, private bath and access to kitchen or officer dining facility receiving appropriated funds (APF) support
- b. Grade: WO1, CW2, O1, and O2 are authorized 250 SF net living area to include sleeping/living room and private bath
- c. Grade: E7 and E8 are authorized 270 SF net living area to include private room and private bath
- d. Grade: E5 and E6 are authorized 135 SF net living area: private room and bath shared with not more than one other
- e. Grade: E1 through E4 are authorized 90 SF net living area with not more than four per room and central bath

22-10. Barracks Modification for Occupancy. Much of the current inventory of WTU Soldier barracks facilities is made up of barracks buildings that have been modified to meet UFAS/ ABA accessibility requirements. By policy, these barracks are to be the best barracks on the installation. As there is no set standard for barracks construction, the current inventory of barracks comes in all sizes and shapes. Thus, the minimum space standards above are to be applied when determining the appropriate space assignment.

22-11. Newly Constructed WTU Soldier Barracks. There continues to be an increase in inventory of newly constructed WTU Soldier Barracks facilities as a result of Military Construction based upon 2008 Headquarters, Department of the Army (HQDA) Army Standards and United States Army Corps of Engineers (USACE) Standard Designs for WTU Soldier Barracks. There are two standard barracks apartment designs for WTU Soldier barracks – the first is a two bedroom, one bathroom apartment based upon the current Army Standard and Standard Criteria for Permanent Party Barracks modified to meet UFAS/ABA accessibility requirements; the other is a two bedroom, two bathroom apartment, also designed to meet UFAS/ABA accessibility requirements, resembling more of a market-style apartment with a living room, full kitchen and each bedroom having a private bathroom. In each of these arrangements, the bedrooms are designed and constructed with 180 SF net living area exclusive of closet space. In determining the appropriate space assignment in a Warrior Transition Unit Barracks, application of the minimum space standards above result in space assignment as follows:

	<u>2-BR/1-BA Apt</u>	<u>2-BR/2-BA Apt</u>
<input type="checkbox"/> Grade: E1 through E6	shared apartment*	shared apartment
<input type="checkbox"/> Grade: E7, E8, WO1, CW2, O1, and O2	whole apartment	shared apartment*
<input type="checkbox"/> Grade: E9, CW3, CW4, CW5, and O3 and above	whole apartment*	whole apartment

For the purpose of housing assignment, a WTU Soldier is a WTU Soldier, regardless of grade. The assignment list above would allow for a WTU Soldier of grade E1 to share a 2-BR/1-BA apartment with a WTU Soldier of grade E6, but the same WTU Soldier could share a 2-BR/2-BA apartment with a WTU Soldier of grade O2.

A WTU Soldier's medical profile shall be used to determine which apartment configuration is best suited for housing the Soldier. In the absence of a medical determination, installations should optimize barracks utilization by assigning each WTU Soldier of a specific grade to the apartment configuration identified with an asterisk () in the assignment list above.

WCTP Soldier and Leader Guide

Appendix 23 Terms

Activities of Daily Living (ADL)

ADL is a term used in health care to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both. Basic ADL consist of self-care tasks, including personal hygiene and grooming, dressing and undressing, self feeding, functional transfers (getting from bed to wheelchair, getting onto or off of toilet, etc.) bowel and bladder management, ambulation (walking without the use of an assistive device (walker, cane or crutches) or using a wheelchair.

Adaptive Reconditioning Activities

Any physical activities conducted by wounded, ill or injured Soldiers on a regular basis for purposes of optimizing physical well-being, returning to an active productive lifestyle, and helping to achieve any of the Soldier's Sub/Priority (short-term) and Transition/Outcome (long-term) Comprehensive Transition Plan (CTP) goals. Adaptive reconditioning activities are professional rehabilitation services, delivered as part of the CTP Rehabilitation Process, to aid in the reconditioning of any of the Soldier's six CTP domains. Adaptive reconditioning activities can include, but are not limited to, competitive and non-competitive adaptive sports, doctrinal physical readiness training exercises, aquatic exercises, therapeutic recreational/leisure activities (community- or Morale, Welfare and Recreation (MWR)-based), gym-based exercise programs, clinic-based exercise programs, clinical home exercise programs, functional training and human performance optimization.

Americans with Disabilities Act (ADA)

The ADA is an "equal employment" federal law that prohibits discrimination and guarantees people with disabilities the same opportunities to enjoy employment opportunities. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability.

Army Career & Alumni Program (ACAP)

ACAP delivers transition and job assistance services to Soldiers to support them in making informed career decisions. These services include pre-separation counseling, Veterans Affairs benefits briefings, and Department of Labor Transition Assistance Program workshops, which cover career planning, job searches, resume writing and interviewing. ACAP services are available to separating and retiring Active Component Soldiers, demobilizing Reserve and National Guard Soldiers, Family members, retirees and civilians affected by Base Realignment and Closure (BRAC), reduction in force or Global Realignment.

Army Continuing Education System (ACES)

ACES provides programs and services to promote lifelong learning opportunities for Soldiers and to sharpen the competitive edge of the Army. ACES improves the combat readiness by planning, resourcing and implementing educational programs and services to support Soldier's professional and personal development.

American with Disabilities Act (ADA)

The ADA is a civil rights law that prohibits, under certain circumstances, [discrimination](#) based on [disability](#). The ADA was passed in 1990, and includes changes made by the ADA Amendments Act of 2008 (P.L. 110-325), which became effective on January 1, 2009.

Armed Forces Health Longitudinal Technology Application (AHLTA)

AHLTA is a centralized enterprise-wide medical and dental information management system that provides secure online access to Military Health System (MHS) beneficiaries' records. It is used by medical clinicians in all fixed and deployed Military Treatment Facilities (MTFs) worldwide and provides health care personnel with access to complete, accurate health data to make informed patient care decisions at the point of care.

