



# WARRIOR IN TRANSITION HANDBOOK

Fort Gordon, Georgia



Dwight D. Eisenhower  
Army Medical Center

OCTOBER 2011  
7<sup>th</sup> Edition





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**DISCLAIMER: THE CONTENT IN THIS HANDBOOK PROVIDES GENERAL INFORMATION TO A BROAD AUDIENCE AND IS NOT INTENDED TO PROVIDE SPECIFIC INDIVIDUALIZED INFORMATION THAT IS COVERED IN DETAIL IN THE REFERENCED DEPARTMENT OF DEFENSE AND ARMY PUBLICATIONS. IN SOME CASES, INDIVIDUAL CIRCUMSTANCES WILL RESULT IN ACTIONS AND PROCEEDINGS THAT ARE DIFFERENT FROM THOSE DESCRIBED IN THIS HANDBOOK.**

## WELCOME LETTER

Fellow Soldier,

Welcome to Fort Gordon, Georgia. On behalf of our Cadre, I want to personally thank you for the sacrifices you have made in support of the Global War on Terrorism. You are a true patriot for answering our Nation's call.

Your assignment to this unit means that you have been injured or wounded and need medical attention. I do believe that you could be in no better place for treatment. The unit Cadre and support Staffs are committed to providing you with outstanding leadership, administrative support, and medical care.

You will develop relationships with your clinical case manager, squad leader, platoon sergeant, the administrative support Staff, and various installation support agencies as you begin your plan of care. Throughout this process, you will be treated with dignity and respect at all levels. I want to know if you experience anything less.

Your road map to success:

1. Know this handbook. The answers to many of your questions are contained in this handbook.
2. Remain drug free. We have experienced NCOs running our drug-testing program and 100 percent testing is in effect. If you have a substance abuse problem and desire help, please inform your chain-of-command to receive professional help without retribution.
3. Attend all of your appointments. The only way for you to improve your health is to follow all medical instructions, including attending all appointments.
4. Use your chain-of-command. The best way to resolve problems is to develop a good working relationship with your leaders.

Again, welcome to Fort Gordon. Although I hope your stay here is short, I am committed to ensuring that you receive optimal, quality care and a smooth transition from active duty to the next step in your journey.



Rory B. McCormack  
LTC, FA  
Commanding

## **Warrior Transition Battalion: Mission Statement**

To restore the injured Soldier and return him or her to fighting strength. Those that cannot be returned to duty will then, with dignity and compassion, be assisted through the transition back to civilian life. The U.S. Army is absolutely committed to taking care of all of the gallant warriors that have served, by providing the best possible health care and assistance to all wounded injured or ill Soldiers. The Soldier will always be our top priority.

The Warrior Transition Battalion will provide command and control, primary care and care management; utilizing compassion, dignity and respect for the warriors in the Warrior Transition Battalion and to establish the conditions for healing and to promote their timely return to the fighting force or the transition to civilian life.

## **Warrior in Transition: Mission Statement**

I am a “Warrior in Transition”. My job is to heal as I transition back to duty or continue serving the nation as a Veteran in my community. This is not a status, but a mission. I will succeed in this mission because I AM A WARRIOR and I AM ARMY STRONG!

## CHAPTER 1: INTRODUCTION

**1-1. PURPOSE:** The purpose of this handbook is to provide Warrior in Transition (WT) Soldiers with information on Warrior Transition operations, medical treatment and disability processing, as well as guidance on standards of conduct and key policies. See applicable local Warrior Transition Unit (WTU) policy memoranda and standing operating procedures (SOP) for specific directives.

**1-2. APPLICABILITY:** This Warrior in Transition Soldier Handbook applies to all Soldiers on MRP orders assigned or attached to a Warrior Transition Unit (WTU), including Medical Retention Processing Units and Community Warrior Transition Units (CBWTU). All WT Soldiers are required to read and familiarize themselves with this handbook. Soldiers will follow the provisions in this handbook while in a Warrior Transition status.

**1-3. GENERAL:** Warrior Transition Unit operations include 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. The Surgeon General and US Army Medical Command (MEDCOM) have the responsibility for executing MHO operations for the Army. The US Army Installation Management Command (IMCOM), the US Army Human Resources Command (HRC), the US Army Finance Command (FINCOM), the Army G-1, and other Department of The Army (DA) Staff elements and agencies are supporting Commands.

**1-4. REFERENCES:** Required and related publications and prescribed and referenced forms are listed in Appendices A and B.

**1-5. EXPLANATION OF ABBREVIATIONS & TERMS:** Abbreviations and special terms used in this handbook are defined in the Glossary.

**1-6. WOUNDED SOLDIER AND FAMILY HOTLINE:** The Acting Secretary of the Army and the Army Chief of Staff have established a Wounded Soldier and Family Hotline. This hotline is committed to: 1) offer injured Soldiers and family members an avenue to seek solutions to medically related issues, and 2) provide the senior Army leadership an insight on Soldier medical issues so that appropriate action are taken to improve the Army's medical services. The hotline toll free number **1-800-984-8523**, its overseas DSN **312-328-0002**, its stateside DSN **328-0002** or via its email address [wsfsupport@conus.army.mil](mailto:wsfsupport@conus.army.mil). The local ombudsman is **787-6023/8239** at 706-787-0327.

**1-7. FOLLOW-UP RESPONSIBILITY:** The WTB Program under the Office of the Surgeon General (OTSG) of the Army is responsible for the content of this Handbook. Revisions will be conducted periodically as program or policy changes occur.

## CHAPTER 2: MISSION COMMAND (MC)

### SECTION I: POLICIES & ACCOUNTABILITY

**2-1. MISSION COMMAND (MC):** The Army has established dedicated Mission Command (M2) units for Warriors in Transition (WTs). At Fort Gordon, the Warrior Transition Unit (WTU) consist of a Battalion Headquarters Staff, 4 companies (HHC, A, B and C) and a Community Based Warrior Transition Unit (CBWTU). CBWTU's are off-installation commands. In addition to the usual C2 responsibilities, WTU commanders ensure that Soldiers are compliant with their medical treatment plans, provide billeting that supports their functional limitations, resolve administrative issues, assign meaningful Title 10 work and assist Soldiers assigned or attached to the WTU in their return to the fighting force or their transition to civilian life. At the company level the command team consists of:

a. Commander. The Commander coordinates with the WTU team daily, including health care professionals, administrative and logistical support Staff, and their own command and control Staff. Commanders are responsible for providing reports and other support to their higher headquarters. WTU Commanders are mature and decisive leaders who can balance mission requirements and good judgment.

b. Executive Officer. Executive Officers (XO) stand in for Commanders in their absence, assist Commanders in fulfilling their responsibilities, and oversee the Staff administrative functions.

c. First Sergeant. First Sergeants (1SG) serve as the senior enlisted advisor to the Commander. Positioned between the Platoon Sergeants (PSG) and the Commander in the "Chain-of-Command", they provide direct supervision of Platoon Sergeants.

d. Platoon Sergeants and Squad Leaders. All WTs are assigned to a platoon. The Platoon Sergeant and Squad Leader are the first line leaders for the WT. In addition to the usual responsibilities, the platoon sergeant and the squad leader will:

- (1) Communicate daily with all assigned WTs.
- (2) Maintain a communication log for each WT.
- (3) Establish a familiarity with each Warrior in Transition in order to be the primary contact when the Soldier experiences problems (i.e. pay issues, family problems, stress reactions, etc).
- (4) Coordinate closely with nurse case managers and other members of the care team.
- (5) Ensure WTs keep their scheduled medical appointments, and other in- and out-processing requirements.
- (6) Make recommendations for referring eligible Soldiers to a CBWTU.

**2-2. COMMANDER'S OPEN DOOR POLICY:** In accordance with Army Regulation 600-20, Army Command Policy, *"Commanders will establish an open door policy within their Commands. Soldiers are responsible to ensure that the Commander is aware of problems that affect discipline, morale, and mission effectiveness; and an open door policy allows members of the Command to present facts, concerns, problems of a personal and professional nature, or other issues which the Soldier has been unable to resolve."* The Commander's open door policy does not supersede the use of the Chain-of-Command; it resolves problems/issues and suggests improvements. For further information on the current battalion commanders' open door policy, refer to Warrior Transition Battalion, Fort Gordon Policy Letter #1.

**2-3. FORMATIONS & SOLDIER ACCOUNTABILITY:** Commanders are responsible for the full accountability of their Soldiers, **regardless of rank or component**. For the purposes of accountability and information sharing, all Soldiers in a duty status shall be at formation. Platoon Sergeants may excuse Soldiers with medical appointments or other scheduled appointments. Soldiers are responsible for keeping their Squad Leaders and Platoon Sergeants informed of events that take them away from their regularly scheduled activities. Formation times and location is listed on the unit's training schedule unless otherwise directed by the Commander/ISG.

**2-4. TRAINING & EDUCATION:** All Soldiers are required to attend scheduled training. Since more than 80% of all Soldiers on MRP orders return to duty, Soldiers shall maintain their military skills. In addition, there will be special focused training for the WTB Soldier to assist in the transition back to civilian life. Training includes briefings on Department of Veteran Affairs (DVA or VA) benefits, ACAP, the Physical Disability Evaluation Process (PDES), and transition processing.

a. Training schedules are located on Company bulletin boards and announced at formation. The PSG will also have copies of training schedules and will be available to answer any questions.

b. Soldiers are required to attend all scheduled training unless they have an appointment specific to their medical treatment plan or excused by their PSG. Soldiers should notify their Squad Leader or PSG if any training violates their *Physical Profile (DA Form 3349)* or interferes with their medical treatment and healing. Except as noted above, WTB Soldiers shall participate in training and education events in anticipation of their return to full duty.

c. Military Education: WTB Soldiers are eligible to attend military courses under the following conditions:

(1) Course work will not delay or interfere with the Soldier's medical treatment or disposition plan.

(2) Course work does not violate any limitations found in the Soldier's *Physical Profile (DA Form 3349)*.

(3) Soldier has received permission from their chain-of-Command, nurse case manager and duty assignment supervisor.

d. Civilian Education: WTB Soldiers on MRP orders are eligible to attend civilian higher education courses at any of the local colleges or universities under the following conditions:

(1) School hours do not interfere with the Soldier's medical treatment or disposition plan.

(2) School hours do not interfere with the Soldier's duty assignment.

(3) Soldiers have received permission from their Chain-of-Command, nurse case manager and duty assignment supervisor.

(4) Contact your platoon sergeant, squad leader or Battalion Education Career Counselor for more information on civilian education opportunities on Ft. Gordon.

**2-5. PHYSICAL TRAINING:** Physical training (PT) time and location will be annotated on the training schedule unless otherwise directed by the Commander/ISG. Commanders/ISGs shall modify their PT programs as appropriate to complement WTB Soldiers' treatment plans and to facilitate WTB

Soldiers' return to duty. Personnel will be required to attend PT formations and perform PT within the confines of their *Physical Profile (DA Form 3349)*. The WT's platoon sergeant and squad leader will sit

down with the WT and develop an adaptive physical fitness training program based on the WT's physical profile. Soldiers will keep their Chain-of-Command informed of any changes in their physical profile recommendations and will carry their profile *DA Form 3349* with them at all times.

**2-6. WEIGHT CONTROL PROGRAM:** Although physical restrictions from illness or injury can be challenging, Soldiers are accountable for and shall adhere to weight standards IAW AR 600-9. All WTB Soldiers will be weighed (and taped, if indicated) within 30 days of their arrival. Soldiers who are overweight or have excessive levels of body fat will be counseled and placed on a modified Army Weight Control program. Through the assistance of medical personnel and nutrition-based dieting, WTB Soldiers should be successful in maintaining Army weight standards.

**2-7. JOB ASSIGNMENTS:** All WTB Soldiers are considered for job assignments. The Soldier's first priority is to receive medical care, arrive at appointments promptly, and optimize their medical status. Job assignments, within the limits of the Soldiers' physical profile, enable Soldiers to enhance their overall well-being through mental and physical exercise, demonstrate retention and promotion potential, and, in some cases, serve as a trial of duty IAW AR 40-501.

a. Soldiers are normally assigned Title 10 duties while on MRP orders. Duties will be assigned within the limits of the Soldiers' physical profile limitations and appropriate to their rank. The temporary nature of MRP status is considered when determining appropriate job assignments, as well as previous skills and training. If asked to perform duty that violates Soldier's physical profile, the Soldier should immediately notify his/her job supervisor and/or platoon sergeant.

b. Rules of engagement include:

(1) Approved and signed Memorandum of Agreement (MOA) between the WTB Command and the duty assignment Command. The MOA will address responsibility for daily supervision and accountability at assigned place of duty. Although accountability is ultimately the WTB Commander's responsibility, the onsite work supervisors will assist the Commander.

(2) Soldiers shall report for duty on time and perform duties for a normal duty day, unless properly excused (including approved profiles that limit the workday). The Command shall approve all absences (i.e. medical appointments). In addition, all Soldiers shall keep their work place supervisor informed of any functional limitations and projected absences.

(3) Soldiers will maintain proper military bearing and conduct at all times, and comply with the established policies and procedures of their assigned place of duty. The WTB Commander and workplace supervisor will negotiate any discrepancies.

(4) Soldiers will not terminate job assignment without Command approval.

(5) Failure to comply may result in UCMJ action.

## 2-8. TRANSPORTATION:

a. Transportation is available for official purposes for WTB Soldiers residing in unit barracks (i.e. medical appointments, hospital/health clinic). Transportation service is available for MWR runs at the discretion of the WTB Command Team.

b. Installation transportation systems may be available to provide transportation to assigned duty locations. Fort Gordon also provides shuttle buses or vans to common areas throughout the

installation. (i.e., PX, Commissary, fitness centers, etc). Taxi services for transport around the installation are also available at a fee of \$3.

c. As a condition of eligibility for the CBWTU, Soldiers assigned or attached to a CBWTU are responsible for providing their own transportation to duty location and medical appointments.

d. For further guidance and information referring to the WTU's transportation policy refer to WTU Ft Gordon Policy letters 18 and 19.

## **2-9. PRIVATELY OWNED VEHICLES (POV):**

a. Soldiers on mobilization and MRP orders are not authorized reimbursement for mileage or extra travel days.

b. Commanders may authorize leave or pass for Soldiers to go home and retrieve a POV at their own expense.

c. Soldiers shall register their POV at the appropriate Vehicle Registration Center.

d. Failure to follow posted speed limits or drive a vehicle under the influence of alcohol/drugs may result in forfeiture of post driving privileges and/or punitive action under the UCMJ.

e. All personnel will park in approved parking areas. Failure to comply may result in suspension of driving privileges.

d. It is illegal to carry a firearm in a POV.

