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OF THE AIR FORCE**

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**WARRIOR AND SURVIVOR CARE**

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**PURPOSE**

This publication implements Department of the Air Force Policy Directive (DAFPD) 34-11, *Warrior and Survivor Care Services*, Department of Defense Instruction (DoDI)1300.24, *Recovery Coordination Program*, DoDI 1300.25, *Guidance for the Education and Employment Initiative and Operation WARFIGHTER*, and DoDI 1341.12, *Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program*. In collaboration with the Director of Personnel and Logistics for the United States Space Force, Chief of the Air Force Reserve (AF/RE), Director of the Air National Guard (NGB/CF), and Deputy Chief of Staff for Manpower, Personnel and Services, the Assistant Secretary of the Air Force for Manpower and Reserve Affairs (AF/A1) develops policy for Air Force Warrior and Survivor Care. This instruction applies to all Department of the Air Force (DAF) personnel including Air National Guard and Air Force Reserve personnel to the extent they are capable of providing required services; Regular component commanders will provide support to Air Reserve Component commanders as necessary to fully comply with all requirements. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. The Paperwork Reduction Act of 1995 affects this instruction. The authorities to waive wing, installation, or unit-level requirements in this

publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Department of the Air Force Instruction (DAFI) 33-360, *Publications and Forms Management*, for a description of the authorities associated with the tier numbers. This publication may be supplemented at any level but all supplements must be routed to the Office of Primary Responsibility of this publication prior to certification and approval. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestor’s commander for non-tiered compliance items. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command.

### ***SUMMARY OF CHANGES***

This interim change revises Air Force Instruction (AFI) 34-1101, *Warrior and Survivor Care*, to Department of the Air Force Instruction (DAFI) 34-1101, and immediately implements changes to DAFI 34-1101 by (1) updating language in **Sections 5.2.2** and **5.5** to encourage medical personnel to refer Air Force and Space Force members into the Air Force Wounded Warrior program in light of recommendations from the Invisible Wounds Initiative Core Team; (2) clarifying cross-references; (3) expanding Service Dog language in accordance with upcoming Fisher House policy; and (4) supporting Recovery Care Coordinators (RCC) coordination with non-profit organizations. Additionally, all references to Airmen throughout the instruction are applicable to both Airmen and Guardians. An asterisk (\*) indicates newly revised material.

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## Chapter 1

### OVERVIEW

**1.1. Introduction.** The Air Force Wounded Warrior Program, also referred to as AFW2, provides non-medical support to combat wounded as well as combat and non-combat seriously and very seriously ill and injured Airmen and their families. The overall purpose of the program is to provide these Airmen the skills necessary to return to self-sufficiency. Throughout this document, the term Airman denotes a combat wounded as well as combat and non-combat seriously and very seriously ill and injured Airman.

1.1.1. This instruction introduces elements of the Interagency Care Coordination Committee process for complex care management. It describes procedures for the Air Force Warrior and Survivor Care program portfolio. It formalizes procedures for commanders and functional managers to provide non-clinical care and assistance to wounded, ill and injured personnel and their families. It governs the training requirements for Family Liaison Officers and notional milestones for ensuring information flow and family assistance is rendered in a timely and appropriate manner.

1.1.2. Additionally, this instruction prescribes the operational framework for the Air Force Wounded Warrior Program to include the Air Force Recovery Coordination Program and provides operational guidance for Recovery Care Coordinators and Non-Medical Care Managers.

**1.2. Program Mission:** Provides personalized, restorative care to seriously and very seriously ill and injured Airmen, caregivers, and their families. Advocates to ensure access to medical and non-medical services to facilitate a return to duty process. Provides support throughout transition, back to duty, separation or retirement as an Airman well-equipped to manage challenges regardless of injury or illness.

**1.3. Philosophy.** While AF/SG focuses on treatment and recovery, AF/A1, through the Air Force Wounded Warrior program, ensures the non-medical needs, such as housing, finance, etc., are not overlooked. The Air Force Wounded Warrior program is designed to provide compassion and support on an individual basis to ensure the Air Force does not forget the human aspect of taking care of our Airmen.

1.3.1. One of the best aspects of the Air Force Wounded Warrior program is that it maintains a tailored, personalized focus on the needs of the Airmen. The potential exists for the Airman to experience a variety of transitions including medical, professional, family, schools, locations, employment, and identity throughout the Continuum of Care (see [Chapter 4](#) for detailed information on the Continuum of Care). The tools available to Airmen and their families through this program aid in navigating each transition as smoothly as possible.

1.3.2. This instruction acknowledges Air Force members and their families, who do not qualify for assistance under this program (see enrollment eligibility in [Chapter 5](#)), may still seek the help of a Recovery Care Coordinator or Non-Medical Care Manager. To the maximum extent possible, while not distracting from the support of enrolled Airmen, Recovery Care Coordinators and Non-Medical Care Managers are allowed and encouraged to provide situational support on a non-recurring basis to Airmen and families not enrolled in the program. Should the Airmen or their families require frequent assistance, the Recovery Care Coordinator or Non-Medical Care Manager should either refer them to the Recovery Coordination Process for enrollment consideration, or to an appropriate organization or program that can provide support.