Army Knowledge Online (AKO)

AKO is a [web-based](#) portal that provides enterprise information services to Army, joint, and DOD customers on classified and unclassified networks. AKO includes email, directory, discovery and single sign-on functionalities.

Army Wounded Warrior Program (AW2)

AW2 is an Army program that assists and advocates for severely wounded, ill and injured Soldiers, Veterans, their Families and Caregivers, wherever they are located, regardless of military status. Soldiers in Warrior Transition Units (WTUs) who qualify for AW2 are assigned to the program as soon as possible after their arrival. AW2 supports these Soldiers and their Families throughout their recovery and transition, even into Veteran status. This program, through the local support of AW2 Advocates, strives to foster the Soldier's independence. The system of support and advocacy uses a non-medical case management model to help guide severely wounded, ill and injured soldiers from evacuation through treatment, rehabilitation, return to duty or military retirement and transition into the civilian community. AW2 works inside the network of Army, government, local and national resources to help Soldiers and Families resolve many issues and foster independence into the next stages of their lives.

Bachelor Level Social Worker (BLSW)

BLSW is a social worker with bachelor's degree in social work (BSW), and appropriate state licensure. This type of social worker may provide care/case management, task management, planning and coordination of efforts and meetings, complex administrative tasks, education, advocacy, resource referral, conduct scrimmages and goal setting. They may not conduct behavioral health risk assessment or clinical/therapeutic interventions/treatment as they are not licensed, credentialed or privileged in those areas.

Benchmark

A standard against which something can be measured or assessed.

Borrowed Military Manpower (BMM)

BMM is the use of Soldiers borrowed from Modified Table of Organization and Equipment (MTOE) units to perform duties within a Tables of Distribution and Allowances (TDA) activity for which a Major Command (MACOM) approved manpower requirement exists, but for which no manpower space has been authorized; or where the manpower space has been authorized, but the position is unfilled.

Career and Education Readiness (CER) Eligible

Eligibility for CER activity is based upon two distinct evaluations made by Medical Management (M2) and the WTU commander. The M2 evaluation must conclude that the Soldier is medically, emotionally and physically ready to participate in a CER activity while continuing medical treatment. The Nurse Case Manager (NCM), in collaboration with the interdisciplinary team (IDT), is responsible for coordinating the evaluation of CER eligibility with all members of M2; the NCM is also responsible for documenting the results. The commander's evaluation must conclude that the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity. The company commander is responsible for the CER eligibility evaluation and the Squad Leader (SL) is responsible for documenting the results.

Career and Education Readiness (CER) Program

The CER Program supports the career domain. It is a disciplined, purposeful approach that prepares Soldiers for success in a long-term career that is personally meaningful, rewarding and enables the Soldier to achieve self-determination and financial independence. The focus of a Soldier's CER program is participation in CER activities that are simultaneously therapeutic and beneficial to the Soldier's rehabilitation. Soldiers will participate in a CER activity or activities as soon as they are determined to be eligible for CER activity. To be effective, Soldiers' CER activities must be consistent with their long-term career goals. Work site placements unrelated to CTP track and career goals, assigned primarily for Soldier accountability, do not constitute a CER activity.

Certified Occupational Therapist Assistant (COTA)

The COTA provides safe and effective occupational therapy services under the supervision, direction and guidance of, and in partnership with, the occupational therapist (OT). All COTAs shall maintain state and federal licensing requirements in accordance with laws or regulations set forth by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT). The COTA, under supervision of the OT, provides goal-setting training to the Soldier and his Family serves as the career domain subject matter expert (SME) in the CTP scrimmage and assists the Soldier with work reintegration.

Composite Risk Management (CRM)

CRM is a decision-making process used to mitigate risks associated with all hazards that have the potential to injure or kill personnel, damage or destroy equipment or otherwise impact mission effectiveness.

Computer/Electronic Accommodations Program (CAP)

CAP is a centrally funded reasonable-accommodations program for employees with disabilities in the Department of Defense (DOD). CAP has the authority to provide assistive technology, devices and support services free of charge to Federal Agencies that have a partnership agreement with CAP.

Commander Evaluation of CER Eligibility

The Commander must conclude the Soldier demonstrates the initiative and self-discipline required to participate in a CER activity. The commander is responsible for the command evaluation of CER eligibility and the Squad Leader (SL) is responsible for documentation.

Comprehensive Soldier and Family Fitness-Performance Education Program (CSF2-PE)

CSF2-PE is a systematic program that addresses the psychological attributes of human dimension, critical to success on the battlefield and throughout life. CSF2 education (Performance Education) seeks to provide Soldiers, Family members and Department of the Army (DA) civilians with the skills to be self-regulating, instinctive, adaptive and mentally agile under intense pressure, while contributing to personal hardiness and resilience. CSF2-PE also attempts to bridge the gap between the rehabilitation process and the Soldiers' transition to the Army or civilian life by providing knowledge and skills to take ownership and control of their recovery, to focus on abilities versus disabilities and provide tools to enhance their mindset to foster a sense of purpose and motivation about their future.

Comprehensive Transition Plan (CTP)

The CTP supports Soldiers in returning to the force or transitioning to Veteran status. The CTP employs six interdisciplinary processes in developing an individual plan that the Soldier builds with the support of the WTU Cadre. Although standardized, the CTP allows each Soldier to customize their recovery process, enabling them to set and reach their personal goals.

Community Care Units (CCUs)

CCUs are certain battalion-sized Warrior Transition Units (WTUs), which have one or more subordinate company-sized CCUs. CCUs are intended to manage the healing of Soldiers whose homes and support systems are distant from a military installation. Soldiers assigned or attached to a CCU typically have less complex medical needs and are most often in the Reserve Components. While assigned to the CCU headquartered at the Military Treatment Facility (MTF), the Soldiers live in their home communities. Each CCU possesses Cadre who provide mission control and medical oversight of their Soldiers, however the direct medical care and management takes place in the community where each Soldier resides. With CCUs, Soldiers receive the benefits of a dedicated unit of Cadre, Triad of Leadership, MTF staff, WTU staff and installation resources which ensure that all Soldiers have access to the care and services they require, while living and healing at home. Each WTU that has a subordinate CCU is assigned oversight of Soldiers within a designated geographical area of responsibility.