## **2-10. BILLETING & UNIT BARRACKS:**

a. Billeting is comparable to permanent party billeting on-installation. It is IMCOM policy that billeting be provided to accommodate the functional limitations of WTB Soldiers. WTB Soldiers will comply with installation policies and requirements.

b. Commanders ensure that their Soldiers are appropriately billeted. They also coordinate, develop and enforce local policies while recognizing the unique requirements of WTB Soldiers. At a minimum, local policies shall address:

- (1) Room assignments
- (2) Security and safety in the barracks
- (3) Prohibited items (such as illegal contraband and drug paraphernalia)
- (4) Alcohol
- (5) Firearms

- (6) Prescription medications
  - (7) Tobacco products
  - (8) Visitors
  - (9) Sexual activity
  - (10) Health and welfare inspections
  - (11) Misconduct and unprofessional conduct
  - (12) Noise restriction hours
  - (13) Privately owned vehicles (POV)
  - (14) Accessibility for Soldiers with functional limitations
  - (15) General good order and discipline in the barracks
- c. Quiet hours are posted and observed at all times
  - d. Visiting hours will be published and followed on weekdays and on weekends
  - e. Smoking is ONLY permitted in designated smoking areas.
  - f. Alcohol is not permitted
  - g. Contraband (i.e., explosives, firearms, weapons, BB/pellet guns, paint ball guns, illegal drugs, and drug paraphernalia) is NOT PERMITTED.
  - h. Safety is the responsibility of every Soldier. Report hazards to the chain-of-command immediately.
  - i. Report all Billet deficiencies to the floor NCO and forward it to the company HQ immediately.
  - j. Movement of furniture is prohibited without prior approval from the Commander/1SG
  - k. Heat-producing personal appliances are only permitted in designated areas (i.e. hot pots, hot plate, toaster, microwave, etc.). The Fire Marshall shall inspect heat-producing appliances prior to use in designated areas.
  - l. Shorts, T-shirts and underwear are the minimum clothing to be worn when entering or leaving the latrine/shower, unless otherwise prescribed.
  - m. All doors will be marked with occupant's name, rank and platoon sergeant's name.
  - n. No major vehicular repairs or maintenance in the parking area. Fort Gordon has a self-service automotive center available for such purposes located at 29300, 30<sup>th</sup> Street.
  - o. Unit leadership will conduct billets inspections and safety checks to protect the health and welfare of the Soldiers.

p. IAW AR 600-20, Army Command Policy, Commanders are responsible for taking appropriate action in any case where a Soldier's conduct violates good order and discipline or the UCMJ. Commanders are also responsible for taking appropriate action to ensure Soldiers' safety and security in the barracks. Commanders shall coordinate closely with medical authorities when medical and Command issues overlap.

q. For more information, refer to WTB Ft Gordon Policy Letter # 24 and your companies' current barracks policy.

## **2-11. UNIFORM POLICY:**

a. WTB Soldiers will comply with AR 670-1, *Wear and Appearance of Army Uniforms and Insignia*, as well as local uniform policies that prescribe when uniforms are to be worn, specifically utility and combat uniforms.

b. Utility uniforms (ACU, BDU, DCU, etc.) may or may not be worn off-installation during duty hours. Commanding Generals set the policy for their installations.

c. Soldiers in uniform may not consume alcohol nor enter establishments where the consumption of alcohol is the primary business.

d. A medical condition that requires the modification of the Army uniforms is annotated on the approved *Physical Profile (DA Form 3349)*.

e. Many installations have established procedures for the gratuitous issue of uniform to Soldiers who have lost or damaged their uniforms in combat or an evacuation from the theater of operations (See paragraph 2-12 below).

f. No mixing of military uniforms and civilian clothing, except for the Gore-Tex jacket, field jacket, black windbreaker, or overcoat without patches or insignia.

g. Installations have established policies for the wear of the Improved Physical Fitness Uniform (IPFU) beyond the provisions of AR 670-1. Local policy might include the following provisions:

(1) The IPFU will be worn for PT during normal PT hours.

(2) The IPFU may be worn for medical appointments such as physical exams, physical therapy, etc.

h. For further information about the wear and appearance of the Army uniform during your stay on Ft Gordon, refer to WTU, Ft Gordon Policy Letter # 27 regarding Army uniforms.

## **2-12. GRATUITOUS ISSUE OF CLOTHING FOR OIF/OEF HOSPITALIZED SOLDIERS:**

a. WTU Soldiers who are medically evacuated from the CENTCOM AOR, primarily Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), to CONUS medical treatment facilities (MTF) without their military uniforms or other personal clothing effects may receive a gratuitous issue of military uniforms and civilian clothing.

b. WTU Commanders will coordinate with the local MTF Patient Administration Division (PAD) to validate and verify individual Soldier's need and eligibility for gratuitous issue of civilian clothing (up to

\$250.00). WTU will initiate the one-time authorization voucher for civilian clothing, which is only valid at the installation AAFES stores.

c. Soldiers are encouraged to compile a complete list of necessary clothing items prior to going shopping as any unused balance immediately expires and cannot be used later.

d. Clothing articles that are procured under this program will be separated from other personal purchases at the cash register. Since no funds are exchanged, the Soldier will verify the receipt of clothing on the original authorization voucher. Soldiers may keep gratuitous issue of civilian clothing items; they are not hand receipted items and are not turned in upon REFRAD or separation.

e. Medical evacuees requiring military clothing items are authorized a gratuitous partial issue through the Military Clothing Sales Store (MCSS). See your unit supply personnel for additional information.

f. Personnel who normally reside in the local area of the MTF will not be authorized gratuitous clothing issue. Soldiers who are required to travel back to their home station or who are authorized to travel on convalescent leave from the MTF and return or go to another MTF IAW U7210 of the JFTR might be eligible for this entitlement.

**2-13. PROMOTIONS:** Refer to AR 600-8-19 or AR 135-155 and the PPG for current guidance for Soldiers in WT status.

**2-14. PERFORMANCE EVALUATIONS:** In accordance with AR 623-105 and AR 623-205, time spent in MRP status is considered unrated time. Therefore, Noncommissioned Officer Evaluation Reports (NCOER) and Officer Evaluation Reports (OER) are not authorized. Soldiers who distinguish themselves may receive positive counseling, memorandums of commendation, and military performance or service awards.

### **2-15. LEAVES & PASSES:**

a. WTU Soldiers are eligible for normal leaves and passes IAW AR 600-8-10. In addition to the AR and local policy, refer to G-1 PPG and Consolidated Guidance for current requirements.

(1) Leave and pass status will not delay nor interfere with medical evaluation and treatment, or disposition activities. WTU Soldiers are encouraged to take leave between medical appointments. Soldiers shall coordinate their leave requests with their case managers to ensure no missed appointments and no delays in medical board processing.

(2) It is imperative that the Command coordinates with the medical personnel re: leave and passes. Commanders and medical authorities are encouraged to support WTU Soldiers' use of earned leave time and passes to assist them in reuniting with their families and communities.

(3) Soldiers may not be authorized ordinary leave or pass in conjunction with travel from an installation to a CBWTU. Soldiers may travel via POV rather than government air to CBWTU. Reimbursement of travel expenses and time will not exceed the limits of the constructive airline ticket IAW the JFTR.

b. IAW AR 600-8-10, the following regulatory provisions are noted:

- (1) Leaves and special passes are approved via a *DA Form 31, Request and Authority for Leave*. Soldier shall provide a non-military address, phone number and advise the Command of any changes.
- (2) Special passes are limited to 96 hours, and shall include at least 2 consecutive non-duty days (i.e., weekend).
- (3) Leave may be granted in conjunction with a pass, including convalescent leave (CONLV).
- (4) Soldiers shall be at their residence, depending on rank, or place of duty when the leave or pass begins and ends. Failure to comply with this requirement is a violation of the UCMJ and puts the Soldier at risk of “line of duty – no” determinations in the event of a motor vehicle accident, etc.
- (5) The WTU requires a safety assessment and/or briefing when traveling longer distances.
- (6) Commanders are responsible for establishing equitable leave and pass policies. Passes are not intended to preserve leave time for “selling back” at REFRAD or separation. The WTU has policies that limit the number of special passes (especially 4-day passes) per Soldier.
- (7) Commanders retain approval and recall authority for all passes and leaves.
- (8) Convalescent leave is a non-chargeable absence from duty granted to expedite a Soldier’s return to full duty after illness, injury, or childbirth. The unit Commander is the approval authority for up to 30 days convalescent leave (42 days after normal pregnancy and childbirth) for a Soldier returning to duty after illness or injury. Hospital Commanders are the only approval authority for requests in excess of 30 days (or in excess of 42 days of childbirth).
- (9) Soldiers granted convalescent leave for illness or injury incurred in the line of duty while eligible for receipt of hostile fire and imminent danger pay under Section 310, Title 37, United States Code (37 USC 310) are entitled to funded travel and transportation per JFTR, paragraph U7210.
- (10) For more information about leave and passes, refer to WTU Ft Gordon Policy Letter # 8.

**2-16. MEDICAL CARE WHILE ON LEAVE OR PASS:** WTU Soldiers shall be briefed on procedures for obtaining medical care prior to taking leave or pass. Whenever possible, Soldiers who require medical care should go to the nearest military MTF (Army, Navy or Air Force). Please contact your nurse case manager immediately. If there is not a military MTF in the area, Soldiers may go to an appropriate civilian hospital as follows:

- a. For Emergency Care: Go to the nearest Emergency Room or call 911. TRICARE pre-authorization is not necessary for an emergency.
- b. For Urgent Care: Call the nearest Emergency Room or TRICARE help line to determine if this is an emergency.
- c. For non-emergent/non-urgent care, TRICARE pre-authorization is required. Contact your case manager or call TRICARE toll-free number at 1-800-444-5445.

## SECTION II: MILITARY CONDUCT

**2-17. CONDUCT:** Military personnel will conduct themselves in a professional manner to avoid bringing discredit upon himself or herself, the unit, or the Army. Undesirable conduct includes, but is not limited to, lying or falsifying information (including medical condition or status), drunk/reckless driving, drunk/disorderly conduct, and offensive language and gestures, fraud, as well as failure to satisfy financial obligations. Any threats to Cadre, Staff or Civilian Staff will be reported to the Military Police, as well as the Battalion Commander and CSM. Failure to adhere to these standards will result in appropriate command response, up to and including punishment under the UCMJ.

### 2-18. MILITARY COURTESY:

- a. Courtesy is respect for and consideration of others.
- b. The salute is a sign of mutual respect, unit pride, and esprit de corps. Salutes are rendered by enlisted members to commissioned officers and warrant officers and by junior officers to senior officers, except when in an area designated “NO HAT, NO SALUTE”. Salute distance is “recognition” distance. The salute should be rendered when within six (6) paces. Saluting is not required while operating a motor vehicle. Soldiers will salute General Officer/Colonel Command vehicles identified by a plate depicting their rank or IAW local installation policy.
- c. The first Soldier to sight an officer who is higher in rank than the officers present in a room will call “attention”. A similar courtesy of calling “at ease” is extended for SENIOR Noncommissioned Officers.
- d. When an officer enters a room, Soldiers who are working will come to the position of attention (parade rest for Senior NCO’s) when the officer/Sr. NCO addresses them.
- e. During conversations, all military personnel will come to the position of attention and face a senior officer (or parade rest for senior NCOs) when addressed.
- f. When an officer approaches a formation or work detail, the Soldier in charge calls “attention” and renders a salute for the entire group.
- g. When an officer approaches a group not in formation, the first person sighting the officer calls “attention” and everyone in the group faces the officer and renders a salute.
- h. Reveille and Retreat: When in uniform, upon hearing the music, assume the position of attention. Render a salute upon playing “to the colors.” When in civilian attire, assume the position of attention and place your right hand over your heart. Personnel driving motor vehicles will pull over and stop. All occupants should exit the vehicle and comply with the established procedures listed above.

### 2-19. INDEBTEDNESS & DISHONORED CHECKS:

- a. Soldiers will manage their personal affairs and pay debts promptly. Knowingly writing checks on an insufficiently funded account may result in punishment under UCMJ. Financial assistance is available at the Army Community Service (ACS):
- b. Soldiers with dependents are required to pay court-ordered spousal / child support. Non-compliance is punishable under UCMJ.

**2-20. SEXUAL HARASSMENT:** AR 600-20, Army Command Policy states, “The policy of the Army is that sexual harassment is unacceptable conduct and will not be tolerated.” Anyone who uses or condones implicit or explicit sexual behaviors to control, influence, or affect the career or pay of another is engaging in sexual harassment. Unwelcome verbal comments, gestures, or physical contact of a sexual nature is also sexual harassment. Report violations through your chain-of-Command to the unit Commander or equal opportunity (EO) representative.

**2-21. EQUAL OPPORTUNITY (EO):** The Army will provide equal opportunity and fair treatment for military personnel, family members and DA civilians without regard to race, color, gender, religion, or national origin, and provide an environment free of unlawful discrimination and offensive behavior. Report EO violations through your chain-of-Command to the unit Commander or EO representative.

**2-22. FRATERNIZATION:** AR 600-20 defines fraternization as inappropriate or unprofessional relationships between military personnel.

a. Relationships between Soldiers of different ranks are prohibited and punishable under UCMJ if they:

- (1) Compromise or appear to compromise the integrity of supervisors or the chain-of-Command.
- (2) Cause actual or perceived partiality or unfairness.
- (3) Involve or appears to involve improper use of rank or position for personal gain.
- (4) Are perceived to be exploitative or coercive in nature.

(5) Create an actual or perceived adverse impact on discipline, authority, morale, or the ability of Command to accomplish the mission.

b. Prohibited acts include, but are not limited to:

- (1) Engaging in sexual harassment, fraternization, or unprofessional associations.
- (2) Engaging or attempting to engage in a financial or business dealings with another Soldier.
- (3) Borrowing from or lending money to another Soldier or civilian employee.

c. There will be no relationships between Warriors and Cadre of any ranks. Please refer to WTU Fraternization Policy #31 for specific details.

## **2-23. USE OF ALCOHOL & DRUGS:**

a. The consumption (including “being under the influence”) of alcohol during duty hours or while in uniform is prohibited.

b. Soldiers shall be at least 21 years of age to possess or consume alcohol. See local installation policy for more information.

c. The use of illegal drugs is a serious offense. Random drug screening will be conducted IAW Army and installation policy.

- d. Soldiers who are in possession, found selling or test positive for illegal drugs are subject to punishment under the UCMJ.
- e. Soldiers receiving adverse administrative action or UCMJ punishment for alcohol or drug related offenses will be released from the MRP program at the Commander's discretion.
- f. The Army Substance Abuse Program (ASAP) is available to assist Soldiers who recognize that they have a drug or alcohol problem. Soldiers needing assistance may contact ASAP without retribution IAW Army policy.
- g. For more information on the current use of alcohol and drugs, reference WTU Ft Gordon Policy Letter # 17.
- h. The entire WTU operating area, including any and all billeting facilities are alcohol free areas.

