



REPLY TO
ATTENTION
OF:

**DEPARTMENT OF THE ARMY
DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER
HEADQUARTERS AND HEADQUARTERS COMPANY
WARRIOR TRANSITION BATTALION
1236 LANE AVENUE, BUILDING 11303
FORT GORDON, GEORGIA 30905-5650**

MCHF-WT-HHC

14 December 2011

MEMORANDUM FOR All Personnel, HHC, Warrior Transition Battalion

SUBJECT: Standard Operating Procedure #1 – Warrior In Transition In-processing

1. References:

Warrior Transition Consolidated Guidance (Administrative), 20 Mar 09

Comprehensive Transition Plan Automation, User Guide, 1 Feb 11

WTC Policy Memo 10-033 WTU/CBWTU Risk Assessment and Mitigation, 16 Jun 10

Warrior In Transition Handbook (7th Ed.), Fort Gordon, Georgia

2. Purpose: To standardize the reception and in-processing procedures for all Warrior Transition Battalion (WTB), Fort Gordon Warriors in Transition. This document is the first step in the WTB Fort Gordon operations which includes comprehensive Command and Control (C2), administrative and logistical support, medical evaluation, treatment, disability processing (when indicated), and transition support for Active Duty and mobilized Reserve Component (RC) Soldiers with sustained or aggravated injuries or illness while on active duty.

3. In-processing:

a. All Soldiers arriving at the installation via MEDEVAC, Commercial Air, and Personally Owned Vehicle will report for in-processing at the Headquarters and Headquarters Company (HHC) (Building 11303), Warrior Transition Battalion, Fort Gordon, Georgia, 30905. New Soldiers will complete Battalion In-processing Checklist Phase 1 (See Appendix A) within 15 duty days.

b. Soldiers will in-process at the HHC, where they will be attached or assigned to either HHC, Alpha, Bravo, or Charlie Company depending on the medical disposition of Warrior. Battalion Phase 1 in-processing checklists, once completed, will be stored at the HHC Human Resources office and a copy will accompany the Warriors who are transferred to a line company for further evaluation, rehabilitation, or Medical Evaluation Board (MEB) processing. Assigned Squad Leaders (SL) to newly arrived Soldier's will ensure completion of all tasks prior to movement to line company. Phase 2 in-processing will be conducted at line companies, which includes Scrimmage, and Comprehensive Soldier Fitness-Prep Training. Once Phase 2 in-processing checklist (Appendix, Figure 2) have been completed and verified by assigned Company Squad Leader, the checklist will be maintained in Squad Leader/Soldier Folder or Company HR office.

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c. The intake process lays the foundation for the integration into the WTB by initiating the Comprehensive Transition Plan (CTP). The key to success in the intake process in the WTB is an initial orientation and clear establishment of the Chain of Command. Critical activities in the intake process include assessing the Soldier and his/her family's immediate clinical and non-clinical needs, setting expectations, conducting an initial Risk Assessment (RA) and mitigation plan development.

d. The HHC Company Commander is responsible for designating an overall RA for the Soldier and initiating/developing a mitigation plan for the Soldier within 24 hours and completed within 72 hours of assignment/attachment to the WTU IAW WTC Policy Memo 10-033 Warrior Transition Unit/Community Based Warrior Transition Unit Risk Assessment and Mitigation, dated 16 Jun10 and ensuring all members of the Triad are in compliance with the policy. The overall RA is based on individual assessments completed by the SL, Nurse Case Manager, Social Worker, and Primary Care Manager. Note: All Day Zero Soldier RAs will be High/Black until the entire multi-disciplinary team has conducted their own RAs in CTP.

e. The SL will complete the Soldier's initial orientation counseling documenting it on a Developmental Counseling Form, DA Form 4856, (Appendix A, Figure 3) by close of business on Day 0. The SL will in-process the Soldier and his/her Family at the SFAC within 5 duty days.

f. The Human Resource Technician will input Soldier data into Electronic Military Personnel Office System (eMILPO) module within twenty-four hours. The arrival date into eMILPO must match the arrival date of the Soldier.

e. The CTP Management Analyst will complete the enrollment of the Soldier in the CTP by close of business on the next duty day.

h. The Medical Support Assistant enters newly arrived Soldiers into Medical Operational Data System, medical database, completes intake sheet, and coordinates initial Primary Care Manager appointment within 24 hours of arrival.

i. The Supply Technician will assign barracks room, cell phone, print off CIF records and ensure Soldiers have proper equipment, such as Cold Weather Gear, and issue linen for newly arrived Soldiers.

4. Assessment Process:

a. The assessment process ensures that a holistic assessment is conducted with each Soldier which includes the current status and abilities of the Soldier and his/her Family. Healthcare professionals initiate and document the initial assessment and all subsequent encounters in Armed Forces Health Longitudinal Technical Application (AHLTA). Non-clinical team members will document encounters in the CTP or other appropriate systems.

b. The assessment process starts with Soldier's assignment/attachment to the WTU and continues through the Soldier's stay in the WTU.

c. The WTU multidisciplinary team has the lead for this process and the commander has the primary responsibility for ensuring task completion.

d. Required tasks:

(1) The Soldier is accountable for attending all appointments as directed by their multidisciplinary team. The Soldier will complete the aCTP initial self-assessment within four calendar days of arrival and will participate in the development of any action plans identified by the SL and/or NCM. The Soldier will complete subsequent self-assessments as assigned by the commander. The frequency during the intake process will be weekly during in-processing at HHC.