COMPO 1, 2, 3

Active Component (COMPO 1), Component, Army National Guard (COMPO 2), Component, United States Army Reserve (COMPO 3)

Continuation on Active Duty (COAD)/ Continuation on Reserve Duty (COAR)

Soldiers found not fit for duty by Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) may be eligible to apply for COAD/ COAR regardless of the extent of their injuries. To be eligible for COAD/COAR, a Soldier must meet at least one of the following requirements: (1)

served 15-20 years of service for COAD or 15-20 qualifying years of service for non-regular retirement for COAR; (2) qualified in a critical skill or shortage Military Occupational Specialty (MOS); or (3) incurred a disability which is a result of combat or terrorism.

Department of Defense (DOD) Operation Warfighter (OWF) Internship

OWF internships are permitted at federal agencies, to include the Department of the Army (DA), and may or may not be on the installation. These include positions that would normally be filled by federal civilian employees. OWF is typically aligned with the Transition from the Army track. Until explicit policy is issued by Warrior Transition Command (WTC), OWF internships are limited to federal agencies. Soldiers must not be permitted to participate in an internship, a non-paid work experience, a work-study program, or any other-named program, where they spend duty hours at any organization other than a federal agency.

eBenefits

eBenefits is a centralized Veterans Administration portal that Veterans, Soldiers and their Families can use to research and manage their benefits and personal information.

Electronic-Profile (eProfile)

A web-based process for generating, approving and routing physical profiles that automatically updates PULHES data in MEDPROS, eliminates “pocket profiles”, improves commander-provider communication, and reduces unwarranted variance in PULHES profiles. U. S. Army Medical Command (MEDCOM) OPERATION ORDER 10-75 (ePROFILE IMPLEMENTATION), 101330Q September 2010, establishes eProfile as the standard for generating, approving and routing physical profiles in order to improve medical readiness across the Army and all Regional Medical Commands (RMC) no later than January 31, 2011.

Endstate

The set of conditions required for achieving established objectives.

Focused Transition Review (FTR)

The FTR is a formal meeting that is similar to the scrimmage. However, FTRs have a different purpose that ensures a common understanding between the Soldier/Family, the chain of command and the interdisciplinary team. The group reviews the Soldier’s transition plan progress and develops a new plan to track for the remaining transition actions and sub-goals. Additionally, the FTR acts as a feedback and an after action review of the process for each Soldier and the supporting interdisciplinary team.

Individualized Adaptive Reconditioning Program

An individualized plan, that consists of adaptive reconditioning activities, and is specific to the Comprehensive Transition Plan (CTP) needs of the wounded, ill or injured Soldiers, which is conducted by the Soldier on a regular basis for purposes of optimizing physical well-being, returning to an active productive lifestyle, and helping to achieve any of the Soldier's Sub/Priority (short-term) and Transition/Outcome (long-term) CTP goals. The Individualized Adaptive Reconditioning Program is not a traditional clinic-based rehabilitation program, but may support the Soldier's medical plan and goals, when appropriately coordinated with the Medical Treatment Facility (MTF)-based health care providers. The Individualized Adaptive Reconditioning Program is developed by the physical therapist (PT), in consultation with the Soldier, and, as appropriate, with various members of the Warrior Transition Unit (WTU) Cadre.

Integrated Disability Evaluation System (IDES)

IDES streamlines injured Soldiers' benefits. It features a single set of disability medical examinations appropriate for determining both fitness and disability and a single set of disability ratings provided by the Department of Veterans Affairs (VA). In the past, this process was two separate processes.

Interdisciplinary Team (IDT)

IDT members include, but are not limited to the following Warrior Transition Unit (WTU) personnel: Triad of Care (Primary Care Manager, Nurse Case Manager, Squad Leader), Licensed Clinical Social Worker (LCSW), Clinical Pharmacist, Occupational Therapist- Registered (OTR)/Certified Occupational Therapy Assistant (COTA), Physical Therapist (PT)/Physical Therapy Assistant (PTA), Chaplain, Army Wounded Warrior Program (AW2) Advocate, Transition Coordinator, Soldier and Family Assistant Center (SFAC) personnel, others as needed to support the needs of the WTU Soldier.

Job Safety Analysis (JSA)

JSA is a method that can be used to identify, analyze and record 1) the steps involved in performing a specific job, 2) the existing or potential safety and health hazards associated with each step, and 3) the recommended action(s)/procedure(s) that will eliminate or reduce these hazards and the risk of a workplace injury or illness.

Licensed Clinical Social Worker (LCSW)

LCSW holds a master's degree in social work and is licensed to practice clinically and independently in a state. This type of social worker may assess, provide a mental health diagnosis (usually in accordance with Diagnostic and Statistical Manual (DSM-IV) and provide therapeutic treatment (clinical and non-clinical) to clients. The LCSW is the behavioral health expert and consultant to the command and conducts a comprehensive behavioral health assessments, ongoing risk assessment, behavioral health care management, short-term solution focused therapy and crisis intervention. The LCSW also works with Soldiers and their Families to provide support and address social and behavioral health needs.

Life Cycle Management Plan (LCMP)

LCMP is a process used to measure the progress of severely wounded, ill and injured Soldiers, Veterans and their Families throughout their recovery and transition, even into Veteran status.

Medical Evaluation Board (MEB)

The MEB is an informal process comprised of at least two physicians who compile, assess and evaluate the medical history of a Soldier and determine how the injury/disease will respond to treatment.

Medical Management (M2)

Exercising the primary decision authority regarding diagnosis and treatment of an individual patient.