**2-24. GAMBLING:** Gambling is prohibited on all Army (Federal) installations in CONUS.

## CHAPTER 3: ADMINISTRATION & SUPPORT

### SECTION I: FINANCE

**3-1. FINANCE:** Soldiers returning from the theater of operations that is attached or assigned to the Warrior in Transition Battalion shall In-process and Out-process through the WTU Finance Office located at 226 Central Hospital Rd Building 328, Fort Gordon, GA.

- a. Soldiers on MRP orders might be entitled to the following special pays:

- (1) Family Separation Allowance (FSA) IAW DoD Financial Management Regulation (DoDFMR) 7000.14-R, Volume 7A, Chapter 27, for Soldiers whose dependents (including dependents receiving child support) do not reside within a reasonable commuting distance (refer to local commuting policy, but generally 50 miles one way or 1.5 hours of driving time) of their assigned duty station. Soldiers who commute daily are not entitled to FSA regardless of the distance or driving time. The FSA rate is \$250 per month. At any time, if a Soldier resides with his/her dependents for a period exceeding 30 consecutive days, the Soldier is no longer entitled to FSA. Soldiers on convalescent leave at home for greater than 30 days will stop receiving FSA pay beginning the 31st day. Address your individual questions about FSA with the local finance office.

- (2) Basic Allowance for Housing (BAH) IAW DoDFMR Volume 7A, Chapter 26. When applicable, BAH is based upon recorded home of record at the time of mobilization for Reserve Component Soldiers. Soldiers may not change their home of record during mobilization except when approved by the Department of Army (HRC) (for example, Soldiers whose homes were destroyed during Hurricane Katrina).

- (3) Basic Allowance for Subsistence (BAS) IAW DoDFMR Volume 7A, Chapter 25.

- (4) Clothing Allowance IAW DoDFMR Volume 7A, Chapters 29 and 30. Enlisted clothing allowance at the one-year mark or earned prorated periods. Officers may receive an additional uniform allowance, if applicable.

- (5) Per-diem (for incidentals) rate of \$5 per day for temporary change of station (TCS) orders in CONUS. If a Soldier resides within local commuting distance (refer to local commuting policy), they are not entitled to per diem.

(6) Laundry expenses may be claimed up to maximum reimbursement of \$2.00 per day when the Soldier is stationed in CONUS and resides away from home (refer to local commuting policy) for seven (7) or more consecutive nights.

b. If the Soldier is MEDEVAC from a combat zone, the following entitlements will continue under the Pay Allowance Continuation Rules (PAC) :

- (1) Hostile Fire Pay / Imminent Danger Pay
- (2) Hazardous Duty Pay
- (3) Hardship Duty Pay
- (4) Tax-Exempt Status (inpatients only)
- (5) All other incentive pay drawn during deployment

**NOTE: Contact your local servicing finance office for clarification and eligibility requirements if your injury or illness was sustained during theater of combat operations or in a designated combat zone**

c. Other Special Pays: Soldiers *might* be eligible for other special pays such as Traumatic Injury Protection rider under the Traumatic-SGLI (TSGLI). These pays were included in the FY 08 National Defense Authorization Act (NDAA), however, this entitlement is not automatic; the WT Soldier must apply for the benefit. Soldiers should consult their TSGLI POC located in Bldg 333 at the SFAC.

d. *myPay* Account: Soldiers should sign up for *myPay*, if not already in possession of a *myPay* PIN. Soldiers may designate a primary family member for “view / print” only access to *myPay*.

**3-2. PAY INQUIRIES:** Soldiers experiencing issues or problems with their pay should seek assistance from their chain-of-Command first. This is an effective procedure because it affords unit leaders the opportunity to resolve pay concerns on behalf of their Soldiers in an expeditious manner.

a. Army National Guard (ARNG) Soldiers who encounter unresolved pay issues may call the ARNG Financial Services at 1-877-276-47293 or DSN 699-3243 or via FAX at (317) 510-7017 or send email message to [arng-milpay@arng-fsc.ngb.army.mil](mailto:arng-milpay@arng-fsc.ngb.army.mil).

b. Army Reserve (USAR) Soldiers who encounter unresolved pay issues may call the Ft. McCoy Reserve Pay Customer Service at 1-877-462-7782 or via FAX at (608) 388-7436 or send email message to [usarcpayinquiry@emh2.mccoy.army.mil](mailto:usarcpayinquiry@emh2.mccoy.army.mil).

c. Useful websites:

- (1) AKO (go to Self-Service, My Finance) at <http://www.us.army.mil>
- (2) DoD Per Diem, Travel and Transportation Committee at <https://secureapp2.hqda.pentagon.mil/perdiem/>
- (3) Deputy Chief of Staff, Army G-1 at <http://www.armyg1.army.mil/>

### 3-3. INCAPACITATION (INCAP) PAY

a. After release from active duty (e.g.: REFRAD) Reserve Component (RC) Soldiers might be eligible for incapacitation (INCAP) pay if physically disabled as a result of an injury, illness or disease incurred in the line of duty that prevents the Soldier from performing his or her military or civilian job. Eligible Soldiers will receive his or her demonstrated loss of income up to the equivalent rate of full pay and allowed for his or her rank and length of service. NOTE: INCAP pay generally only compensates Soldiers who has been found to meet Army retention standards, but are unable to perform their civilian job. (See DoDD 1241.1, Reserve Component Medical Care and Incapacitation Pay for Line of Duty Conditions and AR 135-381, Incapacitation of Reserve Component Soldiers.)

b. The INCAP pay program is administered by the Reserve Components. Soldiers are not automatically entitled to INCAP pay. Eligibility for benefits is determined on a case-by-case basis with a maximum benefit of six (6) months. Soldiers are not eligible for benefits while on active duty.

c. INCAP pay is not paid until a final line of duty (LOD) determination has been made. If it is determined that a Soldier's injury, illness or disease was incurred or aggravated in the Line of Duty (LOD – yes), then he or she might be eligible for INCAP pay upon release from active duty (REFRAD). If the Army determines the injury, illness or disease was not incurred or aggravated in the line of duty (LOD – no), the Soldier is not eligible for this benefit.

d. Eligibility begins after the last day of active duty, but it can take months to be approved for INCAP pay. It is the Soldier's responsibility to apply for INCAP pay after REFRAD. Soldiers apply for this benefit through their home station by contacting his or her chain-of-Command. If you have questions about INCAP Pay, contact your home station Unit Administrator who can direct you to the individual who handles INCAP pay for your RC units.

e. The FMS will be responsible for providing the following support:

(1) Process pay related documents for all outpatient Soldiers and Cadre assigned or attached to the WTU within 72 hours. The DMPO WIA Section does inpatient pay inquiries and travel vouchers.

(2) Provide customer service: by conducting in and out-processing individually; processing pay documents submitted on a pay inquiry; prepare travel vouchers (including outpatient family members travel vouchers) to be submitted to DFAS-Contingency Travel Section DFAS-IN; process advance/casual pay request if authorized and answer pay inquiries submitted on a DA 2142 or by phone.

(3) Partake in the Town Hall meetings the second Thursday of every month to keep the Warrior inform about entitlements they may be authorized.

## SECTION II: INSTALLATION SUPPORT SERVICES

**3-4. EMERGENCIES (911):** For medical emergencies (chest pain, difficulty breathing, profuse bleeding, loss of consciousness, etc) call 911 or report to the nearest emergency room. **DO NOT DRIVE YOURSELF TO THE EMERGENCY ROOM (ER) IF YOU ARE EXPERIENCING A TRUE EMERGENCY.** If in doubt, call 911 or the ER for further instructions. Pre-authorization for treatment in a civilian hospital is not needed for medical emergencies, but you shall notify your case manager at the earliest opportunity.

**3-5. MEDICAL SICK CALL:** Sick call is for sudden acute illness or minor injuries (colds, sprains, etc). Your case manager is your sick call resource during normal duty hours, and they will coordinate an appointment, as required. After hours and on weekends, go to the Acute Care Clinic in or near the Emergency Room (ER). NOTE: Soldiers should go to the ER only for an emergency or urgent medical problem and not because they missed sick call. If you have an acute or routine medical problem outside of sick call hours, contact your case manager. Soldiers will turn in their medical records, which are the property of the US Government, to their health record (HREC) custodian upon completion of their medical appointment.

**3-6. DENTAL SICK CALL:** All Soldiers are assigned to a primary dental clinic, which establishes sick call hours or acute appointment schedules. Dental records, which are the property of the US Government, are maintained at this location. If you do not have a dental record at the time of an appointment, a record will be established for you. If a Soldier receives dental care while in Medical Holdover status, they are required to out process through the dental clinic in order to obtain their dental records.

**3-7. CHAPLAIN SERVICES:** The unit may have an assigned or designated Chaplain. The Unit Ministry Team (UMT), consisting of the chaplain and chaplain assistant, exists to protect each Soldier's First Amendment right to exercise their freedom of religion, as well as to provide confidential counseling. Individual appointments are available and can be scheduled by calling the Chaplain's Office.

**3-8. DINING FACILITIES (DFAC):** Dining facilities (DFAC) are available for WTU Soldiers residing in the barracks. If you are at a medical appointment at the installation MTF, and the MTF has a DFAC, you may request a pass to the MTF DFAC from the clinic or Information Desk.

**3-9. LEGAL ASSISTANCE:** Legal counsel can be provided for the Warrior in Transition in the following ways:

a. Medical Evaluation Board Outreach Counsel (MEBOC) - For questions involving Medical Evaluation Board (MEB) rights during any part of the process, a Soldier can seek assistance from the MEBOC. The MEBOC provides numerous services to Soldiers going through the MEB/PEB process. Initially, general advice and assistance is provided in developing a strategy to reach the Soldier's desired outcome. Upon progress through the system, we can provide more specific advice. The MEBOC provides advocacy and a smooth transition to the Office of Soldier's Counsel who will represent you at the formal PEB hearing if needed.

b. General Legal Assistance - The Legal Assistance Office of the Staff Judge Advocate (SJA) is available to assist Soldiers with powers of attorney, wills, and other personal legal issues. They do not handle divorce, child custody or other family law matters whose jurisdiction resides in the civil courts.

c. Trial Defense - Criminal law assistance is provided by the Trial Defense Office for Soldiers that have been charged with an offense under UCMJ or who are under investigation for an offense chargeable under the UCMJ. Trial Defense is also available for Soldiers that have been identified for Administrative Separation IAW AR 635-200. Commanders can coordinate appointments with an Army trial defense attorney, as appropriate.

d. Separations - Soldiers charged with an offense under the UCMJ, or who are under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge, are not eligible for disability processing, but will continue with their medical treatment plan unless the Soldier

receives separation orders. The Soldier should receive medical treatment until the day the Soldier is separated from the Army. Escorts for Soldiers undergoing adverse actions might be required IAW local policy and Command judgment. This can include escorting Soldiers to health care and other personal appointments. Reasonable efforts will be made to provide patient privacy of protected health information (PHI) IAW statutory law and MTF policy.

e. AWOL - Soldiers who are AWOL for more than 30 days will be dropped from the rolls (DRF) and all health care benefits will stop immediately.

**3-10. SOLDIER AND FAMILY ASSISTANCE CENTER (SFAC):** SFACs are located at most military treatment facilities to serve WT's and their Families. The SFAC offers most of the services available throughout the installation in a central location. The Fort Gordon SFAC is located in BLDG 333. The services identified to date to be present or coordinated in the SFAC are:

- a. Entitlement and Benefits Counseling
- b. Military Personnel Services, such as ID cards
- c. Educational Services
- d. Transition/Employment Assistance
- e. Social services to include financial counseling, stress management, translator coordination and Exceptional Family Member services
- f. Travel pay for Family members on Invitational Travel Orders (ITO)
- g. Substance Abuse information and referral for Family members
- h. Coordination of Legal and Pastoral Services
- i. SFACs will establish emergency housing plans for non-medical attendants who provide care for the WT
- j. Assist in identifying lodging resources for Family members
- k. Child care referral
- l. Accept and manage donations
- m. Coordination with Army Reserve and National Guard, State and Local Agencies

**3-11. VOTING ASSISTANCE:** The unit's Voting Officer provides year round voting information.

**3-12. OMBUDSMAN (SOLDIER AND FAMILY ADVOCATE):** The Ombudsman provides a neutral and informal process to assist you and your family members. The Ombudsman serves as the liaison between MEDCOM, the Soldier/family member, the WTU, and other commands on Ft. Gordon. The Ombudsmen is your advocate and will assist you and your family members in resolving any concern that may arise. The Ombudsman team is located at DDEAMC on the 7<sup>th</sup> Floor .

### 3-13. ARMY WOUNDED WARRIOR PROGRAM (AW2)

The Army Wounded Warrior Program (AW2) is the official U.S. Army program that assists and advocates for severely wounded, ill, and injured Soldiers, Veterans, and their Families, wherever they are located, regardless of military status. Warriors in Transition (WTs) who qualify for AW2 are assigned to the program as soon as possible after arriving at the WTU. 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 WT's independence. Each AW2 Soldier is assigned an AW2 Advocate who provides personalized local support to the Soldiers, Veterans, and their Families. AW2 Advocates are located at military treatment facilities, VA Polytrauma Centers, VA facilities, and most Army installations. The Fort Gordon AW2 Advocates are conveniently located in BLDG 328. The national AW2 hotline number is 1-877-393-9058

**Eligibility Requirements:** AW2 supports the most severely wounded Soldiers and Veterans who suffer from injuries or illness incurred in the line of duty after September 10, 2001, in support of Overseas Contingency Operations since 9/11. These Soldiers and Veterans must receive or expect to receive an Army Physical Disability Evaluation System rating of 30% or greater in one or more specific categories, such as:

- a. Blindness/Loss of Vision
- b. Deafness/Hearing Loss
- c. Fatal/Incurable Disease
- d. Loss of Limb
- e. Permanent Disfigurement
- f. Post Traumatic Stress Disorder
- g. Severe Burns
- h. Spinal Cord Injury/Paralysis
- i. Traumatic Brain Injury
- j. Other conditions requiring extensive hospitalizations or multiple surgeries

AW2 also supports Soldiers who receive an Army Physical Disability Evaluation System combined rating of 50% or greater for conditions that are the result of combat or are combat-related.

## CHAPTER 4: MEDICAL CARE

**4-1. MEDICAL CARE:** Every WTU Soldier is assigned a nurse case manager (NCM) and a primary care manager (PCM), which is a physician, nurse practitioner or physician's assistant, to manage your medical care. Provider assignments may be based on medical diagnosis. All medical appointments are scheduled through your nurse case manager or assigned primary care manager IAW local policy. Do NOT call TRICARE to schedule medical appointments.