(2) The SL will initiate a basic needs assessment within twenty four hours of the Soldier's arrival ensuring the Soldier and Family have housing, food, clothing and basic necessities and complete in 4 days. The SL will validate the Soldier's self-assessment within three calendar days after the Soldier completes it. The SL will document any identified action plans in the aCTP at the next assigned meeting with the Soldier. The SL will inform the Soldier of all clinical appointments and will be responsible for coordinating and deconflicting the Soldier's non-clinical care and activities. The SL will assist the Soldier in developing and maintaining a detailed daily activity schedule during in-processing. The SL will maintain daily accountability of the Soldier and monitor Soldier for on-going issue resolution, transition facilitation, and goal and risk assessment. The whole Self Assessment process will be started and completed in 7 calendar days. Once the Squad Leader initiates the initial Risk Assessment, they have 3 duty days to complete the task. If an event has occurred changing the risk level of a Soldier, the SL will immediately initiate a new risk assessment in the aCTP. The Community Based Warrior Transition (CBWTU) reference WTC Guidance, 20 Mar 09, program will be briefed by the SL through verbal and documented counseling (See Appendix A, Figure 4) explaining the process for meeting the requirements for assessment into the CBWTU.

(3) The PCM (or designee) will complete an initial clinical assessment and baseline medication review within 24 hours and will initiate a comprehensive clinical assessment to include updating the eProfile, initial referrals and medication reconciliation within three duty days. The PCM will perform the initial assessment, perform ongoing medication reconciliations and ensure that high-risk Soldiers have no more than a seven day supply of medications on hand. PCM discusses the effects of non-prescribed or over-the-counter medications and supplements. Initial assessment appointment will be scheduled for a minimum of 60 minutes. PCM will provide an expected wellness timeline to establish the targeted transition date. If an event has occurred to the Soldier that has the potential to affect the Soldier's risk level, then the PCM will immediately initiate a new risk assessment.

(4) The NCM will initiate a clinical assessment within twenty four hours and complete assessment within three (3) duty days. The NCM will initiate the initial assessment, which includes a review of medications, and identify any discrepancies to the PCM within 24 hours. The NCM will validate the self-assessment, initiate referrals as appropriate, and document any identified actionable items in the aCTP within 72 hours of the Soldier completing his/her self-assessment. The NCM will meet with the Soldier at least once per week for on-going case management. The NCM will coordinate with the OTR if a Soldier requires assistive technology. NCM or SL will refer to AW2 Advocate and/or Federal Recovery Coordinator (FRC) if appropriate. All encounters will be documented in AHLTA. If

an event has occurred to the Soldier that has the potential to affect the Soldier's risk level, then the NCM will immediately initiate a new risk assessment in the aCTP. The NCM is also responsible for conducting an evaluation for each newly arrived Soldier on whether or not they qualify for the Special Compensation For Assistance With Activities of Daily Living (SCADDL). The form utilized (See Appendix A, Figure 5) to identify those that meet the requirements to receive the special pay stemming from their medical prognosis.

(5) A CSW will complete initial and ongoing Behavioral Health Assessments IAW OTSG/MEDCOM policy memo 10-047, Behavioral Health Risk Assessment and Comprehensive Assessment, (13 July 2010). The ACTP assessment will be initiated within twenty four hours and complete assessment within three (3) duty days. If an event has occurred to the Soldier that has the potential to affect the Soldier's risk level, then the CSW will immediately initiate a new risk assessment in the aCTP.

5. Goal Setting Process:

a. The goal setting process guides the Soldier and his/her Family in the development of short and long-term goals that are Specific, Measurable, Attainable, Realistic, and Time-driven (SMART). Goals provide a roadmap supporting healing and transition. Goals will address the Soldier's career, physical, emotional, social, family, and spiritual domains.

b. The goal setting starts with a Soldier's assignment to a WTU and continues through his/her stay in the WTU. The Soldier will attend OTR-led goal setting training within 15 days of arrival at the WTU prior to being moved to a line company. Initial long term goals will be developed by the Soldier in collaboration with their multidisciplinary team within the first 30 calendar days of assignment/attachment to the WTU and finalized in the initial CTP Scrimmage that is conducted at their assigned line company.

c. The Soldier and his/her Family have the lead in developing his/her goals. The WTU cadre will support the Soldier throughout the process. All team members have responsibility to contribute to goal development and achievement regardless of the domain.

6. CTP Review Process

a. The CTP review process provides the multidisciplinary team with an opportunity to review Soldier's goals and progress with a focus on identifying and resolving issues that are impeding goal attainment. Each Soldier must take ownership of his/her plan to maximize the resources available in the WTU. The different elements of CTP Review (Soldier self-assessment, CTP Scrimmage, and FTR) must all work in concert to best facilitate the Soldier's successful transition.

b. Timeline: CTP Review starts during the Assessment Process of the CTP and continues through the Soldier's stay in a WTU.

c. The WTU Commander is responsible for establishing local policies and procedures to ensure that the CTP Review process is effective and required tasks are completed.

d. Required Tasks:

(1) Soldier Self Assessment: The self-assessment is designed to facilitate weekly discussions between the Soldier and his/her SL and NCM. The Soldier self-assessment development and SL/NCM validation is critical for understanding each Soldier's situation and sets the foundation for the CTP Review process.

(2) CTP Scrimmage: The CTP Scrimmage is a formal meeting with the Triad of Care and the SOLDIER's multidisciplinary team that uses the six domains of strength (career, physical, emotional, social, family and spiritual) to highlight a future oriented action plan. The CTP Scrimmage is designed to engage the Soldier in finalizing identified goals and measures of success for their time in the WTU and the future. Attendees at the initial CTP Scrimmage will include the Soldier and his/her Family, assigned Line Company SL and NCM, and the Line Company Baccalaureate Level Social Worker (BLSW). Other attendees may be included at the discretion of the commander and/or the request of the Soldier. The initial CTP Scrimmage should be completed once the Soldier arrives at line company and within 30 days of arrival to the WTU. CTP Scrimmages will validate the Soldier's goals, highlight completion benchmarks and tasks, and refine the Soldier's future plans. The frequency for Soldier self-assessments will be recommended to the commander at the conclusion of the initial CTP Scrimmage. Achievable goals that have not been met by the benchmarks will be reevaluated by the interdisciplinary team in conjunction with BN OT/PT/SW/TC to develop recommended course of action (COA) for the Soldier to attain the established goal. If it is determined that the goal is unobtainable, a similar achievable goal will be developed. Once the interdisciplinary team develops a recommended COA or alternative goal, the team will present the results to the Soldier for consideration.