Medical Management (M2) Evaluation of CER Eligibility

Must conclude the Soldier is medically, emotionally and physically ready to participate in a CER activity or activities while continuing medical treatment. The Nurse Case Manager (NCM), in collaboration with the interdisciplinary team (IDT), is responsible for coordinating the medical management evaluation of CER eligibility with all members of medical management. The NCM is also responsible for documentation.

Medical Retention Determination Point (MRDP)

MRDP is when the Soldier's progress appears to have medically stabilized, the course of further recovery is relatively predictable and it can be reasonably determined that the Soldier is most likely not capable of performing the duties required of his Military Occupational Specialty (MOS), grade or rank.

Mission Command (MC)

The exercise of authority and direction by the WTU commander through the application of initiative, leadership and by integrating command and control techniques to accomplish mission success.

Medical Operational Data System (MODS)

A MODS is a Military Health Services System (MHSS) that provides the Army Medical Department (EMEDD) with an integrated automation system that supports all phases of Human Resource Life-Cycle Management in both peacetime and mobilization.

Nurse Case Manager (NCM)

The NCM is a registered nurse who works with the Soldier throughout their time the Warrior Transition Unit (WTU). NCMs are responsible for helping Soldiers regain health or improved functional capability by facilitating the development and implementation of goals. The NCM communicates and collaborates with all members of the interdisciplinary team to help ensure the Soldier has a comprehensive plan that addresses all domains of strength. The NCM ensures that the Soldier and the Squad Leader (SL)/Platoon Sergeant (PSG) understands the medical plan of care and that the medical team is aware of the Soldier's non-medical goals.

Occupational Therapy (OT)

OT is a health professional whose goal is to enable individuals with functional impairments to attain their maximum level of participation and independence. Occupational therapists identify strengths and deficits in functional performance and use meaningful activities (e.g., activities of

daily living; roles such as parent, worker, student or spouse) to help meet recovery goals. In the Warrior Transition Unit (WTU), OTs help Soldiers return to their military roles and responsibilities or to civilian life by helping to develop/regain skills or learn new strategies to allow success in all areas of their lives.

Occupational Therapist Practitioner/Registered (OT)

The OT performs all aspects of the occupational therapy screening, evaluation, and reevaluation and establishes the plan of care for the Soldier's CTP. The OT supervises, consults and works collaboratively with the Certified Occupational Therapy Assistant (COTA) to implement the plan of care. All registered therapists shall maintain state and federal licensing requirements in accordance with laws or regulations set forth by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT). The OT shall be credentialed by the local military treatment facility (MTF) affiliated with the WTU. The OT provides goal setting training to the Soldier and his Family serves as the career domain subject matter expert (SME) in the Comprehensive Transition Plan (CTP) Scrimmage and assists the Soldier with work reintegration.

Ombudsman

Ombudsmen investigate complaints and resolve issues with local agencies in addition to serving as an advocate for Soldiers and Families faced with the complex, often overwhelming challenges related to health care and transition, such as physical disability processing, Reserve Component medical retention, transition, Department of Veterans Affairs (VA) and pay issues. Ombudsmen are usually selected as a result of their extensive military medical experience and many have typically served as Sergeant Majors within Army medical units.

Operation Warfighter (OWF)

OWF is a temporary assignment/internship program, developed by the Department of Defense (DOD), for service members who are convalescing at military treatment facilities at first in the National Capitol Region, but increasingly throughout the United States. The program provides recuperating service members with meaningful activity outside of the hospital environment and offers a formal means for integrating the internship as a possible future employment opportunity into the Soldier's Comprehensive Transition Plan (CTP).

Physical Disability Evaluation System (PDES)

The PDES encompasses both the Army Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes. When a Soldier is determined not meeting medical retention standards by the MEB, the attending physician refers the Soldier to the PEB.

Physical Evaluation Board (PEB)

The PEB is the sole forum within the Army to determine a Soldier's unfitness for duty as a result of a physical impairment. The factual determination as whether a Soldier is fit or unfit for duty exclusively focuses upon duty performance. If the Board determines that a Soldier is physically unfit for duty in his present grade, rank, Primary Military Occupational Specialty/Officer Specialty (PMOS/OS), and current duty position by reason of a physical disability. The PEB then recommends a disability rating percentage based upon the Soldier's present degree of severity for each medical diagnosis found to be separately unfitting.

Physical Evaluation Board Liaison Officer (PEBLO)

An experienced, mature officer, non-commissioned officer (NCO), or civilian employee designated by the Medical Treatment Facility (MTF) commander to perform the primary duties of counseling Soldiers who are undergoing physical disability evaluation. The PEBLO provides Soldiers with authoritative and timely answers to their questions about the physical disability system and aids them in understanding their rights and entitlements. The PEBLO is not, and need not be, an attorney.

Physical Therapist (PT)

A PT is a health care professional who provides services in physical therapy, which is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance and promotion of optimal physical function. Physical therapy encompasses physical, psychological, emotional and social well-being. PTs diagnose and manage movement dysfunction and enhance physical and functional abilities; restore, maintain and promote not only optimal physical function, but optimal wellness and fitness and optimal quality of life as it relates to movement and health; and prevent the onset, symptoms, and progression of impairments, functional limitations and disabilities that may result from diseases, disorders, conditions or injuries. PTs direct and supervise Physical Therapy Assistants (PTAs).

Physical Therapy Assistant (PTA)

PTAs work as part of a team to provide physical therapy services under the direction and supervision of the PT. PTAs implement selected components of patient/client interventions (treatment), obtain data related to the interventions provided, and make modifications in selected interventions either to progress the patient/client as directed by the physical therapist (PT) or to ensure patient/client safety and comfort. PTAs assist the PT in the treatment of individuals of all ages who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. The PT is responsible for the services provided by the PTA.