**4-2. CASE MANAGERS:** Every WTU Soldier is assigned a registered nurse case manager. The case manager is part of the TRIAD (case manager, physician, squad leader) that will work with the Soldier throughout his stay in the WTU.

a. The nurse case manager works with each Soldier and their medical providers to:

- (1) Facilitate and schedule all medical care and appointments.
- (2) Ensure that each Soldier receives appropriate evaluation and treatment for all identified medical conditions.
- (3) Establish open communications with each Soldier to identify other challenges they might be experiencing and act as a resource for the Soldier to access other medical systems such as the Veterans Health Administration (VHA or VA), Transition Assistance Management Program (TAMP), and the Medical Evaluation Board (MEB) of the Physical Disability Evaluation System (PDES).

b. Duties and responsibilities of nurse case managers:

(1) Use a Soldier-focused team approach based on communications, collaboration, and coordination to meet the needs of Soldiers. The team typically includes the Soldier, case manager, providers (primary care providers and specialists), Physical Evaluation Board Liaison Officer (PEBLO), licensed clinical social worker (LCSW), company Commander, first sergeant, platoon sergeant and squad leader.

(2) Document clinical history, which includes:

(a) Reviewing *Physical Profiles (DA Form 3349)*, line of duty (LOD) determinations (*DA Form 2173, Statement of Medical Examination and Duty Status*), and all available medical information

(b) Primary health concerns, for example, pain, medications, physical functioning, mental status, and conditions treatment in theater

(c) Any previous prognosis or plan for current condition

(d) Determining each Soldier's personal assessment of his condition

(e) Pertinent surgeries or treatments completed or pending

(f) Physical systems assessment

(3) Document and coordinate the plan of care as developed by the primary care manager (PCM) and other team members.

(4) Coordinate appointments and consults with military medical treatment facilities, VA and TRICARE providers.

(5) Communicate and coordinate with the Soldier's Chain-of-Command and Soldier on a weekly basis; participate in weekly case review and team meetings.

(6) Educate individual WTU Soldiers about their disease process, injury, surgery, treatment, plan of care, physical disability processing, and other clinical concerns.

(7) Manage the release of information IAW the Military Health System (MHS) provisions of the Health Insurance Portability and Accountability Act (HIPAA). Educate Soldiers on requirements to sign release of information statements. Maintain patient confidentiality IAW MHS military exclusion provisions – share protected health information only with members of the Soldier’s care team and Chain-of-Command.

(8) Work with the Soldier’s primary care manager (PCM) and specialty care providers to coordinate parallel-treatment plans and disposition planning.

(9) Assist the Soldier and PEBLO to track and expedite the PDES process.

(10) Perform on-going activities:

(a) Contact Soldier after every medical appointment (except physical/occupational therapy), surgical procedures, and during hospitalizations

(b) Document all contact and nursing assessments in the Soldier’s medical record

(c) Evaluate effectiveness of treatment and Soldier’s progression toward optimizing recovery/wellness/quality of life

(d) Report missed appointments to the WT’s squad leader or platoon sergeant.

(e) Conduct on-going assessment of a Soldier’s satisfaction with the WT process.

**4-3. PRIMARY CARE MANAGER (PCM):** All Soldiers are assigned a primary care manager (PCM), regardless of whether you receive care in the military direct health care system (MHS), the civilian TRICARE network, or the civilian purchased care system. Primary care managers are physicians, family nurse practitioners, or physician assistants who manage your medical care, to include making referrals to medical specialists and sub-specialists. All appointments scheduled outside of the local Army MTF shall be approved by your PCM to ensure you do not incur personal liability for the cost of the medical care. Failure to obtain proper referral and authorization for medical care will result in a “point of service” charge, which is 50% of the billable cost of the medical care. Your PCM will complete a “medical problem list” that includes all of your medical conditions, both chronic and acute. Your PCM will also complete the medical portion of your line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) if needed, temporary and permanent profile(s), and initiate a medical evaluation board, if required. If you have not been assigned a PCM or do not know who your PCM is, talk to your case manager.

#### **4-4. MEDICAL TREATMENT EXPECTATIONS:**

a. Soldiers who are wounded, injured or become ill while on active duty will be treated for service-connected and acute medical conditions. Most medical care will be provided through Army medical treatment facilities (MTF), but WTU Soldiers may also be referred to other military MTFs, civilian health care providers or Veterans Health Administration (VA) providers and medical treatment facilities.

b. Soldiers with pre-existing, un-qualifying medical conditions identified within the first 25-30 days of mobilization will be released from active duty (REFRAD) and returned to their home unit.

c. Soldiers with pre-existing, un-qualifying medical conditions not identified within the first 25-30 days of mobilization will be offered treatment to make the Soldier medically qualified for deployment, or will be referred to the Physical Disability Evaluation System (PDES).

d. Soldiers with pre-existing, qualifying medical conditions that are aggravated during mobilization will be treated as though the condition did not pre-exist mobilization.

e. Soldiers who cannot perform the duties and functions of MOS and grade after reaching optimal therapeutic benefit (DoDI 1332.38), but who meet retention standards of medical fitness IAW AR 40-501 will be referred to a Medical/MOS Retention Board (MMRB) IAW AR 600-60, Army Physical Performance Evaluation System.

f. Soldiers who reach optimal therapeutic benefit and do not meet retention standards of medical fitness IAW AR 40-501, or at any time are deemed to not be eligible for return to duty despite continued treatment, will be referred to the Physical Disability Evaluation System (PDES) IAW DoDI 1332.38.

g. The Army will offer active duty medical care until the Soldier reaches a military retention decision point, or the course of treatment exceeds 365 days. After one year of treatment, Soldiers who do not meet retention standards of medical fitness IAW AR 40-501 will be referred to the Physical Disability Evaluation System (PDES) IAW DoDI 1332.38. Medical care will continue while the Soldier is undergoing PDES processing.

h. All WTU Soldiers will be assigned a Primary Care Manager (PCM) and a nurse Case Manager. The primary care manager (PCM) is a physician who directs and authorizes medical care and referrals for the Soldier. The case manager facilitates and coordinates medical care directed and authorized by the PCP. See paragraphs 4-2 and 4-3 for more information.

i. Patients may request a second medical opinion at the Army's expense and at the source of the Army's choosing. This might be with another specialist or provider at your local Army MTF. The Deputy Commander for Clinical Services (DCCS), in consultation with the PCM, will determine the provider used for the second opinion.

j. Soldiers who desire a third opinion from someone of their own choosing (e.g. civilian provider) may do so at their own expense. Military physicians are not obligated to concur with the assessment of civilian providers.

k. As an exception to TRICARE policy, the Office of The Surgeon General (OTSG) has directed that mobilized Soldiers have priority for medical care at Army MTFs (for non-elective care):

- (1) Initial primary care appointments and specialty care consultations within 72 hours
- (2) Diagnostic studies (such as MRI) within one week
- (3) Surgery (from decision to actual surgery) within two weeks

*NOTE: To meet these aggressive access standards, WTU Soldier may be scheduled as "walk ins" or "add-ons" so as not to disadvantage other patients with long-standing, scheduled appointments. Outside of Army MTFs, access to care standards follow established DoD or TRICARE standards.*

1. WTU Soldiers are eligible for the same elective procedures (and access priority) as other active duty Soldiers so long as:

- (1) Elective procedures are available in the military MTF

- (2) Elective procedures do not interfere with Soldier's medical treatment plan, can be done concurrently, and will not delay disposition, including PDES processing
- (3) Elective procedures are scheduled and coordinated through the PCM and case manager
- (4) Elective procedures are not used as justification for MRP orders or extensions

#### **4-5. PATIENT RIGHTS:**

a. **Medical Care:** You have the right to quality care and treatment consistent with accepted standards and without discrimination. You have the right to express spiritual beliefs and cultural practices that do not harm others, and to actively participate with health care providers in the development of your treatment plan.

b. **Respectful Treatment:** You have the right to considerate and respectful care with recognition of personal dignity and to participate in the discussion of ethical issues surrounding your care.

c. **Privacy and Confidentiality:** You have the right, within the law and military regulations, to privacy and confidentiality concerning medical care.

d. **Identity and Information:** You have the right to know the identity and professional credentials of health care personnel, as well as the name of the health care provider primarily responsible for your care. You have the right to receive information about health plan options, providers and facilities, so you can make informed health care decisions.

e. **Explanation of Care:** You have the right to an explanation concerning your diagnosis, treatment, procedures, and prognosis of illness in a language you can understand. When it is appropriate, information will be provided to next of kin or person you have designated.

f. **Informed Consent:** You have the right to the information necessary to enable you to make decisions about your care.

g. **Research Projects:** You have the right to be informed if the hospital proposes to engage in or perform research associated with your care or treatment. You have the right to consent or refuse to participate in any research projects.

h. **Safe Environment:** You have the right to care and treatment in a safe environment.

i. **MTF Rules and Regulations:** You have the right to be informed of the rules and regulations of the MTF that relate to you and your visitors. All military MTFs have no smoking policies. You can expect compliance with that policy from all. You have a right to information about the MTF's procedure for resolving patient problems and concerns. You have the right, within published rules and regulations, to access information contained in your medical record.

j. **End of Life Care:** You have the right to direct the health care team on the extent of care you wish to receive through the use of advanced directives and communication with the health care team. Should you become unable to provide direction due to serious illness, you have the right to have your care directed and determined by your own advance directive, or by your designated decision-maker.

k. Issues/Concerns: You have the right, without recrimination, to voice concerns regarding your care and to have those issues reviewed and resolved. You have a right to a fair, fast and objective review of any complaint you have against your health care treatment plan, your provider(s), access to care, conduct of health care personnel, or adequacy of health care services and facilities.

1. For a complete list of patient rights, see your local Army MTF.

**4-6. PATIENT RESPONSIBILITIES:** Providing quality health care is a complex task that requires close cooperation between you and the health care team. Your responsibilities include:

a. Providing Information: You shall provide, to the best of your knowledge, accurate and complete information about medical complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to let your health care providers know whether you understand your treatment and what is expected of you.

b. Consideration: Be considerate of the rights of other patients and MTF Staff. You are responsible to respect Staff, the property of other persons and the facility.

c. Following the Medical Plan: Follow your treatment plan, including follow-up care recommended by your health care providers. This includes keeping appointments on time and notifying the MTF when appointments cannot be kept. You are in partnership with your health care team and are a major contributor to your well being and state of health.

d. Medical Records: When transporting your medical records, ensure the prompt return of your records to the MTF. All military medical records are the property of the US Government. DoD has instituted a closed medical record system that normally does not allow Soldiers to hand-carry their medical records. If granted the responsibility of hand-carrying medical records as an exception to policy, it is imperative that compliance with HIPAA, AR 40-66 and other rules are strictly enforced. Note: Any “modification” of your medical record (including removal of any document) constitutes falsification of official records and is punishable under the UCMJ.

e. MTF Rules and Regulations: Please follow all MTF rules and regulations.

f. Reporting of Issues: To help the MTF Commander provide the best possible care to all beneficiaries, please report any care problems or concerns to the unit officer in charge (OIC), the noncommissioned officer in charge (NCOIC) or contact the Patient Advocacy Office located in the MTF.

**4-7. MAINTENANCE OF MEDICAL RECORDS:** Army health records (HREC), including medical inpatient and outpatient records and dental records, are the property of the US Government, and are subject to the same controls that apply to any Government documents. Additionally, the Assistant Secretary of Defense for Health Affairs (ASD (HA)) has established a closed HREC system for the Military Health System (MHS). The HREC is the Government’s documentation of the health care that is has rendered and shall be protected. Thus, Soldiers may not normally have possession of their HREC.

a. Army health records will remain in the custody of the Army medical treatment facility (MTF) or dental treatment facility (DTF). HRECs generated for mobilized RC Soldiers will also remain in the custody of the MTF or DTF for the duration of the mobilization. HREC for RC Soldiers in Reserve status will remain in the custody of the appointed RC custodian.

b. Soldiers are required to in-process and turn in medical records to the designated Patient Administration Division (PAD) section at your local MTF or health clinic. At the time of release from MRP status, Soldiers are required to out-process through PAD medical records section. Soldiers who

were hospitalized at any point during their WTU stay shall sign a “release of medical records” statement to have the inpatient medical records sent to the medical record custodian of the Soldier’s home unit. Your case manager or PAD representative can assist you in obtaining this release form. Soldiers desiring a copy of their records will need to sign a release of records form and a copy of the medical records will be mailed to them. The local PAD office can tell you about how long it will take to get your records copied and mailed. If a Soldier is undergoing physical disability processing, the medical records will be maintained by the MEB section of PAD. NOTE: If you are separating from the Army, ask that your original HREC be sent directly to the Department of Veterans Affairs (VA) for rating from the transition point. This will expedite your access to VA benefits

#### **4-8. MEDICAL NON-COMPLIANCE:**

a. Non-compliance with medical treatment plans is watched closely by the WTU Cadre. Non-compliance includes being a “no show” for scheduled appointments, frequent cancellation of appointments with rescheduling in order to delay medical care, failure to pick up and take prescribed medications, and knowingly violating physical profiles and provider’s medical recommendations. Soldiers are expected to accept the earliest surgery or procedure appointment date offered. Failure to comply with your medical treatment plan may result in your release from Medical Retention Processing (MRP) status. Failure to show for any scheduled appointments may also result in disciplinary action IAW UCMJ.

b. Appointment “no shows”: Failure to keep scheduled medical appointments not only constitutes “failure to appear”, but also demonstrates a lack of consideration and respect for fellow Soldiers and health care beneficiaries. At military MTFs, “no shows” constitute a waste of precious medical resources (access to care) that result in increased waiting times for future appointments for all patients. In civilian treatment facilities, a small number of “no shows” can result in the treatment facility closing access for all Soldiers and beneficiaries in that community. Therefore, the Command takes “no shows” very seriously, and Soldiers can expect that aggressive Command action will follow.

**4-9. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA):** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a Federal law that became effective in 2004. Except as noted in para c below, the military services shall comply with this law, as well as all civilian and VA medical treatment facilities. Civilian MTFs that are not familiar with the military exclusion might understandably refuse to release protected health information (PHI) to Commanders. The C2 and medical members of the care team shall work together to ensure they have the necessary PHI to properly manage their WTU Soldiers, and will ensure that PHI is not released to individuals who have no need to know.

a. HIPAA Privacy Rule: The HIPAA Privacy Rule institutes business processes to protect the use and disclosure of protected health information (PHI). PHI is individually identifiable health information, including demographics, in paper, electronic, or oral form. PHI is not limited to the documents contained in the official medical record. The HIPAA Privacy Rule allows the use and disclosure of PHI for treatment, payment and health care operations without written authorization from the patient. Other uses and disclosures require permission.

b. HIPAA Security Rule: The HIPAA Security Rule is designed to provide protection for all individually identifiable health information that is maintained, transmitted or received in electronic form – not just the information in standard transactions.

c. Military Exclusion: The Health and Human Services (HHS) HIPAA Privacy Rule gives the Department of Defense authority to disclose to Commanders (without the need for authorization) the protected health information of Armed Forces personnel for certain purposes, including Line of Duty or

Medical Boards. Specific information regarding HIPAA Privacy and Security can be found on the TRICARE Management Agency (TMA) Privacy Office Web site at [www.tricare.osd.mil/tmaprivacy](http://www.tricare.osd.mil/tmaprivacy).

d. HIPAA for WTU Soldiers: Individuals may release their own health information to whomever they choose. However, except for the military exclusion, others cannot release this information without your permission. You will be asked repeatedly to sign HIPAA release forms so that your providers and nurse case managers can properly provide report and coordinate your medical care. Failure to sign HIPAA release forms can result in refused services at medical treatment facilities. Therefore, Soldiers are expected to sign HIPAA release forms so that your medical evaluation and treatment can proceed smoothly and immediately. Refusal to authorize disclosure of PHI to your health care team may result in release from active duty, as your health care team will be unable to provide appropriate medical care without this information. HIPAA provides for significant personal civil and criminal liability for unauthorized release of patient information. Do not discuss other Soldiers' medical conditions and treatment without their permission. EXCEPTION: If you have reason to believe that a Soldier might harm himself or others, it is your duty to report this information immediately to the appropriate authorities (usually Chain-of-Command).