(3) Focused Transition Review: The FTR is a formal meeting, similar to the CTP Scrimmage. It is led by the BLSW. The FTR brings senior WTU leadership oversight to the issues and action plans (CTP Scrimmage results) at 180-day intervals. The FTR focus is on identifying and removing barriers to goal attainment and transition. In addition to the multidisciplinary team, the WTU's company level leadership (CDR or 1SG, Senior Nurse Case Manager (SNCM)) and Brigade or Battalion leadership representative are present. The FTR will review the CTP Scrimmage plan and highlight projected Medical Retention Decision Point (MRDP) dates. At the initial 180 day FTR, the focus is on what the WTU can do to resource the Soldier's plan. By 180 days in the WTU, Soldiers are usually close to MRDP and they can better select the path to best facilitate their future. A subsequent FTR can be conducted at the 365 day mark or at the request of the interdisciplinary team as necessary to ensure the Soldiers are Transition Ready at their Transition Date.

(4) Synchronization: CTP Scrimmages and FTRs are designed to complement each other. They must closely follow the timeline below to be effective. The initial CTP Scrimmage will be completed no later than 30 calendar days after the Soldier's assignment/attachment to the WTU or transfer to an outpatient status.

30 days – initial CTP Scrimmage

90 days – follow on CTP Scrimmage

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180 days – FTR

270 days – follow on CTP Scrimmage

360 days – follow on CTP Scrimmage or follow on FTR is needed

This 90 day cycle of CTP Scrimmage and FTR continues through the Soldier's stay in the WTU.

7. Informational Briefings:

a. Each newly arrived Soldier will be given a series of informational briefings that will assist the Soldier and their Family during his/her time at the WTB. Each brief is tailored to a specific area of emphasis that can assist in the success healing and transition of each Soldier and is critical to the success of the program. See Appendix A (WTB In-processing Checklist) for listing of informational briefings.

8. Post/DDEAMC In-processing Process:

a. Each newly arrived Soldier will have to in-process certain areas at Dwight D. Eisenhower Army Medical Center (DDEAMC) and Fort Gordon (Garrison). See APPENDIX A (WTB In-processing Checklist).

9. Medical Dispositioning:

a. If a Soldier is medically evaluated and does not fit the criteria for complex nurse case management, he/she, depending on COMPO, will either be Returned to Duty (RTD) or REFRAD. The assigned PCM, along with the any other specialists, and the NCM will determine the disposition for each in-processing Soldier. If determined that the Soldier will be RTD, RTD to Rear-D or REFRAD, they will out-process HHC/Post/DDEAMC prior to their departure back to their home station/assigned unit.

10. Line of Duty

a. Line of Duty (LOD) processing for newly arrived Soldiers are forwarded from the losing units that are mobilizing, demobilizing, or deployed. The Statement of Medical Examination and Duty Status (DA 2173) and Commander's Memo are sent from the medical task force at the SRP sites to HHC via Soldier's hand carried packets or scanned documents through email. If the Soldiers come from Theater of Operations, HHC will request the LOD packet from the deployed unit through the Battalion Patient Administration Officer. If a Line of Duty has not been processed the Battalion will process an internal LOD for the servicemember utilizing medical documentation that disposition the Soldier to the Warrior Transition Battalion.

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11. The Point of Contact for this memorandum is the undersigned at 706-787-8374.

Appendix

A. Battalion In-processing Checklist Phase I

B. Warrior In-processing Checklist Phase II
(Figure 2)

C. Developmental Counseling Form DA 4856 (Figure 3)

D. Verbal and Documented Counseling Form (Figure 4)

E. SCADDL Form (Figure 5)

DEREK J. AUBEL

CPT, MS

Commanding

Appendix A

Figure 1.

FORT GORDON WARRIOR TRANSITION BATTALION WARRIOR IN-PROCESSING CHECKLIST PHASE 1										
NAME (LAST, FIRST MI)					R A N K	LAST FOUR		SQUAD LEADER ASSIGNED		
REPORT DATE			CONTACT PHONE NUMBER			FOLLOW- ON COMPANY:		NURSE CASE MANAGER ASSIGNED		
						A B C				
SERVICE COMPONENT (CIRCLE ONE): AC NG RC AGR IET						MEDEVAC: Y / N		CAMPAIGN: OIF OEF		
FIRST 24 HOURS-HHC BLDG 11303										
POC	TASK				HOURS /CONTACT INFO/LOCATION		SIGNATURE		DATE	
HHC SL	Personal Data Sheet, Current LES, Copy ID Card, DD93, SGLV Initial Assessment-SL AKO Account Active: Y / N Battle Injury: Y / N Purple Heart: Y / N Battle Injury Location: Initial Counseling, Soldier Handbook, Personal Property Record, Key Contact Card				SL Phone: (706) 787-8375, 0323, 0373, 0372					
CTP MA	Automated CTP Input POC: Ms. Cage				CTP Tech Phone: (706) 787-0348					
HHC NCM	Initial Assessment/Appointment Profile: Y / N Date: LOD: Y / N Date:									