Platoon Sergeant (PSG)

PSG serves as the first line supervisor to the Soldier and the link to command. The PSG is responsible for facilitating the resolution of administrative issues that arise, and helps guide the Soldier through the CCU process while enforcing military standards.

Positive Physical Profile

A physical profile that includes the Soldier's abilities, in addition to specific limitations, as related to physical fitness activities or other physical functions.

Primary Care Manager (PCM)

PCMs exercise primary decision authority regarding diagnosis and treatment of an individual patient. The primary care manager may be an individual physician, or group practice within a specific clinic or treatment site, or other designation. The primary care manager may be part of the Medical Treatment Facility (MTF) or the Prime Civilian Provider/Practitioner Network. The enrollees will be given the opportunity to register a preference for PCM from a list of choices provided by the MTF commander. Preference requests will be honored subject to availability.

under the MTF beneficiary category priority system and other operational requirements established by the commander (or other authorized person).

REALifelines

Developed by the U.S. Department of Labor's Veterans' Employment and Training Service (VETS), Veterans' Employment and Career Transition Advisor provides veterans, transitioning service members and their Family members, with the resources they need to successfully transition to a rewarding career. REALifelines provides valuable information and access to contact information for one-on-one employment assistance and online resources to assist transitioning service members and veterans in their reintegration into the civilian workforce.

Reasonable Accommodation

A reasonable accommodation is any change in the work environment (or in the way things are usually done) that helps a person with a disability apply for a job, perform the duties of a job or enjoy the benefits of employment.

Remain in the Army Track

Remain in the Army Track is one of two Comprehensive Transition Plan (CTP) tracks. If the Soldier selects to Remain in the Army, he will continue in Military Service. Included are: (a) Active Component (COMPO 1) Soldiers returning to their current or an alternate Military Occupational Specialty (MOS) and (b) National Guard (COMPO 2) and US Army Reserve (COMPO 3) Soldiers who will be attached to the Warrior Transition Unit (WTU) until they meet Army retention standards and are Released from Active Duty (REFRAD) to continue service in the Army National Guard or Army Reserve in their current or an alternate MOS.

Remain-in-the-Army Work Assignment (RIAWA)

Previously called On-Post Work Assignment, RIAWA is a place of duty (in addition to the Soldier's medical routine) that is Military Occupational Specialty (MOS)-appropriate and that provides a productive work therapy environment aligned with the Soldier's Comprehensive Transition Plan (CTP) track and long-term goals. To qualify as a RIAWA, the position must ordinarily be filled by a Soldier and not a civilian employee. If the position is normally filled by a civilian employee, it may be suitable for an OWF (Operation Warfighter) or CHTW (Coming Home to Work) internship. The name RIAWA was chosen to indicate alignment with the Remain in the Army track.

Scrimmage

The scrimmage is an informal meeting with the Soldier's interdisciplinary team that uses the six domains of strength (career, physical, emotional, social, Family and spiritual) to develop and refine a future-oriented transition plan. The scrimmage is designed to engage the Soldier in finalizing identified goals, sub-goals and supporting action statements for their time in the Warrior Transition Unit (WTU) and the future. Minimum attendees at all scrimmages will include: the Soldier and their Family (if available), Squad Leader (SL)/Platoon Sergeant (PSG), Licensed Clinical Social Worker (LCSW), Occupational Therapist (OT) or Certified Occupational Therapy Assistant (COTA), Nurse Case Manager (NCM) and U.S. Army Wounded Warrior Program (AW2) Advocate for assigned AW2 Soldiers.

Self Assessment

The Self Assessment is a tool that allows the Soldier to identify issues and concerns that the Cadre can validate and quickly resolve. Within Army Warrior Care and Transition System (AWCTS) Self Assessment Module, the Soldier provides input on 17 different fields and provides a green, amber or red rating for each field. The self assessment module provides Soldiers with the ability to write concerns and input for each field. Once a Soldier completes the self assessment, the Nurse Case Manager (NCM) and Squad Leader (SL) are required to individually review and concur or non-concur with the Soldier's self assessment and create a plan to manage the Soldier's concern(s), if needed within seven days.

Senior Commander

In this context, a Senior Commander or designated general officer representative with Warrior Transition Units (WTUs)/Community Care Units (CCUs) on their installation, is responsible for the Soldiers assigned/attached, including those Soldiers being remotely managed from the WTU under the Warrior Care and Transition Program (WCTP) Community Care Program. This includes the execution of a Soldier's treatment plan.

Sister Services

Sister services are the other branches of service, Air Force, Navy, Marines and Coast Guard.

SMART Criteria

Specific, measurable, actionable, realistic, and time-bound goals provide the Soldier a roadmap that supports healing and transition.

Social Security Administration (SSA) Case Manager

The SSA Case Manager manages the follow-up process of the application to ensure corresponding information/documentation to receive an approval.

Social Security Disability Insurance (SSDI)

SSDI is a payroll tax-funded, federal insurance program. It is managed by the Social Security Administration (SSA) and is designed to provide income supplements to people who are physically restricted in their ability to be employed because of a notable disability, usually a physical disability. SSDI can be supplied on a temporary or permanent basis, usually directly correlated to whether the person's disability is temporary or permanent.

Soldier Adaptive Reconditioning Program

Soldier Adaptive Reconditioning Program is the overall Warrior Transition Unit (WTU) program of adaptive reconditioning activities that is conducted by wounded, ill or injured Soldiers on a regular basis for purposes of optimizing physical well-being, returning to an active productive life-style, and helping to achieve any of the Soldier's Sub/Priority (short-term) and Transition/Outcome (long-term) Comprehensive Transition Plan (CTP) goals. The WTU commander has overall authority, accountability and responsibility for the conduct of the Soldier Adaptive Reconditioning Program, and the Physical Therapist (PT) serves as the Soldier Adaptive Reconditioning Program manager and subject matter expert for the WTU. The Soldier Adaptive Reconditioning Program is designed within the broad framework of Army physical

readiness training doctrine and allows for Soldier accountability, but is designed for and modified to the unique needs of wounded, ill or injured Soldiers.