## CHAPTER 5: WARRIOR TRANSITION UNIT (WTU) OPERATIONS

**5-1. WARRIOR TRANSITION UNIT (WTU) OPERATIONS:** Medical Holdover (MHO) operations began in 2003 as large numbers of Reserve Component (RC) Soldiers were mobilized in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). As the population of mobilized Soldiers in need of medical evaluation and treatment rose, the Army established accelerated access standards, dedicated providers and case managers, new Mission Command (MC) and installation support structure, and other provisions to support these reserve component Soldiers while on active duty. The term, Medical Hold Over (MHO), was coined to define this population of mobilized RC Soldiers on Title 10 active duty orders. Recently, the term Warrior in Transition (WT) has been developed to describe both reserve component and active component Soldiers who are unable to perform their military duties because of illness or injury and are receiving medical care and treatment for those conditions. The reserve component WT Soldiers are diverted from their normal mobilization mission [or any contingency operation] because of new or aggravated pre-existing medical conditions because of being mobilized. Soldiers can become WT either pre-deployment or post-deployment, including via medical evacuation. The statutory authority for these Soldiers to remain on active duty falls under two sections of Title 10:

a. Soldiers with greater than 120 days remaining on their MOB orders and medical care anticipated to require no more than 60 days remaining on their mobilization orders under 10 USC 12302.

b. Soldiers with less than 120 days remaining on their MOB orders or whose medical care is anticipated to require more than 60 days may volunteer to convert to Medical Retention Processing (MRP) orders under 10 USC 12301(h). The majority of WT Soldiers have converted to MRP orders. See paragraph 5-3 for more specific information.

**5-2. ENTRY INTO WTU & MRP STATUS:** Soldiers shall volunteer if they desire to remain on active duty (AD) for medical treatment and convert to medical retention processing (MRP) orders. Those individuals who decline to remain on AD on MRP orders will sign a declination statement and will be released from active duty (REFRAD).

a. The 25-Day Rule: Soldiers found to be medically unqualified for deployment within the first 25 days of mobilization due to pre-existing conditions will be released from active duty (REFRAD) and returned to home station no later than 30 days from mobilization date. These non-deployable Soldiers revert to their pre-mobilization reserve status. If the medical condition is temporary (e.g., simple fracture) and the Soldier recovers, no further action is required, and the Soldier again becomes eligible for

mobilization. If the Soldier does not or might not meet medical retention standards IAW AR 40-501, the RC Commander is required to initiate physical fitness determination processes (MMRB, non-duty PEB, etc.) through the Army Physical Performance Evaluation System (PPES) IAW AR 600-60 or the Physical Disability Evaluation System (PDES) IAW AR 635-40 and DoDI 1332.38.

b. Pre-Deployment (after 30 days of mobilization):

(1) Soldiers who are not expected to return to duty (RTD) within 60 days are re-assigned on MRP orders to the Warrior Transition Unit /Medical Retention Processing Unit (MRPU) or are REFRAD if Soldier signs a declination statement.

(2) Soldiers who are expected to return to duty (RTD) within 60 days will remain on their mobilization orders, but are attached to the WTU/MRPU (or MTF, if inpatient) until they are medically cleared to return to their unit.

c. Medical Evacuation from Combat Theater or OCONUS Deployment:

(1) Soldiers who are not expected to return to duty within 60 days or have less than 120 days remaining on their mobilization orders are re-assigned on MRP orders to the WTU/MRPU or are REFRAD if Soldier signs declination statement.

(2) Soldiers who are expected to return to duty within 60 days and have more than 120 days remaining on their mobilization orders will remain on their mobilization orders, but are attached to the WTU(or MTF, if inpatient) until medically cleared for demobilization.

d. Re-deployment from Combat Theater or OCONUS Deployment:

(1) Soldiers who are not expected to return to duty within 60 days or have less than 120 days remaining on their mobilization orders are re-assigned on MRP orders to the WTU or are REFRAD if Soldier signs declination statement.

(2) Soldiers who are expected to return to duty within 60 days and have more than 120 days remaining on their mobilization orders will remain on their mobilization orders, but are attached to the WTU(or MTF, if inpatient) until medically cleared for demobilization.

e. Declination of Medical Retention Processing (MRP) Orders:

(1) Soldiers who are re-deploying, or approaching the end of their mobilization or current MRP orders may decline to remain on active duty to complete medical evaluation and treatment. Soldiers will indicate their decision to decline by signing a declination statement. NOTE: Physical performance evaluation or disability processing will continue regardless of Soldier's duty status decision.

(2) Upon REFRAD, mobilized Soldiers might be authorized medical care under several programs:

(a) DoD and VA medical treatment facilities (MTF): Soldiers with approved LODs (*DA Form 2173, Statement of Medical Examination and Duty Status*) are authorized medical care for those documented medical conditions at military or VA medical treatment facilities (MTF). Soldiers might also be eligible for care at VA MTFs depending on the disability discharge status documented on their *DD Form 214, Certificate of Release or Discharge from Active Duty*.

(b) TRICARE: All mobilized Soldiers are eligible for TRICARE's Transition Assistance Management Program (TAMP) for 180 days from the date of REFRAD. Soldiers may also participate in TRICARE through the TRICARE Reserve Select program. See your TRICARE Service Center (TSC) or go to [www.tricare.osd.mil](http://www.tricare.osd.mil) for more information on these programs. NOTE: After REFRAD, RC Soldiers are eligible for TRICARE Standard only, which results in higher out-of-pocket expenses than the active duty TRICARE Prime option.

f. Physical Profile (DA Form 3349):

(1) WTU Soldiers shall have an approved *Physical Profile (DA Form 3349)* that describes their functional limitation(s). WTU Soldiers shall carry their profiles whenever they are in uniform or on duty.

(2) Profiles can be either temporary or permanent. Soldiers might require both a temporary and permanent profile. All physical limitations shall be annotated on the *DA Form 3349*.

(3) Soldiers are responsible for adhering to the limitations of their profile. Intentional violation of an approved physical profile can affect the outcome of LOD determinations. If a Soldier is asked to violate his profile by a supervisor or senior NCO, he should report it through his Chain-of-Command to his Commander or 1SG.

(4) Soldiers with permanent 3 or 4 profiles that meet medical retention standards IAW AR 40-501 will be referred to a Medical/MOS Retention Board (MMRB) IAW AR 600-60. Active duty Soldiers who do not meet medical retention standards will be referred directly to a Medical Evaluation Board (MEB) IAW AR 40-400.

(5) Physical Profile Functional Capacity:

(a) PULHES factor: P – physical capacity, U – upper extremities, L – lower extremities, H – hearing/ears, E – vision/eyes, S – psychiatric.

(b) Profile serial code: 1 – no limitations; 2 – minor limitations, does not significantly impact duty; 3 – moderate limitations, some impact on duty; 4 – severe limitations, definite impact on duty.

### 5-3. MEDICAL RETENTION PROCESSING (MRP):

a. The Medical Retention Processing (MRP) policy established 10 USC 12301(h) as an alternative statutory authority to allow mobilized Soldiers to remain on active duty for medical care and treatment in lieu of mobilization orders. Unlike the previously established Active Duty Medical Extension (ADME) program, Soldiers on MRP orders retain their mobilization benefits upon REFRAD or separation; that is, timelines for demobilization benefits start at the time of REFRAD or separation and not when Soldiers come off mobilization orders. Eligibility for MRP orders is based solely on standards of medical fitness for duty and by law cannot consider whether Soldiers can perform their civilian jobs.

b. Conversion to MRP orders is voluntary. Eligible WT Soldiers shall be counseled in writing by qualified personnel (preferably a team representing both the medical and Mission Command (MC) communities) about converting to MRP orders, including the benefits and disadvantages for the individual Soldier. Soldiers who choose to convert from mobilization orders to MRP orders will be reassigned to a WTU Mission Command (MC) unit, either an on-installation WTU or an off-installation Community Based Warrior Transition Unit (CBWTU). Upon voluntary conversion to MRP orders, Soldiers will remain on active duty until their orders expire (179 days) or until optimal therapeutic benefit (OTB) or disposition is achieved if less than 179 days. Upon publication of MRP orders, Soldiers do not have the option to decline MRP. These same rules apply for MRP extensions.

c. Declination of MRP orders: Soldiers on mobilization orders may decline conversion to MRP orders and will be released from active duty (REFRAD). Following individual written counseling on the benefits and disadvantages of volunteering for MRP orders, Soldiers who choose to REFRAD will sign a MRP declination statement. These Soldiers may obtain follow-up care through the Transition Assistance Management Program (TAMP) [see [www.tricare.osd.mil](http://www.tricare.osd.mil) for more info] or Department of Veterans Affairs (VA) benefits.

d. Application for MRP orders: Soldiers who choose to convert to MRP orders shall submit a request for *Personnel Action (DA Form 4187)* requesting conversion to MRP orders. To apply, Soldiers require a preliminary medical evaluation and valid *Physical Profile* (either temporary or permanent) that describes their functional limitations. Medical profiling officers shall indicate whether the medical problem can be resolved within 60 days.

e. MRP orders: MRP orders will be effective for up to 179 days after the effective start date unless sooner revoked or extended. AW2 Soldiers may be placed on initial 365 day orders. Each MRP extension adds 179 days. Soldiers on MRP orders who anticipate the need and desire to extend should coordinate with their WTU team 60 days prior to expiration of orders. The WTU or CBHCO shall submit extension requests 45 days prior to the expiration of their current orders. MRP orders are published by Human Resources Command-Alexandria (HRC-A) and assign Soldiers to a WTU Command and Control unit. Upon conversion to MRP orders, the Soldiers' pay and allowances fund cite changes. It is imperative that Soldiers carefully monitor *myPay* to detect and fix any pay problems early on.

f. Involuntary Termination of MRP orders: In rare instances in which Soldiers persistently violate the MRP rules of engagement and/or abdicate their responsibilities in support of their treatment plan, Soldiers may be involuntarily terminated from MRP orders, and subsequently REFRAD or separated.

#### **5-4. MEDICAL RETENTION PROCESSING 2 (MRP2):**

a. The Medical Retention Processing 2 (MRP2) program allows previously mobilized and REFRAD Soldiers to return to active duty to address medical problems that were unresolved at the time of REFRAD/demobilization.

b. Soldiers are eligible to apply for MRP2 for up to six (6) months following REFRAD.

c. The Soldier's home unit is responsible for assisting Soldiers in preparing and submitting their MRP2 application packet. MRP2 application packets will be administratively cleared by HRC-A, and forwarded to the OTSG MRP2 Medical Review Board. The Medical Review Board consists of medical officers representing the Active Component, ARNG and USAR. The board reviews all MRP2 application packets and makes its recommendation based on sufficiency of medical documentation to support the Soldier's return to active duty for treatment. Medical documentation may be a compilation of military and civilian medical records.

d. Soldiers who are not eligible for MRP2 include:

- (1) Soldiers discharged or separated from the Army
- (2) Soldiers in the Active Guard and Reserve (AGR)
- (3) Soldiers whose medical condition(s) pre-existed or were not aggravated by mobilization
- (4) Soldiers with "Line of Duty (LOD) – No" determinations.

(5) Soldiers in an approved Continuation On Active Reserve (COAR) status.

(6) Pregnancy might preclude selection for MRP2

e. Soldiers may decline MRP2 up to the time that MRP2 orders are published. If the Soldier is eligible and wishes to withdraw his/her MRP2 application, the Soldier shall sign a MRP2 declination statement. Soldiers may decline without prejudice prior to the publication of MRP2 orders.

f. Soldiers on MRP2 orders will be assigned to and report to an Army installation where they will undergo medical evaluation and development of a treatment plan. MRP2 Soldiers might be eligible for transfer to a CBHCO under the same eligibility and selection criteria used for MRP Soldiers.

### **5.5. COMMUNITY-BASED WARRIOR TRANSITION UNIT (CBWTU):**

a. The Community-Based Warrior Transition Unit (CBWTU) is a WTU operations program established to leverage community resources to expand Army installation housing and medical care capacities. The CBWTU is a company-level Command, that provides Command and Control, administrative support, and medical coordination and case management for Soldiers on MRP orders assigned to a WTU and further attached to the CBWTU. The CBWTU allows WT Soldiers to return to their families and communities, and receive medical treatment from locally available and TRICARE-approved providers while recuperating at home.

b. All Soldiers assigned to the WTU on MRP orders will be assessed by the installation WTU team (MC and M2) for potential referral to a CBWTU. Soldiers who are referred to a CBWTU will get evaluated by the CBWTU Cadre (MC and M2) for acceptance. Transfer to a CBWTU is based on established eligibility and selection criteria that include:

(1) Soldier requires medical treatment that exceeds 60 days.

(2) Soldier is unencumbered by legal or administrative action or holds, to include flags or pending chapter action.

(3) Soldier's medical needs can be managed by the CBWTU using community resources within commuting distance from home (generally 50 miles or 1 hour). Note: Soldiers may travel on TDY orders (*DD Form 1610, Request and Authorization for TDY Travel of DoD Personnel*) for occasional specialty consultation or follow-up, as determined by the medical Cadre, IAW established TMA/OTSG procedures.

(4) Soldier shall have an adequate place to live with a mailing address, telephone, and accommodations for physical limitations.

(5) Soldier is able to perform duty in support of Title 10 mission commensurate with rank and skills at a Federal or state facility within commuting distance from home (generally 50 miles or 1 hour).

(6) Soldier has access to reliable transportation to and from medical appointments and assigned duty location.

(7) Soldier's military primary care and specialty providers agree that the CBWTU setting is appropriate for treatment and optimization of medical conditions, and will not unduly delay medical disposition. Not all medical conditions can be appropriately managed outside of a military medical treatment facility (MTF).