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HHC SUPPLY	Cell Phone Issue Date: Cell Number: CIF Record Review Billeting Room Number: POC: Ms. Wilson	Supply Phone: (706) 787-0358		
HHC MSA	MODS Update Initial PCM Appt: POC: Ms. Anderson	MSA Phone: (706) 787-0322		
WTB PCM	CCC-PCM Appt-Med. Reconciliation Appointment Only	Hospital (DDEAMC) 2nd Flr. RM 2F-01A		
LSCW	Initial Risk Assessment/PBH-TRM Date:	M - 0800 - 1600, T/TH - 0800 - 1600, W - 0800-1200 F - 0800 -1600 Phone: (706) 787- 6396		
HHC HR	PDRMA, EMILPO, Update SGLV and DD93, Personnel Data Sheet/WTB Database, IPERMS Packet POC: Ms. Bishop	Military I.D., Orders, LES		
FIRST 72 HOURS-BN HQ (BLDG 327, 328, 357, 329)				
LOCATION	SECTION/POC	REQUIRED DOCUMENTS	HOURS OF OPERATION	SIGNATURE /DATE
BN S1 *Two Signatures	4187s (MRP), Attachment Orders, Meal Card Issue POC: Ms. Ragin and Ms. Mullins	Military I.D., Orders, S-1 Folder	M, T, Th, F 0800-1130; W 1300-1600 Phone: 706-787-0123 BLDG 328	
BN Finance	Pay and Entitlements, Travel Voucher Processing	Military I.D., Orders, Leave Forms, Travel Vouchers	M & F 0800-1130; 1300- 1500 W 1300- 1500 Phone: 706-787-8257/8704 BLDG 328	
BN S2	Security and Clearance Verification POC: Ms. Mullins	Military I.D., Orders	M-Th 0800-1100, 1300-1530 (706) 787-1188 BLDG 327	
OT	Occupational Therapy In-Processing	Military I. D.	T, Th, F, 0830-1130, 1300-1530 Ph: (706) 787-0174/0164 BLDG 357	
VA LNO	VA In-processing	Military I. D.	M, T, TH F 0800-1600, Phone: (706) 787- 3577/8735 BLDG 358	

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FRSA	Family Readiness Briefing POC: Ms. Storey	Military I. D.	M-F 0800-1200 RM #6 PH:787-8233 BLDG 327	
Career Counselor	Enlisted Career Counselor Briefing (Enlisted Only) POC: MSG Wade	Military I.D.	Hours: M, T, W, F 0900 - 1130, 1300-1600 BLDG 328	
FIRST 72 HOURS -DARLING HALL BLDG 33720				
LOCATION	SECTION/POC	REQUIRED DOCUMENTS	HOURS OF OPERATION	SIGNATURE/ DATE
RM 111A	Transportation (If Applicable) (706) 791-4184	Orders and Military ID	M-F 0730-1600	
RM 129	Post Housing (If Applicable) (706) 791-5116	Orders and Military ID	M, T, W, F 0730-1600 Th 1000-1600	
RM 151	POV Registration (706) 791-3132	Vehicle Reg/Insurance/Driver License (only if PCS'd)	M-F 0730-1600	
RM 161	ID Card Section (706) 791-3337	CAC Card/AKO Account	M, T, W, F 0730-1600 Th 0730-1630	
RM 161	DEERS (706) 791-3337	Orders/ Military ID/TRICARE Form	M-F 0730-1600	
RM 181	Patient Registration (CHCS) (706) 787-5764	Military ID	M-F 0730-1600	
FIRST 72 HOURS AFTER ARRIVAL-EAMC BLDG 300				
LOCATION	SECTION/POC	REQUIRED DOCUMENTS	HOURS OF OPERATION	SIGNATURE/ DATE
1st Floor	Dental Clinic	Orders and Dental Records	M & Th 1300	
2H-03	Outpatient Records	Orders and Military ID	M-F 0630-1600	
3F-19	Mail Room (706) 787-2742/5304	None Required	T-F 0730-1500	
2O-01	TRICARE - 2nd Floor (Beneficiary Services)	Form 415 & Military ID, Orders	M-F 0730-1600	
DAYS 3-15- HHC - BLDG 11303				
POC	TASK	HOURS /CONTACT INFO/LOCATION	SIGNATURE	DATE
Ed. Counselor	Ed. Career Counseling Briefing	T 0830-0900 (706) 787-8214		
WTB CDR/CSM	WTB CDR/CSM Briefing	1st & 3rd T 0900-0930		

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Ombudsman	Ombudsman Briefing	T 0930-1015 (706) 787-6023/8239		
Chaplain	Chaplain's Briefing	W 0800-0845		
Social Work	Suicide Awareness Briefing	Every Wednesday 0845-0930hrs		
AW2	Wounded Warrior Program Briefing	W 1030-1115 (706) 787-8256		
Legal	(JAG) MEB Brief	1st & 3rd Th 0900		
EOL/SHARP	EO/SHARP/REPEAL DADT Briefing	TH 0930-1030		
CDR/1SG	HHC Welcome	CDR Phone: (706) 787-8374 1SG (706) 787-8372		
DAYS 3-15-SOLDIER AND FAMILY ASSISTANCE CENTER (SFAC) BLDG 333				
POC	TASK	HOURS /CONTACT INFO/LOCATION	SIGNATURE	DATE
SFAC	In-processing (By Cadre Appt. Only)	T 1300-1400 & Th 0930-1100		
DAYS 3-15-OCCUPATIONAL THERAPY BLDG 357				
POC	TASK	HOURS /CONTACT INFO/LOCATION	SIGNATURE	DATE
OT	Goal Setting (By Cadre Appt. Only)	W 1000-1200, BLDG 357 Phone: (706) 787- 0174/0164		
ADDITIONAL REQUIREMENTS (MUST BE COMPLETED PRIOR TO REFRAD, RTD, OR MOVEMENT TO LINE COMPANY)				
POC	TASK	HOURS /CONTACT INFO/LOCATION	SIGNATURE	DATE
ICE Comment Card	Submit online Interactive Customer Evaluation for Community Care Clinic Initial PCM Appointment	HHC Computer Lab, Squad Leader Work Station		
HHC Survey	Complete HHC Survey	Turn Into Squad Leader		
<p>All Warrior will have up to 15 business days to complete the above listed tasks. This document must be turned in to the HHC HR Dept. after completion. Installation may have additional in-processing requirements. Identical entries will require only one signature on the installation in-processing checklist. Inpatient in-processing procedures: HHC will ensure the assigned Mission Company has in-processing packets on hand for in-patient WTs. The Mission NCO must forward the completed data sheet back to the HHC HR IMMEDIATELY after completion. Upon discharge please escort the WT to the HHC. Note: Phase 2 in-processing will be completed at assigned line company.</p> <p>Received completed in-processing checklist: Name/Signature: _____ Date: _____</p>				