Soldier Family Assistance Center (SFAC)

A comprehensive centralized coordinating office that provides a variety of services for warriors in transition and his/her Family members. The SFAC supports the hospitals and Warrior Transition Brigades by developing, coordinating and providing designated services that address complex administrative and personal needs involving warriors in transition and Family members.

Soldiers Medical Evaluation Board Counsel (SMEBC)

SMEBC are licensed uniformed and civilian attorneys of the Army Judge Advocate General Corps who are specifically trained and certified to provide legal advice and representation to Soldiers in the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process, including representing Soldiers at formal PEB hearings. SMEBCs represent and advise Soldiers, not commanders, and are also bound by attorney-client confidentiality. SMEBCs assist all Soldiers with active Legacy Disability Evaluation System (DES) or Integrated Disability Evaluation System (IDES) cases regardless of unit assignment or current active duty status. These counsels inform, assist and advocate for Soldiers from the point of referral into the MEB process until their return to duty or transition to civilian status. While managing expectations, SMEBCs strive to maximize a Soldier's goal of either returning to duty or maximizing appropriate military disability compensation. If necessary, SMEBCs assist with elections and rebuttals for any MEB and informal PEB decisions that a Soldier is called upon to make. SMEBCs assist all Soldiers with active MEB/PEB cases regardless of unit assignment or current active duty status.”

Soldier Readiness Review (SRR)

Formerly known as Musters, SRR is a standardized process which focuses on the review of Soldiers' records to determine if the Soldier is current on administrative and training requirements. The review also provides the command the opportunity to provide briefings on mandatory requirements and training opportunities.

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

SCAADL assists wounded, ill or injured Active Duty Soldiers of the Active and Reserve Components of the Military Services who have a permanent catastrophic injury or illness that incurred or aggravated in the line of duty that require regular aid and attendance after hospitalization. This special monthly payment compensates designated caregivers for the dedicated time and assistance they provide to catastrophically wounded, ill or injured Soldiers.

Specific, Measurable, Attainable, Realistic and Time-based (SMART)

SMART is a criteria of terms used to describe the development of short and long-term objectives that are: specific, time-based, measurable and which provide realistic steps (goals) towards healing and determining priorities for each of the Comprehensive Transition Plan (CTP) six domains of strength. The goals can be both clinical and non-clinical. (Note that the A in SMART for Occupational Therapy functions has been determined to be “actionable versus attainable”). SMART action statements are discussed in both Goal Setting Phase I and II classes.

Squad Leader (SL)

The SL serves as the first line supervisor to the Soldier and the link to command. The SL is responsible for facilitating the resolution of administrative issues that arise and helps guide the Soldier through the Warrior Transition Unit (WTU) process while enforcing military standards.

Transition Assistance Program (TAP)

The TAP establishes a partnership among the Department of Defense (DOD), Department of Veterans Affairs (VA), Transportation and Labor's Veterans' Employment and Training Service, to give employment and training information to armed forces members within 180 days of separation or retirement.

Transition from the Army Track

Transition from the Army Track is one of the two tracks which the Soldier can select to transition back. The Transition from the Army Track will include all Soldiers who will not continue military service in either an active or reserve status. Soldiers who wish to apply for Continuation on Active Duty (COAD) or Continuation on Active Reserve (COAR) will be referred to the Physical Disability Evaluation System (PDES) and will follow this track until approved for COAD or COAR. Soldiers who elect to apply for COAD or COAR will include activities within their individual Comprehensive Transition Plan (CTP) which maintain their military skills and assist in their transition to civilian life.

Transition Coordinator

Transition Coordinators are responsible for helping Soldiers identify education, employment preparation and internship opportunities in support of their CTP career goal. They work side by side with the Occupational Therapist and Career Counselor to insure that identified activities are in keeping with the Soldier's medical profile, reintegration track, and individual disposition related to Remaining in the Army, Release from Active Duty or Transition from the Army. The Transition Coordinator reports directly to the WTU commander on all matters related to Soldier's Career and Education Readiness.

Transition Review

Transition review starts during the in-processing and continues through the Soldier's stay in a Warrior Transition Unit (WTU). All Soldiers will complete the first two processes and the initial scrimmage before transfer to a Community Care Unit (CCU). The transition review Process provides the interdisciplinary team with an opportunity to review Soldier goals and progress with a focus on identifying and resolving issues that are impeding goal attainment. Each Soldier must take ownership of his plan to maximize the resources available in the WTU. The different elements of the transition review process (self-assessment, scrimmage and Focused Transition Review (FTR)) must all work in concert to best facilitate the Soldier's successful transition.

Trial Work Period (TWP)

The TWP allows an individual to test his or her ability to work for at least nine months while receiving full Social Security Disability Insurance (SSDI) benefits regardless of how high earnings might be as long as work activity is reported. The TWP starts when the individual begins working and performing "services".

TRICARE

TRICARE is the health care program serving uniformed service members, retirees, and their Families worldwide.

Triad of Care/Triad

Triad normally refers to the Squad Leader (SL), Nurse Case Manager (NCM) and Primary Care Manager (PCM) assigned to a WTU. The SL leads the Soldiers, the NCM coordinates his care and the PCM oversees the care. The Triad creates the familiar environment of a military unit and surrounds the Soldier and his Family with comprehensive care and support, all focused on the wounded warrior's sole mission to heal.

Veterans Affairs (VA) Coming Home to Work (CHTW) Non-Paid Work Experience (NPWE) Internship

A CHTW internship is similar to an Operation Warfighter (OWF) internship, but is coordinated through the VA CHTW program rather than via Department of Defense (DOD) OWF. CHTW is typically aligned with the Transition from the Army track. The CHTW Internship is one element of the CHTW Program, but there are other elements in the CHTW program, such as counseling.