(8) Soldiers who reside within the catchment area of an Army medical treatment facility (MTF) may be eligible for transfer to a CBWTU, if a WTU is not present on the supporting installation.

c. The Army will decide whether a WTU Soldier remains on-installation or is transferred to a CBWTU. Soldiers may communicate their preference and any other factors to be considered, such as local housing contracts, change in home environment, disruption of care concerns, etc., which might affect the decision. Soldiers may not refuse transfer to a CBWTU. NOTE: In general, Temporary Change of Station (TCS) orders for mobilized RC Soldiers are legally sufficient to invoke the military clause on rental agreements.

d. CBWTUs perform many installation functions including Mission Command, processing of personnel actions, processing of pay actions, case management, medical appointment scheduling, medical case review, initiation of medical evaluation boards (MEB), mental health assessments and referrals, etc. However, CBWTUs depend on installation support for activities that exceed their scope and capabilities. The Installation Management Command (IMCOM) has established support relationships between the CBWTUs and selected Army installations for garrison activities. Medical support will follow established MEDCOM and Regional Medical Command lines of responsibility.

e. Soldiers selected for transfer to a CBWTU will remain assigned to the WTU at the losing installation. HRC-A will publish orders attaching the Soldier to the CBWTU with their residence listed as the end destination. Soldiers will out-process from the losing installation prior to travel. Out-processing should include completion of worksheet for *DD 214, Certificate of Release or Discharge from Active Duty*, resolution of pay problems, required ACAP pre-separation briefing, and completion of the WTU out-processing checklist established by the Installation Management Command (IMCOM). Soldiers will travel on TDY orders (*DA Form 1610, Request and Authorization for TDY Travel of DoD Personnel*) from the installation to the CBWTU for in-processing, and then to their residence. Pass or leave in conjunction with transfer to CBWTU is not authorized.

f. There are currently eight (9) regional CBWTUs throughout CONUS, and three (3) OCONUS WTUs (Alaska, Hawaii and Puerto Rico) that integrate on- and off-installation WT operations. [Refer to map below for specific regional areas.]



g. CBWTU Cadre manages their WT Soldiers primarily through telecommunications and other long-distance strategies. To mitigate the lack of face-to-face communication, the CBWTU will establish regular accountability and management communication:

(1) The CBWTU platoon sergeants talk to their WT Soldiers on a daily basis to provide accountability and to ensure the well-being of their Soldiers. It is imperative that platoon sergeants get to know their WT Soldiers so they can serve as the first line of defense if Soldiers develop mental health, personal or other problems. Platoon sergeants maintain communication logs.

(2) Case managers contact their WT Soldiers at least weekly to assess medical progress. Case Managers document their encounters in the Soldiers' health record.

(3) Work place supervisors may assist platoon sergeants and case managers to accomplish above responsibilities, but their assistance does not eliminate the requirement for daily and weekly contact as described above.

h. Soldiers shall make satisfactory medical progress and remain in good disciplinary standing to remain attached to the CBWTU. Developments that could result in Soldier's transfer back to the installation include:

(1) Unsatisfactory medical progress, lack of available medical resources, new medical problems that increase case complexity

(2) Non-compliance with WT/CBWTU rules or treatment plan

- (3) Change in family situation, loss of residence, or loss of transportation
- (4) Disciplinary problems or UCMJ violation committed by Soldier

## CHAPTER 6: PHYSICAL DISABILITY PROCESSING

**6-1. PERMANENT PROFILES:** Permanent physical profiles (*DA Form 3349, Physical Profile*) will be written and approved IAW AR 600-60, paragraph 2-6, Issuance of Permanent Profile: When issuing a permanent 3 or 4 profile, medical profiling officers should determine if the Soldier meets the medical retention standards of AR 40-501. Soldiers who do not meet medical retention standards bypass the MMRB and are referred directly into the PDES. (See paragraph 5-2f for more information on profiles and WT requirements.).

### 6-2. LINE OF DUTY (LOD):

a. Lines of duty (LOD) determinations are essential for protecting the interests of both the individual Soldier and the US Government when military service is interrupted by injury, disease, or death. Army policy requires that Soldiers who are injured or wounded, aggravate pre-existing injuries, or acquire certain diseases while on active duty have a line of duty (LOD) determination made. Informal lines of duty are documented and approved on a *DA Form 2173, Statement of Medical Examination and Duty Status*. Formal line of duty investigations and findings are documented on the *DD Form 261, Report of Investigation – Line of Duty and Misconduct Status*.

b. To ensure Soldiers receive appropriate medical care after leaving active duty, unit Commanders are responsible for initiating and completing LOD investigations. Investigations can be conducted informally by the chain-of-Command, or formally, where an investigating officer is appointed to conduct an investigation into suspected misconduct or negligence. The chain-of-Command will initiate the *DA Form 2173, Statement of Medical Examination and Duty Status*, and complete Section II; the health care provider will complete Section I. “Line of duty – no” determinations will be made only after a formal investigation. The LOD is approved when signed by the appointing authority. NOTE: For Soldiers with obvious combat injuries, the Army presumes the injury incurred in the line of duty absent evidence to the contrary, and an investigation is not required. If the Soldier does not already have an LOD (*DA Form 2173 or DD Form 261*) from his theater unit or previous military MTF, the current Commander is responsible for initiating one.

c. Current Army policy does not require a line of duty for Soldiers undergoing the PDES process in which documentation from the medical records and PDES forms may be used in lieu of an LOD. However, it is strongly recommended that Soldiers who might require follow-up care ensure they have an approved LOD to present at military or VA medical treatment facilities. Additionally, an approved LOD is required when applying for INCAP pay.

d. Line of duty determinations are not normally made for pain alone. Pain can be included in an LOD determination when it relates to a documented injury or other medical condition.

e. Line of duty determinations for Post Traumatic Stress Disorder (PTSD) follow the DoD definitional guidelines of a chronic disorder, and are not commonly seen on LODs. LODs are more likely to list a more acute diagnosis such as normal stress reaction, situational stress reaction, acute stress reaction, etc.

f. In addition to prescribed distribution of approved LOD (*DA Form 2173*), a completed copy of LOD documentation will be distributed to the following:

- (1) Individual Soldier
- (2) Soldier's OMPF and field personnel file
- (3) Soldier's medical record
- (4) Soldier's home unit

g. Soldiers who incur or aggravate an injury, illness or disease while on active duty that is determined by the Department of Veterans Affairs (DVA or VA) to be service-connected are eligible for medical care through the Veterans Health Administration (VHA or VA) for the rest of their lives for that condition or conditions. Severely disabled Soldiers might also be eligible for medical care for all medical conditions, even those not service-connected. An approved LOD (*DA Form 2173*) is an important piece of evidence used by the VA to determine service connection. NOTE: Most VA medical treatment facilities (MTF) require that Soldiers present an approved LOD when requesting care at their facilities.

h. A Soldier who incurs an injury or illness because of his or her intentional misconduct or willful negligence stands to lose substantial benefits because of his or her actions. It is very important, therefore, that Soldiers consider the impact of alcohol and drug use and unlawful behavior on line of duty outcomes. An adverse line of duty finding can have far-reaching impacts to include forfeiture of pay, loss of disability retirement or severance pay and loss of benefits with the VA.

**6-3. PHYSICAL DISABILITY EVALUATION SYSTEM (PDES)** The Army Physical Disability Evaluation System (PDES) is the Army agency that governs the Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) process. PDES provides a full and fair hearing to determine a Soldier's physical fitness for continued military service. If the Soldier is found unfit to return to duty, PDES will determine the level and type of compensation due to the Soldier and initiate the relevant procedures to separate or retire the Soldier.

#### **6-4. MEDICAL EVALUATION BOARD (MEB)**

a. The Medical Evaluation Board (MEB) is a process designed to determine whether a Soldier's long-term medical condition enables him/her to continue to meet medical retention standards, in accordance with Army regulations. It also provides an opportunity for military physicians to clearly document a Soldier's medical condition and any duty limitations it may cause.

b. The MEB is considered an informal board because, by itself, it does not drive any personnel actions. The findings of the MEB are referred to the Physical Evaluation Board (PEB), which formally determines fitness for continued service and eligibility for disability compensation. The MEB process is also not a military occupational specialty (MOS) reclassification board. Reclassification is considered by the Military Assessment Retention Review (MAR2) for Soldiers with a permanent level 3 profile (P3) who meet retention standards.

c. The MEB is comprised of at least two physicians, and is convened once the medical retention decision point is reached or when the WT's physician thinks the WT will not be able to return to duty for medical reasons. The board evaluates a Soldier's medical history and condition, documents the extent of the injury or illness, and decides whether the Soldier's medical condition is severe enough to impede his/her ability to continue serving in a full duty capacity. The physicians do this by relating the nature

and degree of the Soldier's medical condition to Army retention standards and the duties that the Soldier may reasonably be expected to perform in his/her office, grade, or rank.

d. Entering into the MEB process does not mean the WT will be automatically discharged from military service. The MEB will refer a WT to the PEB when the findings and recommendations stipulate that either 1) the WT does not meet retention standards, or 2) the WT should return to duty in a different military occupational specialty (see Military Assessment Retention Review).

e. MEB decisions can affect the WT and Family, so it is necessary for all to understand the entire board process. Having all the documents and necessary medical information completed before the board meets is vital to achieving the best outcome.

f. The MEB should be complete within 90 days after the initial packet submission and evaluation outcome. However, each case is unique, and the MEB could take less or more than 90 days to complete.

### **6-5. PHYSICAL EVALUATION BOARD (PEB):**

a. If the MEB finds the Soldier unfit to return to duty in his/her Military Occupational Specialty (MOS), the Soldier will be referred to a Physical Evaluation Board (PEB). PEBs are administrative boards that determine whether a Soldier's injury prevents his/her continued performance in the Army. The Soldier will have the opportunity to review and comment on the medical and non-medical information referred to the PEB. The Soldier is responsible for providing accurate, comprehensive information about existing medical conditions and administrative actions.

b. The PEB determines: Fitness or unfitness to continue military service, Eligibility for disability compensation, Disability codes and percentage rating, Disposition of the Soldier's case, and Whether or not the injury or illness is combat-related.

### **6-6. Integrated Disability Evaluation System (IDES)**

The newly piloted Integrated Evaluation Disability System will allow wounded service members to undergo concurrent evaluation by both the Army and VA. This streamlined Disability Evaluation System is designed to be faster, fairer, and simpler for service members. Service members going through the IDES process will receive a single disability rating from both the Army and the VA. The IDES will replace existing PDES boards once fully fielded.

### **6-7. MILITARY ASSESSMENT RETENTION REVIEW (MAR2)**

The Military Assessment Retention Review (MAR2) is for wounded, ill, and injured Soldiers who meet retention standards but cannot fulfill the requirements of their current job or Military Occupation Specialty (MOS). During the MAR2 process, the Army identifies new MOS possibilities for a Soldier and re-assigns them. Once the Soldier heals and transitions out of the WTU, they will typically move directly into a training program for the next MOS at their new duty station to ensure they have the necessary skills for their new work.

## CHAPTER 7: TRANSITION

### 7-1. TRAUMATIC-RELATED STRESS:

a. Stress is part of daily living. Soldiers might experience stress meeting MOS demands, adjusting to a new environment, dealing with family disruption and changes in health or developing new friendships. Stress is not necessarily harmful and mild forms of stress can act as a motivator and energizer. However, medical and social problems may result if stress levels are too high. Let your nurse case manager know how you are feeling. Every MTF has licensed Behavioral Health care Staff available to work with any Soldier who requests assistance.

b. The interpretation and reaction to external events determines stress levels. People respond dramatically different to the types of events they interpret as stressful.

c. There are several signs and symptoms that you may notice when you are experiencing stress. These signs and symptoms fall into four categories: feelings, thoughts, behavior, and physiology. When you are under stress, you may experience one or more of the following:

(1) Feelings: Anxious, scared, irritable, and moody.

(2) Thoughts: Low self-esteem, fear of failure, inability to concentrate, embarrassing easily, worrying about the future, preoccupation with thoughts/tasks.

(3) Behavior: Stuttering and other speech difficulties, crying for no apparent reason, forgetfulness, acting impulsively, startling easily, laughing in a high pitch and nervous tone of voice, grinding your teeth, increasing smoking, increasing use of drugs and alcohol, becoming accident-prone, losing your appetite or overeating.

(4) Physiology: Perspiration/sweaty hands, increased heart rate, trembling, nervous ticks, dryness of throat and mouth, tiring easily, urinating frequently, sleeping problems, diarrhea/indigestion/vomiting, butterflies in stomach, headaches, premenstrual tension, pain in your neck or lower back, loss of appetite or overeating, increased susceptibility to illness.

d. Normal signs and symptoms of combat stress include: emptying bowels and bladder during times of danger; fatigue and/or weariness; distant, haunted “1000 yard” stare; anxiety, excessive worrying, irritability, swearing, and complaining; frequently awakened by bad dreams; grieving; feeling guilty; anger at one’s own team; losing confidence in self/unit.

e. Both positive and negative events in one’s life can be stressful. However, major life changes are the greatest contributions of stress for most people. They place the greatest demand on resources for coping. Major life changes that can be stressful include: geographic mobility, learning a new trade, career changes, new job, marriage, pregnancy, new life style, divorce, death of a loved one or colleague, being fired from your job, or being chaptered out of the military.

f. Environmental events that can be stressful include: time pressure, competition, financial problems, noise, and disappointments.

g. Many stressors can be changed, eliminated, or minimized. Here are some things you can do to reduce your level of stress:

- (1) Become aware of your reactions to stress.
- (2) Reinforce positive self-statements.
- (3) Focus on your good qualities.
- (4) Avoid unnecessary competition.
- (5) Avoid drugs and alcohol.
- (6) Develop assertive communication and behaviors.
- (7) Recognize and accept your limits. Remember, everyone is unique and different.
- (8) Develop a hobby or two. Relax and have fun.
- (9) Exercise regularly, if you are able to do so.
- (10) Eat nutritious food.
- (11) Talk with friends or someone you can trust about your worries and concerns.
- (12) Learn to use your time wisely.
- (13) Evaluate how you are budgeting your time.
- (14) Plan and avoid procrastination
- (15) Make a weekly/monthly schedule and try to follow it.
- (16) Set realistic goals.
- (17) Set priorities.
- (18) Practice relaxation techniques

h. Military One Source is a program that has transitioned from Army One Source and will assist Soldiers with any issues they may be experiencing. Some issues may include buying a new car, preparing for deployment or reunions, finances, relationships or having someone available just to chat. Master consultants are available 24/7 at 1-800-342-9647 or at [www.militaryonesource.com](http://www.militaryonesource.com).