Figure 2

**FORT GORDON WARRIOR TRANSITION BATTALION
WARRIOR IN-PROCESSING CHECKLIST
PHASE 2**

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NAME (LAST, FIRST MI)		RANK	LAST FOUR	SQUAD LEADER ASSIGNED	
REPORT DATE		CONTACT PHONE NUMBER	COMPANY:	NURSE CASE MANAGER ASSIGNED	
			A/B/C		
SERVICE COMPONENT (CIRCLE ONE): AC NG RC AGR			MEDEVAC: Y / N	CAMPAIGN: OIF OEF	
DAYS 16-30					
POC	TASK	HOURS /CONTACT INFO/LOCATION		SIGNATURE	DATE
OT, SSA, NCM, SL	Initial Scrimmage	A CO, Bldg 331 B CO, Bldg 332 C CO, Bldg 330			
CSF-Prep/ACEP	CSF Training IOT enhance the mental skills essential for the pursuit of personal strength, professional excellence, and the Warrior Ethos.	Bldg. 29717 Monthly: Monday thru Thursday from 1230hrs to 1630hrs			
<p>All Warriors will have up to 15 business days to complete the above listed tasks. This document will be maintained in Warrior's Squad Leader folder.</p> <p>SL Verification of Completion: Name/Signature: _____ Date: _____</p>					

Figure 4.

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	
Headquarters Company, Warrior Transition Battalion, DDEAMC		
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.) This is an initial performance counseling upon assignment/attachment to HHC, Warrior Transition Battalion, Ft Gordon, GA 30905. The purpose of this counseling is to inform the Soldier of expectations, policies, and procedures while they are in the unit.		
PART III - SUMMARY OF COUNSELING		
Complete this section during or immediately subsequent to counseling.		
Key Points of Discussion: 1. Because of the number of areas covered in this initial counseling, the main body of the counseling is found on the attached continuation sheets. 2. The WT will initial in the space provided to the right of the item number. The WT's initials constitute acknowledgement that the he/she was briefed and understands the content of that particular subject. 3. The WT's signature on the reserve page of the DA Form 4856 constitutes understanding of the initial performance counseling. 4. Violations of any of the subjects of this counseling may result in a recommendation for non-judicial punishment under Article 15 of the Uniform Code of Military Justice as listed below. YOU MAY BE SUBJECT TO PUNISHMENT UNDER ARTICLE 15, UCMJ, OR MAY BE PROCESSED FOR SEPARATION UNDER THE PROVISION OF CHAPTER 5, 9, 11, 13, 14, OR 18, AR 635-200 FOR EVENTS OR OCCURRENCES LISTED IN THIS COUNSELING. IF YOU ARE INVOLUNTARILY SEPARATED YOU COULD RECEIVE AN HONORABLE DISCHARGE, A GENERAL, UNDER HONORABLE CONDITIONS, OR AN UNDER OTHER THAN HONORABLE CONDITIONS DISCHARGE. AN GENERAL DISCHARGE MAY BE AWARDED FOR SEPARATION UNDER CHAPTER 14. IF YOU RECEIVE AN HONORABLE DISCHARGE, YOU WILL BE QUALIFIED FOR MOST BENEFITS RESULTING FROM MILITARY SERVICE. AN INVOLUNTARY HONORABLE DISCHARGE, HOWEVER, WILL DISQUALIFY YOU FROM REENLISTMENT FOR SOME PERIOD OF TIME AND MAY DISQUALIFY YOU FROM RECEIVING TRANSITIONAL BENEFITS (E.G., COMMISSARY, HOUSING, HEALTH BENEFITS) AND THE MONTGOMERY G.I. BILL. IF YOU RECEIVE A GENERAL DISCHARGE, YOU WILL BE DISQUALIFIED FROM REENLISTING IN THE SERVICE FOR SOME PERIOD OF TIME AND YOU WILL BE INELIGIBLE FOR SOME BENEFITS INCLUDING THE MONTGOMERY G.I. BILL. IF YOU RECEIVE AN UNDER OTHER THAN HONORABLE CONDITIONS DISCHARGE, YOU WILL BE INELIGIBLE FOR REENLISTMENT AND FOR MOST BENEFITS INCLUDING PAYMENT FOR ACCRUED LEAVE, TRANSPORTATION OF DEPENDENTS AND HOUSEHOLD GOODS TO HOME, TRANSITIONAL BENEFITS AND THE MONTGOMERY G.I. BILL. YOU MAY ALSO FACE DIFFICULTY IN OBTAINING CIVILIAN EMPLOYMENT, AS EMPLOYERS HAVE A LOW REGARD FOR THE GENERAL AND UNDER OTHER THAN HONORABLE CONDITIONS DISCHARGE. ALTHOUGH THERE ARE AGENCIES TO WHICH YOU MAY APPLY TO HAVE THE CHARACTER OF YOUR DISCHARGE CHANGED, IT IS UNLIKELY THAT ANY SUCH APPLICATION WILL BE SUCCESSFUL."		
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)
- SOLDIER WILL ADHERE TO ALL POLICIES AND REGULATIONS OF THE WARRIOR TRANSITION BATTALION AND HHC.

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.)
- Communicate, Disseminate, Acknowledge
- Provide resources
- Communicate with Case Managers
- Enforce TRIAD

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.