Veterans Benefits Administration (VBA)

VBA advisors are positioned in Warrior Transition Units (WTUs) to provide outreach benefits assistance and services to Soldiers and their Families.

Veterans Health Administration (VHA)

VHA liaisons are located at Military Treatment Facilities (MTFs) to support the transfer of severely wounded Soldiers. The purpose of VHA liaisons at MTFs is to coordinate care and provide consultation about Department of Veterans Affairs (VA) resources and treatment options. VHA liaisons at MTFs are also responsible for contacting a Soldier's local VA Medical Center and Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) Care Management Team to ensure that appointments and care plans are in place before a Soldier leaves an MTF. VHA liaisons are also stationed at Warrior Transition Units (WTUs) to coordinate ancillary care through their local VA Medical Center.

Vocational Rehabilitation and Employment Service (VR&E)

VR&E Service is a Department of Veterans Affairs (VA) program which assists Veterans with service connected disabilities to prepare for, find and keep suitable jobs. The program assists Veterans with service connected disabilities that are so severe that they cannot immediately consider work by offering services which improve their abilities to live as independently as possible.

Warrior Transition Unit

WTUs provide critical support to Army Soldiers who are expected to require six months or more of rehabilitation care and complex medical management in an inpatient or outpatient status and to Reserve Component Soldiers who are in need of definitive healthcare based on medical conditions identified, incurred or aggravated while in an Active Duty (AD) status, in support of the Global War on Terrorism (GWOT) and non-GWOT activity (i.e. active duty for training

(ADT), Active Duty for Special Work (ADSW), Extended Combat Training (ECT), battle assembly (BA).

WTU Cadre

Qualified personnel who are assigned to occupy a Tables of Distribution and Allowances (TDA) position at a Warrior Transition Unit (WTU).

WCTP Soldier and Leader Guide

Appendix 24 Abbreviations

AC
Active Component

ACAP
Army Career Alumni Program

ACES
Army Continuing Education System

ACOMS
Army Commands

ACS
Army Community Services

ADA
American with Disabilities Act

ADL
Activities of Daily Living

ADME
Active Duty for Medical Extension

AFS
Active Federal Service

AGR
Active Guard Reserve

AKO
Army Knowledge Online

AHLTA
Armed Forces Health Longitudinal Technology Application

ALC
Advanced Leadership Course

AMEDD
Army Medical Department

AMTBP
Army Mass Transportation Benefit Program

AO

Area of Operations

ARNG

Army National Guard

ASAP

Army Substance Abuse Program

ASCC

Army Service Component Command

AWCTS

Army Warrior Care and Transition System

AW2

U.S. Army Wounded Warrior Program

BDD

Benefits Delivery at Discharge

BH

Behavioral Health

BHI-PHA

Behavioral Health Intake-Psychosocial History Assessment

BLSW

Bachelor Level Social Worker

BMM

Borrowed Military Manpower

BNR

By Name Request

CAP

Computer/Electronic Accommodations Program

CBWTU

Community Base Warrior Transition Unit

CC

Career Counselor

CCU

Community Care Unit

CDR

Commander

CER

Career and Education Readiness

CFP

Component Force Provider

CG

Commanding General

CHCS

Composite Health Care System

CHTW

Coming Home to Work

COAD

Continuation on Active Duty

COADOS

Contingency-Active Duty for Operational Support

COAR

Continuation on Active Reserve

COMPO

Component

CONUS

Continental United States

COTA

Certified Occupational Therapy Assistant

CRM

Composite Risk Management

CSF

Comprehensive Soldier Fitness

CSF2

Comprehensive Soldier and Family Fitness

CSL

Centralized Selection List

CSM

Command Sergeant Major

CSW

Clinical Social Worker

CTP

Comprehension Transition Plan

CYS

Child and Youth Services

DA

Department of the Army

DAMPS--A

Department of the Army Mobilization Processing System-Army

DAS

Data Access Service

DCIPS

Defense Casualty Information Processing System

DCO

Defense Connect Online

DEERS

Defense Enrollment Eligibility Reporting System

DEMOB

Demobilization

DMDC

Defense Manpower Data Center

DOD

Department of Defense

DOL

Department of Labor

DOLEW

Department of Labor Employment Workshop

DRU

Direct Reporting Unit

DTAP

Disabled Transition Assistance Program

DVOP

Disabled Veterans Opportunity Program

E2I

Education and Employment Initiative

EHR

Electronic Health Record

e-Profile

Electronic Profile

ERB

Enlisted record brief

ETP

Exception to Policy

ETS

Expiration Term of Service

FRAGO

Fragmentary Order

FRC

Federal Recovery Coordinator

FRSA

Family Readiness Support Assistant

FTR

Focused Transition Review

G1

Personnel (Deputy Chief of Staff)