**7-2. DEPARTMENT OF VETERANS AFFAIRS (DVA or VA):** The Department of Veterans Affairs (DVA or VA) offers a wide range of Federal benefits for current and former military service members and their families. The Department administers its programs primarily through two administrations: (1) Veterans Health Administration (VHA) and (2) Veterans Benefits Administration (VBA). For more information about specific benefits, visit the nearest VA regional office; go to [www.va.gov](http://www.va.gov), or call-1-800-827-1000. All Soldiers are required to attend VA benefit briefings and will be given duty time to apply for benefits. Soldiers are urged to become educated about VA programs and apply for benefits for which they are eligible.

a. Veterans Health Administration (VHA): Veterans shall enroll to receive VA health care benefits. When they enroll, veterans are placed in priority groups or categories that help the VA manage access to quality health care services. Veterans exempted from enrollment requirement include: veterans discharged from the military within one year who have not yet been rated for VA disability benefits, veterans seeking care only for service-connected disabilities, and veterans with service-connected disability of 50 percent or more. Veterans with combat injuries and service-connected disabilities receive priority access to care for hospitalization and outpatient care. NOTE: The VA will provide combat veterans who served in OEF/OIF theatre free medical care for any illness that was incurred or aggravated while on active duty service for the next 5 years starting from the veteran's release from active duty (REFRAD). To facilitate better planning of health care resources, however, these veterans are also urged to enroll. For more information go to <http://www.oefoif.va.gov> or call 1-877-222-8387 or see page 1, Chapter 1 of the *Department of Veteran Affairs, 2010 Edition, Federal Benefits for Veterans and Dependents* or go to [www.va.gov](http://www.va.gov) for more information.

b. The VA's Readjustment Counseling Service operates 207 Vet Centers that provide readjustment counseling and outreach services for war-related trauma (including sexual assault) to all veterans who served in any combat theater or area of armed hostility. Services are also available for their family members for military-related issues. The goal of Vet Centers is to help Soldiers and their families make a satisfying transition from military to civilian life. These services are provided at no cost to the veteran or the family. Small multi-disciplinary teams of dedicated providers, many of whom are combat veterans themselves, Staff the Vet Centers. Vet Center Staff is available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific). The Fort Gordon, GA WTU have two VA Liaisons for Health care to assist with referrals for medical follow-up to the VA Medical Centers that are close to the home of the service member once they are taken off active duty. For further assistance, please call the VA Liaisons for Health Care at 706-787-3577 or 706-787-8735 or come to their office at Building 329.

c. Veterans Benefits Administration (VBA): The VBA is responsible for rating veterans' disabilities IAW the Veterans Administration's Schedule for Rating Disabilities (VASRD). Eligibility for other VA benefits (including health care, compensation, and vocational rehab) can vary based on the veteran's disability rating. Apply for compensation, pension, health care, education, or vocational rehab and employment by selecting "Apply Online" at [www.va.gov](http://www.va.gov). The Fort Gordon, GA WTU have three veterans representatives located at Building 33800 (ACAP) to assist service members in filing their VA Benefits prior to leaving the WTU. They will need a copy of their REFRAD or SEPARATION ORDERS to make an appointment. For more information, please contact 706-791-8765.

d. Benefits Enrollment with the VA: Most Army installations have a VA benefits counselor on site or regularly scheduled to provide briefings and assist Soldiers in applying for benefits. WTU Soldiers are required to attend VA benefits briefings and will be given duty time to apply for VA benefits. To facilitate better planning of financial matters, job assistance, and health care services, all veterans are urged to apply for benefits. The location the WTU soldier to learn about their VA Benefits is at Building 33800 (ACAP) at Fort Gordon, GA please call 706-791-7333 for further information.

e. The Vocational Rehabilitation and Employment program helps veterans who have service-connected disabilities to prepare for, find and keep suitable employment. The VA also provides services to assist veterans with serious disabilities to live as independently as possible. For more information, go to [www.vetsuccess.com](http://www.vetsuccess.com).

### 7-3. ARMY CAREER & ALUMNI PROGRAM (ACAP)

- a. The Army Career and Alumni Program (ACAP) is a congressionally mandated program that provides transition and career counseling services to eligible DOD personnel departing Federal service. WTU Soldiers may begin participating in ACAP activities at any time.
- b. One of the services provided by ACAP is the pre-separation briefing.
- c. All AC Soldiers, Reserve and National Guard Component Soldiers on active duty being processed for a medical evaluation board (MEB) or a Physical Evaluation Board (PEB) must complete the mandatory Pre-separation counseling. A completed copy of the DD Form 2648 (AC Soldiers) or DD Form 2648-1 (RC/NG Soldiers) must be provided to the Physical Evaluation Board Liaison Officer (PEBLO) at the initiation of the soldier's MEB/PEB. These Soldiers are also required to receive the following additional transition services prior to their separation or retirement: attend a TAP Employment Workshop (2.5 days), participate in a VA Benefits briefing (4 hours) and a VA Disability TAP workshop (2 hours).
- d. Soldiers who reach optimal therapeutic benefit (OTB), but do not meet medical retention standards IAW AR 40-501, should immediately start the ACAP process.
- e. Career One Stop ([www.careeronestop.org](http://www.careeronestop.org)) is an integrated suite of national web sites that help businesses, job seekers, students, and workforce professionals find employment and career resources. To find a local office, go to "Service Locator" and enter your zip code or city/state location. Career One Stop, sponsored by the U.S. Department of Labor, includes three core products:
  - (1) America's Career InfoNet ([www.CareerInfoNet.org](http://www.CareerInfoNet.org)) provides national, state and local career information and labor market data using unique career tools, career reports, videos, a career resource library and other innovative web-based tools.
  - (2) America's Job Bank ([www.ajb.org](http://www.ajb.org)) is the nation's largest online labor exchange. Businesses post job listings, create customized job orders, and search resumes. Job seekers post resumes and search for jobs that fit their career goals. A companion web site, Department of Defense Job Search (<http://dod.jobsearch.org>), is a career resource for businesses and military personnel transitioning to civilian careers to match work opportunities.
  - (3) America's Service Locator ([www.ServiceLocator.org](http://www.ServiceLocator.org)) maps customers to a range of local services including workforce centers, unemployment benefits, job training, education opportunities, and other workforce services.

### 7-4. RECOVERY EMPLOYMENT ASSISTANCE LIFELINE (REALifeline)

- a. The Recovery Employment Assistance Lifelines (REALifeline) program, which provides individualized job training, counseling, and employment services to seriously injured and wounded veterans and their families, is a national program coordinated by the Department of Labor's Veterans' Employment and Training Service (VETS).
- b. REALifeline supports the economic recovery and civilian employment of these transitioning service members and their families by identifying barriers to employment or reemployment before

separation from active military service. These employment needs are then addressed with the help of a disabled veterans outreach program specialist and local veterans employment representatives at the Department of Labor's nationwide network of One Stop Career Centers. Follow-up professional and personalized intervention for service members and their families during recovery and rehabilitation assures success.

c. In addition to assisting injured and wounded veterans, job training and employment services are also available to spouses in families that have suffered an active-duty casualty, as well as to family members who have temporarily left their jobs to be with their loved ones during recovery.

d. For more information contact: The REALifeline Career Coach at 202-693-4750, the Labor Department's VETS at 360-438-4035/4600, and the military Severely Injured Center at 1-888-774-1361 or visit <http://www.dol.gov/vets/REALifelines/index.htm>.

### **7-5. Career and Education Readiness (CER)**

Career and Education Readiness programs are inherently therapeutic and contribute to a WT's holistic healing and wellness, every WT who is cleared by the Triad of Care should be encouraged to participate in CER programs consistent with their career goals. However, rehabilitation is always the first priority and under no circumstance will participation in CER activities interfere with a WT's medical treatment, rehabilitation, or adversely affect the WT's well-being. The Triad of Care will collectively determine whether a WT is mentally and physically capable of handling the demands of attending college or employment. Please review Policy Letter #37 for more information about CER programs.

### **WARRIOR IN TRANSITION PROGRAM MISSION STATEMENT**

The Warrior Transition Battalion will provide command and control, primary care and care management utilizing compassion, dignity and respect for Warriors in Transition to establish the conditions for healing and to promote their timely return to the force or transition to civilian life.

The WTU team, which includes the WTU Commander, First Sergeant, Platoon Sergeant, Squad Leader, primary care manager, nurse case manager, specialty medical providers, and support personnel, facilitates the return of Soldiers to the fighting strength.

The WTU Comprehensive Transition Plan (CTP) encompasses seven processes:

1. Intake
2. Assessment
3. Goal Setting
4. CTP Review
5. Rehabilitation
6. Pre-Transition
7. Post-Transition

The WTU mission accomplishes the following:

- a. Provide Mission Command (MC), administrative, and operational support for US Army Active, Reserve and National Guard Soldiers in WT status.
- b. Treat all Soldiers with the dignity and respect they deserve.
- c. Treat line of duty medical conditions to the point at which it can be determined that the Soldier meets or will meet Army retention standards for medical fitness in accordance (IAW) AR 40-501.
- d. Assist Soldiers with the transition to civilian life with dignity and compassion.
- e. Coordinate the Soldier's treatment plans, disposition and best options with the WT team, local military medical treatment facility, installation support agencies, and the Community Based Warrior Transition Units (CBWTU).

## **SOLDIER'S CREED**

I am an American Soldier.  
I am a Warrior and a member of a team.  
I serve the people of the United States and live the Army Values.  
I will always place the mission first.  
I will never accept defeat.  
I will never quit.  
I will never leave a fallen comrade.  
I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills.  
I always maintain my arms, my equipment and myself.  
I am an expert and I am a professional.  
I stand ready to deploy, engage, and destroy the enemies of the United States of America  
in close combat.  
I am a guardian of freedom and the American way of life.  
I am an American Soldier.

## **ARMY VALUES**

### **Loyalty**

Loyalty is the faithful adherence to a person, unit, or Army. The thread binds our actions together and causes us to support each other, our superiors, our family, and our country.

### **Duty**

Duty is the legal or moral obligation to accomplish all assigned or implied tasks to the fullest of your ability. Every Soldier shall do what needs to be done without having to be told to do it.

### **Respect**

Respect is treating others with consideration and honor. It is the ability to accept and value other individuals.

### **Selfless Service**

Selfless service is placing your duty before your personal desires. It is the ability to endure hardships and insurmountable odds because of love of fellow Soldiers and our country.

### **Honor**

Honor is living up to the Army Values. It starts with being honest with one's self and being truthful and sincere in all of our actions.

### **Integrity**

Integrity means to firmly adhere to a code of moral and ethical principles. Every Soldier shall possess high personal moral standards and be honest in word and deed.

### **Personal Courage**

Physical courage is overcoming fears of bodily harm while performing your duty. Moral courage is overcoming fears of other than bodily harm while doing what is right even if unpopular.

## **CREED OF THE NONCOMMISSIONED OFFICER**

No one is more professional than I. I am a Noncommissioned Officer, a leader of Soldiers. As a Noncommissioned Officer, I realize that I am a member of a time honored corps, which is known as "The Backbone of the Army." I am proud of the Corps of Noncommissioned Officers and will at all times conduct myself to bring credit upon the Corps, the Military Service and my country regardless of the situation in which I find myself. I will not use my grade or position to attain pleasure, profit, or personal safety.

Competence is my watchword. My two basic responsibilities will always be uppermost in my mind – accomplishment of my mission and the welfare of my Soldiers. I will strive to remain tactically and technically proficient. I am aware of my role as a Noncommissioned Officer. I will fulfill my responsibilities inherent in that role. All Soldiers are entitled to outstanding leadership; I will provide that leadership. I know my Soldiers and I will always place their needs above my own. I will communicate consistently with my Soldiers and never leave them uninformed. I will be fair and impartial when recommending both rewards and punishment.

Officers of my unit will have maximum time to accomplish their duties; they will not have to accomplish mine. I will earn their respect and confidence as well as that of my Soldiers. I will be loyal to those with whom I serve; seniors, peers, and subordinates alike. I will exercise initiative by taking appropriate action in the absence of orders. I will not compromise my integrity, nor my moral courage. I will not forget, nor will I allow my comrades to forget that we are professionals, Noncommissioned Officers, LEADERS!

## **THE AMERICAN OFFICER'S CREED**

I will give to the selfless performance of my duty and my mission the best that effort, thought, and dedication can provide.

To this end, I will not only seek continually to improve my knowledge and practice of my profession, but also I will exercise the authority entrusted to me by the President and the Congress with fairness, justice, patience, and restraint, respecting the dignity and human rights of others and devoting myself to the welfare of those placed under my command.

In justifying and fulfilling the trust placed in me, I will conduct my private life as well as my public service so as to be free both from impropriety and the appearance of impropriety, acting with candor and integrity to earn the unquestioning trust of my fellow Soldiers--juniors, seniors, and associates--and employing my rank and position not to serve myself but to serve my country and my unit.

By practicing physical and moral courage, I will endeavor to inspire these qualities in others by my example.

In all my actions, I will put loyalty to the highest moral principles and the United States of America above loyalty to organizations, persons, and my personal interest.

## **APPENDIX A: REQUIRED & RELATED PUBLICATIONS**

- Army Regulation (AR) 40-3, Medical, Dental and Veterinary Care, dated 3 Apr 06
- AR 40-66, Medical Record Administration and Health Care Documentation, dated 21 Jun 06
- AR 40-68, Clinical Quality Management, dated 26 Feb 04
- AR 40-400, Patient Administration, dated 12 Mar 01
- AR 40-501, Standards of Medical Fitness, dated 27 Jun 06
- AR 135-381, Incapacitation of Reserve Component Soldiers, dated 29 Aug 05
- AR 600-8-1, Army Casualty Program, dated 7 Apr 06
- AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, dated 15 Apr 04
- AR 600-8-10, Leaves and Passes, dated 15 Feb 06
- AR 600-8-22, Military Awards, dated 11 Dec 06
- AR 600-8-101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization and Deployment Processing), dated 18 Jul 03
- AR 600-9, The Army Weight Control Program, dated 27 Nov 06
- AR 600-20, Army Command Policy, dated 7 Jun 06
- AR 600-60, Physical Performance Evaluation System, dated 25 Jun 02
- AR 600-85, Army Substance Abuse Program (ASAP), dated 24 Mar 06
- AR 623-3, Evaluation Reporting System, dated 15 May 06
- AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, dated 8 Feb 06
- AR 670-1, Wear and Appearance of Army Uniforms and Insignia, dated 3 Feb 05
- Department of Army (DA) Personnel Policy Guidance for Contingency Operations in Support of GWOT, 3 Jan 07
- DA Medical Holdover (MHO) Consolidated Guidance, 11 Oct 06
- Department of Army Pamphlet (DA Pam) 611-21, Military Occupational Classification and Structure, dated 3 Mar 99
- DA Pam 623-3, Evaluation Reporting System, dated 15 May 06
- Department of Veterans Affairs Schedule for Rating Disabilities (VASRD)

Department of Defense Directive (DoDD) 1241.1, Reserve Component Medical Care and Incapacitation Pay for Line of Duty Conditions, dated 28 Feb 04.

DoDD 1332.18, Separation or Retirement for Physical Disability, dated 04 Nov 06

DoDD 1332.35, Transition Assistance for Military Personnel, dated 09 Dec 93

Department of Defense Instructions (DoDI) 1332.38, Physical Disability Evaluation, dated 14 Nov 96

DoDI 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities, dated 14 Nov 96

FORSCOM Implementation Plan for Community Based Health Care Initiative (CBHCI)

Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Volume 7A, Military Pay Policy and Procedures – Active Duty and Reserve Pay, Dec 2006.