CONTINUATION PAGE 1 – INITIAL COUNSELING

1. DUTY HOURS: Your normal duty hours will be from 0730 until 1600 hrs daily Monday thru Friday. Lunch is from 1130 until 1300 hrs. At times appointments may occur before or after these stated times.
2. FORMATIONS/ACCOUNTABILITY: Formations are mandatory and held Monday thru Friday at 0730/1600 in front of Bldg 19751, Ft Gordon, Ga. 30905. You must notify your SL or PSG if you are going to miss a formation. Accountability is a major issue and you are individually responsible for your accountability with your Squad Leader. Formation time and location are subject to change, mission dependent.
3. PT and Weight control: All Soldiers (within limits of profile) are required to maintain the Army's Height and Weight Standards. It is your individual responsibility to maintain your physical fitness. PT is done on your own. You, your SL and the company OT will develop an individual PT plan military standard to maintain. You will be required to weigh in monthly.
4. COUNSELING: You will be counseled monthly on your performance. Event oriented counseling will be conducted for violations of policies. Disciplinary counseling's will be provided to the company command team for consideration of UCMJ actions.
5. SCHEDULED APPOINTMENTS: A copy of your appointment slips must be turned in to the SL, PSG, or ISG and logged into the appointment book daily. A copy must be provided to your supervisor to include cancelled appointments and no-shows. "No shows", are not tolerated and will result in a counseling statement. You can and will be dropped from the program should a pattern of multiple missed appointments develop.
6. BILLET INSPECTIONS/HEALTH and WELFARE: Squad Leader's conduct walk thru room inspections every Monday thru Friday or when directed by the Commander/ISG. It is your responsibility to keep barracks up to standards and secured at all times and to become familiar with the Soldier's Barracks Policy.
7. PASS or LEAVE: I have read and understand both the WTB and HHC leave and pass policies.
8. OFFICE ETIQUETTE: Respect and appropriate courtesies are expected when speaking or addressing a fellow Soldier. When addressing an NCO standing at parade rest is expected. When addressing an officer standing at attention is the proper position. NCO's shall be addressed as sergeant, first sergeant or sergeant major. Officers will be addressed as either sir or ma'am.
9. CASE MANAGEMENT: You will adhere to instructions given to you by your case manager. All appointments made will be brought to the attention of the case manager, SL and PSG. You will also go through your case manager to schedule all appointments.

CONTINUED ON NEXT PAGE

CONTINUATION PAGE 2 – INITIAL COUNSELING

Medical care is now your primary military mission and is closely monitored. Report all medical appointments to your SL or PSG in advance. You will report to your nurse case manager (NCM) with your medical records after every scheduled appointment. Scheduled appointments will not be changed without the approval of your PSG, 1SG or Commander. Any changes will be made by your NCM.

10. CHAIN OF COMMAND: If for any reason you need assistance, ensure you use the proper Chain of Command; SL, PSG, 1SG and Commander.
11. SICK CALL: If you need to go on sick call during the normal duty day see your case manager for an appointment. After your appointment, report back to your SL or PSG with a copy of your sick call slip. If it is an emergency after the normal duty day go to the emergency room immediately. It is your responsibility to notify your squad leader of your emergency. If you are unable to, have your Battle Buddy notify your squad leader.
12. QUARTERS / CONVALESCENT LEAVE: If you receive quarters/convalescent leave, you are to personally bring the slip to your SL or PSG for CDR approval.
13. APPEARANCE: While in the Warrior Transition Battalion, you are expected to look and act like a soldier. Duty uniform is ACU's when not going to medical appointments. Duty uniform when going on medical appointments is the improved physical fitness uniform (IPFU). If you have no military uniforms available, inform your PSG immediately. Soldiers will comply with the Fort Gordon standards of conduct and appearance as well as remain within the guidelines of AR 670-1 to include shaving, hair, nails, jewelry, etc.
14. VEHICLE VIOLATIONS: Read the memorandum regarding this specific policy. If you are stopped by the MPs and ticketed, you must provide a copy of the ticket to the 1SG/PSG.
15. POLICE CALLS: Check with your SL or PSG for any area of responsibility. You are still responsible for policing the Company area **DAILY**. All areas are subject to inspection.
16. OTHER BRIEFING ITEMS: Weapons, DUI, Off Post employment, EO/Sexual Harassment, and UCMJ.
17. POLICY LETTERS: You are responsible for reading all HHC policies letters and SOPs within the first two weeks of arrival.
18. VALUE CARD / TAG: Yes or No
19. INITIAL ENTRY TRAINING (IET) / ALL MEDICAL STUDENTS: You will not associate with IET soldiers, if violated you could be punished under UCMJ. There is NO reason to violate this policy unless there is a life/death emergency. An IET soldier is identified with a tag on their uniform and civilian clothes; however medical students are not. It is your responsibility to ask if the person is a student both on and off post.

CONTINUED ON NEXT PAGE

CONTINUATION PAGE 3 – INITIAL COUNSELING

20. CELL PHONE WHILE DRIVING: Only Blue Tooth (hands free phones) can be used while operating a Privately Owned Vehicle (POV), on FT Gordon, GA. Do not use a hand held cellular phone while driving on Post.

21. NON COMPLIANCE with COMPREHENSIVE TREATMENT (CTP) PLAN: Once you volunteer to be placed on the MRP program you have requested to remain on active duty until you reach optimal medical condition care or a medical evaluation board is completed. Soldiers determined to be noncompliant with their medical treatment plan are punishable by UCMJ action and/or REFRAD, to resolve their medical issue through their TRICARE benefits or with the Veteran's Administration.