HHC

Headquarters and Headquarters Company

HIPPA

Health Insurance Portability and Accountability

HR

Human Resources

HRC

Human Resources Command

H2H

Hero 2 Hired

H2H MJS

Hero 2 Hired Mobile Job Store

I/O PLT

Headquarters In/Out-process Platoon

IAW

In Accordance With

ID

Identification

IDES

Integrated Disability Evaluation System

IDT

Interdisciplinary Team

ITAPDB

Integrated Total Army Personnel Database

ISFAC

Inter-Service Family Assistance Committees

ISSA

Inter-Service Support Agreement

JAG

Judge Advocate General

JSA

Job Safety Analysis

LCSW

Licensed Clinical Social Worker

LNO

Liaison Officer

LOD

Line of Duty

LVER

Local Veterans Employment Representative

MAR2

MOS Administrative Retention Review

MC

Mission Command

MEB

Medical Evaluation Board

MEDCOM

Army Medical Command

MHS

Military Health System

MILCON

Military Construction

MMRB

MOS/Medical Retention Board

MND

Medically Not Deployable

MNR

Medically Not Ready

MODS

Medical Operational Data System

MODS-WT

Medical Operational Data System Warrior in Transition Module

MOS

Military Occupational Specialty

MRDP

Medical Retention Determination Point

MRP

Medical Retention Program or Medical Retention Processing

MRP2

Medical Retention Processing 2

MRP-E

Medical Retention Processing-Evaluation

MSA

Medical Support Assistant

MTF

Military Treatment Facility

MTT

Mobile Training Team

MWR

Morale Welfare and Recreation

M2

Medical Management

NG

National Guard

NGB

National Guard Bureau

NCM

Nurse Case manager

NCO

Noncommissioned Officer

NCODP

Noncommissioned Officer Evaluation Reports

NLT

No Later Than

NPWE

Non-Paid Work Experience

ODP

Officer Development Program

OEF

Operation Enduring Freedom

OER

Officer Evaluation Reports

OIC

Officer in Charge

OIF

Operation Iraqi Freedom

OIP

Organizational Inspection Program

ONE

Operation Noble Eagle

OPORD

Operations Order

ORB

Officer Record Brief

OT

Occupational Therapy or Occupational Therapist

OTC

Over-the-Counter

OTSG

Office of the Surgeon General

OWF

Operation Warfighter

PAC

Personnel Actions Command

PAM

Pamphlet

PBH-TERM

Psychological and Behavioral Health-Tools for Evaluation Risk and Management

PCM

Primary Care Manager

PDES

Physical Disability Evaluation System

PDS

Professional Filler Deployment System

PEB

Physical Evaluation Board

PEBLO

Physical Evaluation Board Liaison Officer

PES

Performance Enhancement Specialist

PROFIS

Professional Filler System

PSG

Platoon Sergeant

PT

Physical Therapist

PTA

Physical Therapist Assistant

PTS

Post-Traumatic Stress

PTSD

Post-Traumatic Stress Disorder

RC

Reserve Component

RC

Regional Coordinator (E2I and OWF)

REFRAD

Release from Active Duty

RFO

Request for Orders

RIAWA

Remain-in-the-Army Work Assignment

RMC

Regional Medical Center

RMC WTO

Regional Medical Command Warrior Transition Office

SAV

Staff Assistance Visit

SBA

Small Business Administration

SBAR

Subjective, Background, Assessment, Recommendation

SCAADL

Special Compensation for Assistance with Activities of Daily Living

SDAP

Special Duty Assignment Pay

SES

Senior Executive Services

SFAC

Soldier and Family Assistance Center

SL

Squad Leader

SLC

Senior Leader Course

SMART

Specific, Measurable, Actionable, Realistic and Time-bound Criteria

SME

Subject Matter Expert

SMEBC

Soldiers Medical Evaluation Board Counsel

SO-BHSW-CM

Subjective Objective-Behavioral Health Social Worker-Care Manager

SRR

Soldier Readiness Review

SSA

Social Services Assistant

SSA

Social Security Administration

SSDI

Social Security Disability Insurance

STARTC

Soldier Transfer and Regulating Tracking Center

SWRA

Social Work Risk Assessment

SWRA-Q

Social Work Risk Assessment-Questionnaire

S-1

Adjutant

S-3

Operations and Training Officer

TAA

Transition Assistance Advisors

TAP

Transition Assistance Program

TBI

Traumatic Brain Injury

TC

Transition Coordinator

TCS

Temporary Change of Station

TDA

Tables of Distribution and Allowances

TEB

Transfer of Education Benefits

TOD

Tour of Duty

TOL

Triad of Leadership

TRB

Transition Review Board

TSC

TRICARE Service Center

TTD

Target Transition Date

TRANSPROC

Transition Point Processing System

TWP

Trial Work Period

UCMJ

Uniform Code of Military Justice

UIC

Unit Identification Code

UMT

Unit Ministry Team

USAR

U.S. Army Reserve

USARC

U.S. Army Reserve Command

VA
Department of Veterans Affairs

VAMC
Veterans Affairs Medical Center

VBA
Veterans Benefits Administration

VHA
Veterans Health Administration

VLER
Virtual Lifetime Electronic Record

VR&E
VA Vocational Rehabilitation and Employment

WLC
Warrior Leadership Course

WTB
Warrior Transition Battalion

WTC
Warrior Transition Command

WTU
Warrior Transition Unit

WWLC
Wounded Warrior Lifecycle

XO
Executive Officer

WCTP Soldier and Leader Guide

Appendix 25 References

DoD DTM 11-015, Integrated Disability Evaluation System (IDES), dated 19 Dec 2011, incorporating Change 3 dated 6 Aug 2013

DOD 5500.07-R, Joint Ethics Regulation (JER), dated 29 November 2007

Secretary of Defense Memorandum, Subject: Waiver of Application of the Standard of Conduct Prohibition on Acceptance of Gifts From Outside Sources for Enlisted Personnel, E-6 and Below, for the Limited Purposes of Gift Acceptance From Charitable and Veterans Service Tax Exempt Organizations, dated 16 May 2013.

Army Directive 2012-22 (Changes to Integrated Disability Evaluation System Procedures), dated 9 Oct 2012

Army Physical Disability Evaluation System (PDES)

<https://www.hrc.army.mil/TAGD/US%20Army%20Physical%20Disability%20Agency>

AR 1-100, Gifts and Donations, dated 15 Nov 1983

AR 1-101, Gifts for Distribution to Individuals, dated 1 May 1981

Family Morale Welfare and Recreation Command Appointment of Garrison Gift Coordinator Memo, dated 18 November 2009

Installation Management Command Memorandum of Instruction, Soldiers and Family Assistance Center Donation Management, dated 20 January 2012

MEDCOM Reg 1-4 (Gifts and Donations), 30 September 2009

WCTP Policy Memo 14-003 Adaptive Reconditioning for Soldiers in Warrior Transition Units (WTUs) and Community Care Units (CCUs), dated 28 March 2014