DoDFMR 7000.14-R, Volume 9, Travel Policies and Procedures, Jan 2007.

Headquarters, Department of the Army (HQDA), Operations Order (OPORD) 04-01, Annex Q (Medical Holdover Operations), 201136JAN04

Joint Federal Travel Regulation, Vol. 1, dated 1 Dec 04, change 216

Title 10 United States Code, Section 61 (10 USC 61), Retirement or Separation for Physical Disability

## **APPENDIX B: REQUIRED & RELATED FORMS**

DA Form 199, Physical Evaluation Board Proceedings

DA Form 199-1, Election to Formal Physical Evaluation Board Proceedings

DA Form 2173, Statement of Medical Examination and Duty Status (often referred to as Line of Duty (LOD))

DA Form 3349, Physical Profile

DA Form 3947, Medical Evaluation Board Proceedings

DA Form 4187, Personnel Action

DD Form 214, Certificate of Release or Discharge from Active Duty

DD Form 261, Report of Investigation – Line of Duty and Misconduct Status

DD Form 689, Individual Sick Slip

DD Form 1610, Request and Authorization for TDY Travel of DoD Personnel

OTSG/MEDCOM CBHCO Referral Form

VA Form 21-526, Veterans Application for Compensation or Pension (Available at <http://www.va.gov/vaforms/>)

## APPENDIX C: YOUR FIRST FEW WEEKS AT THE WTU

### Phase I - Intake/In-Processing.

**Within 24 Hours - Reception:** The HHC is in place to welcome the WT and Family. You will spend the first few weeks under the care and control of the HHC. The initial period will allow time to ease into the unit with initial meetings to establish a care and transition plan. All in-processing steps are administered during this phase. All in-processing tasks on the standardized WTU in-processing checklist must be completed. The checklist is to be utilized throughout the in-processing and assessment phases of the Comprehensive Transition Plan (CTP). At in-processing, you will be issued an essential personnel contact card, warrior handbook, the telephone number for the Ombudsman and the Wounded Soldier and Family Hotline Card. For timelines of checklist completion, follow the instructions on the checklist.

**Within the first week - Orientation:** A WT may arrive at a WTU via medical evacuation, transfer from a Medical Treatment Facility (MTF) or another WTU, referral from a mobilization (MOB), demobilization (DEMOB) site or on-post transfer and will in-process the WTU through the HHC's Squad Leader (SL), S-1 or Platoon Sergeant (PSG). You will also meet the Primary Care Manager (PCM), HHC Commander, Occupational Therapist (OT), Clinical Social Worker (CSW), Occupational Therapist (OT), AW2, and several other support personnel. These initial meetings are critical to the first seven days in the WTU. Most of the initial meetings will be assessments of your health and welfare. These meetings will assess your military life, home life and medical care to date. *All are mandatory.* In-processing commences on your arrival at the WTU and will be completed no later than (NLT) 15 days after arrival.

Within seven (7) days of arrival at the WTU, you are required to complete a WT Self- Assessment through the Army Knowledge Online (AKO) CTP application. This assessment establishes a transition baseline from your perspective based on 17 clinical and non-clinical categories. The self-assessment is the first step in a personalized transition plan. The self-assessment, PCM assessment, along with those of the NCM, CSW and Triad is the foundation for the CTP.



**APPENDIX D: INDIVIDUAL REFERENCE SHEET**

My CDR is: \_\_\_\_\_ Phone: \_\_\_\_\_

My 1SG is: \_\_\_\_\_ Phone: \_\_\_\_\_

My PSG is: \_\_\_\_\_ Phone: \_\_\_\_\_

My SL is: \_\_\_\_\_ Phone: \_\_\_\_\_

My Primary Care Provider is \_\_\_\_\_ Phone: \_\_\_\_\_

My Case Manager is: \_\_\_\_\_ Phone: \_\_\_\_\_

My PEBLO is: \_\_\_\_\_ Phone: \_\_\_\_\_

My billets are in Building \_\_\_\_\_ Room: \_\_\_\_\_

My DFAC is in Building \_\_\_\_\_

My duty location is \_\_\_\_\_

I am currently on \_\_\_\_\_ orders. They will expire on \_\_\_\_\_.  
I will contact my Platoon Sergeant 60 days prior to the expiration of my MRP orders.

The Company is \_\_\_\_\_ located at \_\_\_\_\_. They will address issues regarding orders, finance, in- and out- processing, WTU rules, and criteria for participating in the Community Based Warrior transition Unit. It was determined that I am / am not eligible for CBWTU. I understand that Soldier participation in CBWTU is the Army's decision.

I understand that my primary duty is to recover from my injury/illness and to comply with my medical treatment plan. I will not intentionally delay my disposition nor violate my treatment plan.

I have read and understand the WTU policies and SOPs.

I received, read and understand the Warrior in Transition Program Soldier Handbook.

I understand that my Chain-of-Command is my first step in resolving issues or concerns.

\_\_\_\_\_  
(Soldier – Print and Sign Name) (Date)

\_\_\_\_\_  
(PSG – Print and Sign Name) (Date)



### APPENDIX E: IMPORTANT NUMBERS

Commander _____ _____	Office Cell
First Sergeant _____ _____	Office Cell
Executive Officer _____ _____	Office Cell
1 <sup>st</sup> Platoon _____ _____	Office Cell
2 <sup>nd</sup> Platoon _____ _____	Office Cell
3 <sup>rd</sup> Platoon _____ _____	Office Cell
4 <sup>th</sup> Platoon _____ _____	Office Cell
S3 _____ _____	Office: Cell:
Supply Tech _____ _____	Office Cell
Mail Room _____	Office
Chaplain _____ _____	Office Cell
Human Resources _____	Office
Finance/Pay Inquiries _____	Office
Clinical Case Manager _____ _____	Office Cell
CQ / Duty Driver Office _____ _____	Office Cell





**APPENDIX F: SERVICES CONTACT LIST**

**American Red Cross**.....1-706-787-6311

**Soldier Family Assistance Center (SFAC)**..... 1-706-791-8777

**Army Community Services (ACS)**..... 1-706-791-3579

**Army Emergency Relief (AER)**..... 1-706-791-8524

**Army Substance Abuse Program (ASAP)**..... 1-706-787-3673

**Army Wounded Warrior Program**

**National (AW2)** ..... 1-800-237-1336

**Fort Gordon WTU (AW2)**..... 1-706-787-8702

**Department of Veterans Affairs (DVA or VA)**..... 1-800-827-1000

**WTU Department of Veterans Affairs (DVA or VA)**..... 1-706-787-3577

**Dental Treatment Facility**.....1-706-787-6265

**Finance – Pay Inquiries**

**ARNG**..... 1-877-276-4729

**USAR**..... 1-877-462-7782

**Fisher House**.....1-706-787-7100

**Fitness Center(s)**.....1-706-791-6984

**Medical Treatment Facility**.....1-706-787-7300

**Military One Source** ..... 1-800-342-9647

**Wounded Soldier Family Hotline**..... 1-800-984-8523



## **APPENDIX H: GLOSSARY**

**ACAP** – Army Career and Alumni Program

**AC** – Active Component

**ACS** – Army Community Services

**ACU** – Army Combat Uniform

**AD** – Active Duty

**AHLTA** – Armed Forces Health Longitudinal Technology Application; the Army’s electronic medical record

**ANG** – Air National Guard

**AR** – Army Regulation

**ARNG** – Army National Guard

**ASAP** – Army Substance Abuse Program

**AWOL** – Absent Without Leave

**BAH** – Basic Allowance for Housing

**BAMC** – Brooke Army Medical Center

**BAS** – Basic Allowance for Subsistence

**C2** – Command and Control

**C3** – Command, Control and Communication

**CER**-Career and Education Readiness

**CBWTU** – Community Based Warrior Transition Unit

**CIP** – Combat Related Injury Rehabilitation Pay

**CM** – Nurse Case Manager (clinical)

**COAD/COAR** – Continue on Active Duty or Continue on Active Reserve

**CRSA** – Combat-Related Special Compensation

**CSA** – Chief of Staff, US Army

**CTP** - Comprehensive Transition Plan

**DA** – Department of the Army

**DCCS** – Deputy Chief for Clinical Services (chief physician)

**DCU** – Desert Combat Uniform

**DFAC** – Dining Facility

**DFAS** – Defense Finance and Accounting System

**DoD** – Department of Defense

**DoDD** – Department of Defense Directive

**DoDI** – Department of Defense Instruction

**DVA** – Department of Veterans Affairs, also see VA

**EAMC** – Eisenhower Army Medical Center; also DDEAMC

**EO** – Equal Opportunity

**EPTS** – Existed Prior to Service

**ESGR** – Employer Support of the Guard and Reserve

**FINCOM** – US Army Finance Command

**FORSCOM** – US Army Forces Command

**FSA** – Family Separation Allowance

**FTR** - Focused Training Review

**FTUS** – Full Time Unit Support

**GPRMC** – Great Plains Regional Medical Command

**HIPAA** – Health Insurance Portability and Accountability Act

**HRC-A** – Human Resources Command – Alexandria

**HRC-STL** – Human Resources Command – St. Louis

**HREC** – Health Records

**IDES** - Integrated Disability Evaluation System

**IMCOM** – US Army Installation Management Command

**INCAP Pay** – Incapacitation Pay

**IPFU** – Improved Physical Fitness Uniform

**JAG** – Judge Adjutant General

**JFHQ** – [state] – Joint Forces Headquarters for [state] US Army and Air National Guard

**JFTR** – Joint Federal Travel Regulation

**LOD** – Line of Duty

**LODI** – Line of Duty Investigation

**MAMC** – Madigan Army Medical Center

**MAR2**-Military Assessment Retention Review

**MCSS** – Military Clothing Sales Store

**MEB** – Medical Evaluation Board

**MEDCOM** – US Army Medical Command

**MEDEVAC** – Medical Evacuation; also Medical Aero evacuation

**MEDHOLD or MHU or MHC** – Medical Holding Unit or Company (MTF unit)

**MHO** – Medical Holdover (mobilized RC Soldiers)

**MO** – Medical Officer

**MODS** – Medical Operational Data System (formerly Medical Occupational Data System)

**MRP** – Medical Retention Processing

**MRP2** – Medical Retention Processing 2, recalls Soldiers already REFRAID

**MRPU** – Medical Retention Processing Unit

**MTF** – Medical Treatment Facility

**MWR** – Morale, Welfare & Recreation

**NARMC** – North Atlantic Regional Medical Command

**NARSUM** – Narrative Summary (Part of MEB)

**NCM** – Nurse Case Manager

**NDAA** – National Defense Authorization Act

**NGB** – National Guard Bureau

**NCOER** – Noncommissioned Officer Evaluation Report

**NCOES** – Noncommissioned Officer Education System

**OASA (M&RA)** – Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs

**OASD (HA)** – Office of the Assistant Secretary of Defense for Health Affairs

**OCAR** – Office of the Chief, Army Reserve

**OER** – Commissioned Officer Evaluation Report

**OMPF** – Official Military Personnel File

**OTB** – Optimal Therapeutic Benefit

**OTJAG** – Office of the Judge Adjutant General

**OTSG** – Office of the Surgeon General

**PAD** – Patient Administration Division

**PCM** – Primary Care Manager

**PDES** – Physical Disability Evaluation System

**PDRL** - Permanent Disability Retired List

**PEB** – Physical Evaluation Board

**PEBLO** – Physical Evaluation Board Liaison Officer

**PHI** – Protected Health Information

**PPG** – Personnel Policy Guidance

**PSG** – Platoon Sergeant

**PT** – Physical Therapy (medical treatment plan)

**PT** – Physical Training (C2 physical performance plan)

**RC** – Reserve Component

**REFRAD** - Release from Active Duty

**SDNCO** – Staff Duty NCO

**SERMC** – Southeast Regional Medical Command

**SMA** – Sergeant Major of the US Army

**SRC** – Soldier Readiness Center

**SRP** – Soldier Readiness Processing

**TAG** – The Adjutant General (US Army)

**TAMC** – Tripler Army Medical Center

**TAMP** – Transitional Assistance Management Program, 180 days of TRICARE benefits for Soldier and family members following REFRAD from mobilization orders

**TC** – Transition Center or Transition Coordinator

**TCS** – Temporary Change of Station; for RC, generally the same as PCS for AC

**TDRL** – Temporary Disability Retired List

**TF** – Task Force

**Title 10 USC §12301(d)** – Statutory authority for MRP and MRP2

**Title 10 USC §12302** – Statutory authority for partial mobilization

**Title 10 USC §12304** – Statutory authority for Presidential Select Reserve Call-up (PSRC), PSRC is not a mobilization

**Title 10 USC §12301(h)** – Statutory authority for Active Duty Medical Extension (ADME)

**TMA** – TRICARE Management Agency

**TRICARE** – DoD health care program

**TRS** – TRICARE Reserve Select

**TJAG** – The Judge Adjutant General (US Army)

**TSG** – The Surgeon General (US Army)

**TSGLI** – Traumatic Servicemembers Group Life Insurance

**UCMJ** – Uniform Code of Military Justice

**USAF** – US Air Force

**USAMEDCOM** – US Army Medical Command

**U.S.C.** – United States Code

**USAPDA** – US Army Physical Disability Agency

**USAR** – US Army Reserve

**USERRA** – Uniformed Services Employment and Re-employment Rights Act

**USN** – US Navy

**VA** – Formerly Veterans Administration, generic term for DVA, VHA, VBA, Vet Centers, or other organizational elements of the DVA

**VBA** – Veterans Benefits Administration (non-medical benefits)

**VHA** – Veterans Health Administration (medical benefits)

**VASRD** – Veterans Administration Schedule for Rating Disabilities

**WRMC** – Western Regional Medical Center

**WRAMC** – Walter Reed Army Medical Center

**WT** – Warrior in Transition

**WTU** - Warrior Transition Battalion

**WTU** – Warrior in Transition Unit

## **APPENDIX I: REFERENCES**

Warrior Transition Unit Consolidated Guidance and Applicable Updates

AR 600-60, Physical Performance Evaluation System (MMRB)

AR 40-400, Patient Administration (Chapters 7 & 8)

AR 40-501, Standards of Medical Fitness (Chapters 3 & 7)

AR 635-40, Physical Evaluation for Retention, Retirement, or Separation

AR 600-20, Army Command Policy

Local Policy Letters & SOPs

Web References & Resources:

Warrior Transition Command- <http://www.wtc.army.mil/index.html>

Warrior Transition Command Blog- <http://wtc.armylive.dodlive.mil/>

Connecting Wounded Warriors, Service Members, Veterans, Their Families and Caregivers with Those Who Support Them- <http://m.nationalresourcedirectory.gov/>

COAD/COAR- [http://www.wtc.army.mil/soldier/transition\\_options.html](http://www.wtc.army.mil/soldier/transition_options.html)