22. ALCOHOL FREE ZONE: Pursuant to MEDCOM FRAGO 27 to OPERATION ORDER 07-24, effective 22 FEB 08, alcohol is not permitted (consumed nor stored) in or around any WTB billeting areas. Said areas include, but are not limited to, Bldg 317, Ring Hall, Stinson Hall and the entire WTB Barracks Complex which include Bldgs 19750, 19751, 19753, 19755 and 19757. WTU Soldiers are NOT authorized to possess alcohol in their living quarters or outside of these facilities. Violators of the prohibition will be subject to disciplinary action under UCMJ.

23. EDUCATION: While in the WTB you can attend classes both online and classroom. During this time you are required to comply with AR 624-5. You must notify your squad leader of any changes in your course schedule and provide them with copies of your grades after each class. Failure to comply may result in your removal from the program.

24. PRIVATELY OWNED WEAPONS: The purpose of this counseling is to ensure that you, as a Warrior in Transition the possession, documentation, location and disposition of any Privately Owned Weapons. A Privately Owned Weapon is defined as any of the following legally acquired or purchased items: knives with blades measuring more than four inches, registered pellet guns, BB guns, archery equipment, firearms and ammunition. For more definitions, regulations and guidance refer to USASC&FG Regulation 210-13, dated 28 February, 2007. I affirm or attest that I have been briefed on the requirements for reporting the possession, location and disposition of a Privately Owned Weapon while assigned/attached as a Warrior in Transition to HHC, WTB, DDEAMC and Ft Gordon. At this time I want to confirm that:

a. I AM NOT in possession of a Privately Owned Weapon as defined by USASC&FG Regulation 210-13 at this time nor do I intend to purchase or otherwise acquire a Privately Owned Weapon during my stay here. Should I acquire a Privately Owned Weapon while at Ft Gordon I will inform my Chain of Command immediately?

Signature: _____

Date: _____

CONTINUED ON NEXT PAGE

CONTINUATION PAGE 4 – INITIAL COUNSELING

b. I AM in possession of a Privately Owned Weapon as defined by above mentioned regulation and wish to begin the required processing, documentation and turn in of my Privately Owned Weapon IAW USASC&FG Regulation 210-13.

Signature: _____

Date: _____

Upon notification of your forthcoming departure from HHC, WTB, DDEAMC and Ft Gordon you will be required to clear from the arms room. Part of that clearing procedure will be to remove your weapons from the arms room. Failure to comply could result in UCMJ action being taken against you.

25. ___ MEDICATIONS: The purpose of this counseling is to ensure that you, as a Warrior in Transition assigned/attached to HHC, WTB, DDEAMC, Ft Gordon understand your responsibilities regarding the documentation, use or disposal of your medication during your stay with the unit. Listed below are topics which need your highest attention. At a minimum you will ensure that:

a. All prescribed medication will be properly documented in your medical records by a medical professional.

b. All non-prescribed medications will be turned in to the DDEAMC pharmacy immediately.

c. All prescription medications that you are no longer prescribed to use must be turned in to the DDEAMC pharmacy immediately.

d. All medications (prescribed or non-prescribed) that have surpassed their expiration date will be turned in to the DDEAMC pharmacy immediately.

e. Your medication must be secured in your room at all times. Either in a wall locker, safe or cabinet drawer where you are the only person having access to the medication.

f. You need to keep your Triad informed at all times of any changes in your medication regime, i.e. any time that you stop, start or change the dosage of a medication. If you have questions about your medication ask your Nurse Case Manager or Primary Care Manager for an explanation.

g. You are only authorized to obtain fills and refills of your prescription medication from the DDEAMC pharmacy.

26. ___ BATTLE BUDDY: Every Soldier in HHC is required to have a "Battle Buddy". Teamwork, taking care of and looking out for each other is imperative. You and your Battle Buddy are responsible for each other. Take care of your buddy and he/she will take care of you. Your Battle Buddy is _____.

27. ___ BILLETS POLICY: I have read and understand the Warrior Transition Battalion and HHC billets policy.

CONTINUED ON NEXT PAGE

CONTINUATION PAGE 5 – INITIAL COUNSELING

28. ___ PRIVATELY OWNED VEHICLES: POV's on post are the responsibility of the Soldier. They must be registered on post and be in proper operating order. Unless stated on your orders, the government will not reimburse you for mileage, fuel, vehicle maintenance or any other costs associated with a privately owned vehicle.

29. ___ WT FAMILY MEMBERS: With the exception of those WT's who have PCS'd to the unit, HHC, WTB Ft Gordon or DDEAMC are not responsible for the housing, transportation, childcare, meals or any other subject associated with family members. The only exceptions are those family members on TT&O or Non Medical Care orders. The FSGR at BN and SFAC have representatives that can assist a WT with issues, however, if you bring a family member or others to the area it is your responsibility to care for said persons.

30. ___ CTP Self Assessment is done weekly through your AKO, under my tasks. YOU MUST COMPLETE THE INITIAL CTP SELF ASSESSMENT WITHIN 24 HRS OF ARRIVAL.

31. ___ HHC is utilized for initial in-processing which takes approximately 14 days you are responsible for making sure all blocks are signed on your gold sheet. Goal setting will be the last thing you do at around the 14 day mark. At that point you will be assigned to a line Company (A, B or C).

32. ___ I understand the cell phone is to be used for official business only related to the WTB (i.e. contacting PSG, 1SG, CDR, NCM, and PCM etc...). I understand they only have 450 min per month and unlimited texting. I understand there are no free nights/weekends, no free mobile-to-mobile calls. I understand the cell will not be used to call overseas under any circumstances.

33. ___ CONDUCT. Despite their individual illness or injuries, WT's remain subject to Army regulations, customs and courtesies, administrative policies, and the Uniform code of Military Justice (UCMJ). Commanders are responsible for maintaining good order and discipline in the WTU's and will enforce all applicable Army Regulations and policies, as always, commanders should consult with their local Staff Judge Advocate as part of the disciplinary process.

34. ___ ILLEGAL DRUGS. Use, possession, and distribution of legal drugs are violations of the UCMJ. 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 UCMJ action if such action is deemed appropriate by the soldier's commander. In accordance with AR 635-200, Para 14-12c(2)(b)1, "processed for separation" means that separation authority for appropriate action will be initiated and processed through the chain of command to the separation authority for appropriate action.

CONTINUED ON NEXT PAGE

CONTINUATION PAGE 6 – INITIAL COUNSELING

35. _____ Urinalysis Testing. Commanders have control of urinalysis testing through the use of “smart testing techniques”. IAW AR600-85, Para 4-2(a), unpredictability and frequency is a determining factor deterring Soldiers from using and abusing drugs. Smart testing techniques must extend beyond random selection of soldiers; it must include randomness of frequency (how often the commander tests) and periodicity (when during the month/week/day the commander tests). When mission and organizational structure allows, the random drug testing program should be managed at the battalion level, with the battalion level commander or their designated representative randomly selecting and testing 4-5 percent of the battalion strength weekly, detailing different companies to conduct the collection each week per AR 600-85, 4-2(d). This random testing will give battalion level units a 200% random testing rate if followed through in accordance with the regulation.

36. _____ Profiles. WT's will adhere to all medical profiles, to include no-alcohol profiles. Profiles are designed to ensure a positive rehabilitative process and healing. The chain of command will enforce all medical profiles. Adaptive physical activity is critical to overall successful healing and transition. Soldiers will receive guidance on what actions are permissible and non-permissible within the parameters of their profile from a WTU physical therapist or physical therapist assistant. The chain of command, as well as the WT should emphasize capabilities vice disabilities. All WT's are expected to CARRY A COPY OF THEIR INDIVIDUAL PROFILE AT ALL TIME.

37. _____ Special Compensation for Assistance of Activities of Daily Living (SCAADL) is a program authorizing compensation for catastrophically ill or injured Soldiers. The law's intent is to help offset the economic burden placed on caregivers who are providing non-medical care, support and assistance to eligible Soldiers. Soldier participation is voluntary but **HIGHLY** encouraged. The SCAADL applies to Active and Reserve Component Soldiers who have a **permanent catastrophic injury or illness** incurred or aggravated **in the line of duty**.

Figure 4.

DEVELOPMENTAL COUNSELING FORM <small>For use of this form, see FM 6-22; the proponent agency is TRADOC.</small>		
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>The purpose of this counseling session is to review your eligibility for transfer to a CBWTU 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 CBWTU/WTU transfer due to the reasons listed below and that the reasons have been explained to you by your SL and/or NCM.</p> <p>Per MEDCOM OPORD 09-34, Annex S, page S-2, para 4 (Centralized Warrior Transfer Process).</p>		
PART III - SUMMARY OF COUNSELING		
Complete this section during or immediately subsequent to counseling.		
<p>Key Points of Discussion:</p> <p>Eligible for transfer: YES NO</p> <p>Reason not eligible (NCM/SL initial applicable):</p> <p>Treatment plan pending _____</p> <p>Does not meet CB WTU criteria _____</p> <p>Warrior is high risk _____</p> <p>Level of care not available in Warrior's community _____</p> <p>Warrior is encumbered by admin hold or 1/CM-1 _____</p> <p>Residence not established _____</p> <p>No reliable transportation _____</p> <p>Lives within 50 miles of established WTU _____</p> <p>Requires < 60 days of treatment _____</p> <p>MEB/IDES process _____</p> <p>Support system not in place (i.e. spouse/parents, etc...): _____</p> <p>Other: _____</p> <p>I will not cancel and/or reschedule any appointments. If I have a scheduling conflict I will inform my SL and NCM immediately.</p> <p>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 rued list, if needed.</p> <p>I will discuss my eligibility to transfer to a CBWTU 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.</p> <p>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).</p> <p>I(circle one).DO. DO NOT wish to have my Family involved in my care plan. SM initials:</p>		
OTHER INSTRUCTIONS		
<p>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.</p>		

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, Warrior will:
List actions the Warrior must take to prepare for transfer and what SL/NCM will do to assist.

If not eligible for transfer, Warrior will:
List actions the Warrior must take in order to become eligible for transfer. to CBWTU/WTU with applicable

Assessment Date: (set date for next counseling session).

CRITERIA FOR CBWTU/WTU TRANSFER ELIGIBILITY DETERMINATION:

1. LINE OF DUTY
2. MRP ORDERS
3. 60 DAY PLAN OF CARE

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 Warrior in identifying tasks, timelines and suspense's for completion of required tasks. Follow up in ___ days to assess status of meeting suspense's. Share a copy of the counseling statement with the Interdisciplinary Team 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.

MCHF-WT-HHC

SUBJECT: Standard Operating Procedure #1 – Warrior In Transition Inprocessing



**DEPARTMENT OF THE ARMY
DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER
HEADQUARTERS AND HEADQUARTERS COMPANY
WARRIOR TRANSITION BATTALION
FORT GORDON, GEORGIA 30905-5650**

REPLY TO
ATTENTION OF:

MCHF-WT-HHC

15 February 2012

MEMORANDUM FOR RECORD

SUBJECT: Initial Screening Form for Permanent Catastrophic Injury, Homebound Status, and Need for Special Compensation for Assistance with Activities of Daily Living (SCAADL)

1. Name of Soldier: _____

A. Soldier has a permanent catastrophic injury or illness

A permanent catastrophic injury or illness is a permanently severely disabling injury, disorder or illness that compromises the ability of the Soldier to carry out activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others. **(YES/NO)**

List the Soldier's permanent catastrophic injury(ies) or illness(es):

B. Soldier needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and, in the absence of such care, would require hospitalization, nursing home care, or other residential institutional care. **(YES/NO/NA)**

Signature of HHC NCM

Date

Printed Name of HHC NCM

MCHF-WT-HHC

SUBJECT: Standard Operating Procedure #1 – Warrior In Transition Inprocessing