#### **1.4. Procedural Guidance:**

1.4.1. This instruction is the source document for Air Force programs regarding non-medical support to seriously and very seriously ill and injured Airmen and their families. It focuses on information flow to families and the integration of benefits and assistance. Lastly, it provides an overview of services and support offered to Airmen.

1.4.2. Air Force organizations and functional managers responsible for processes essential to the objectives of this program will coordinate with Air Force Services (AF/A1S) to provide current detailed guidance. (T-1) AF/A1S will ensure this instruction is current through regular consultation with the interacting functions.

**1.5. Capabilities.** Refer all seriously and very seriously ill and injured Airmen, no matter the cause (combat, non-combat or self-inflicted) or duty status (line of duty), to the Air Force Wounded Warrior program to determine what type of assistance and/or support is available to the Airman.

**1.6. Locations of Service:** The services provided under this instruction include Recovery Care Coordinators usually located in military treatment facilities or Airman and Family Readiness Centers at a number of Air Force bases and Joint bases around the world. These services are available at every base through a regional construct where a Recovery Care Coordinator is assigned responsibility for seriously and very seriously ill and injured Airmen, even if they are not co-located on the base or installation. The Air Force Wounded Warrior Program is headquartered at Joint Base San Antonio - Randolph.

**1.7. Influence:** Policies and programs contained in this instruction follow public law, Department of Defense guidance, and Air Force leadership priorities. The programs within this instruction provide information and advice to Airmen and commanders on career and transition options, but the ultimate decision belongs to the Airman. Airmen and commanders should be aware not all subject areas are covered in this document. For example, this document does not address commander responsibilities, travel rules, medical evaluation board, etc. Where applicable, appropriate Air Force instructions or directives are referenced to aid in understanding rules, roles, and responsibilities. AF/A1S helps drive the development of law and guidance by continued interaction with Congress, Air Force leadership, Department of Defense leaders and policy-makers, the Department of Veterans Affairs, and other governmental agencies.



**1.8. Funding:** Resourcing for the execution of the programs listed in this instruction is the responsibility of AF/A1S and AFPC through appropriated funds obtained through the budget process. Use of non-appropriated funds shall not be authorized for this program with one exception. That exception is the transfer of appropriated funds to a non-appropriated fund instrumentality. That transfer must be processed pursuant to a memorandum of understanding in accordance with applicable 65 series Air Force instructions, the Joint Travel Regulation and other appropriate legal guidance. (T-1) National Defense Authorization Act of 2008, (Public Law 110-181) established the requirement for each service to maintain a Recovery Care Program as outlined in this instruction. Additional public laws and statutes, as well as the Office of the Secretary of Defense (OSD) guidance, continue to increase requirements for resources. Budget adjustments are made as necessary to meet these requirements. The programs are designed to sustain the capability and allow flexibility to grow or shrink the requirements as necessary, based on the populations enrolled in the Air Force Wounded Warrior program.

## Chapter 2

### ROLES AND RESPONSIBILITIES

**2.1. Air Force Warrior and Survivor Care.** This program covers non-medical support provided to seriously and very seriously ill and injured Airmen and their families. Air Force Warrior and Survivor Care provides policy and oversight for the Air Force Wounded Warrior program.

**2.2. The Deputy Chief of Staff for Manpower, Personnel, and Services (AF/A1) has overarching responsibility for the Wounded Warrior program.** Air Force Services (AF/A1S) works closely with the Air Force Surgeon General (AF/SG) to develop a total care approach to ensure medical care remains the priority and non-medical care aids in lessening the stress on Airmen and their families. Functional oversight and policy responsibility for this and related programs reside with Air Force Services (AF/A1S) while program execution is the responsibility of the Air Force Personnel Center (AFPC).

2.2.1. The Directorate of Services (AF/A1S). Oversees integration of the requirement for the Air Force Wounded Warrior program into the Air Force Strategic Plan and associated policy development and resource allocations for the program.

**2.3. Air Force Personnel Center (AFPC).** Responsible for execution of the programs detailed within this instruction.

2.3.1. Commander, Air Force Personnel Center (AFPC/CC). Responsible for the non-medical care of seriously and very seriously ill or injured total force Airmen. AFPC/CC has specific approval roles in these programs and this responsibility may not be delegated. (T-1) AFPC/CC will coordinate with AF/A1S regarding any program development, resourcing changes prior to implementation to avoid conflicts with guidance, or funding rules that may exist. (T-1)

2.3.2. The Directorate of Airman and Family Care at AFPC (AFPC/DPF) is responsible for executing the requirements of this instruction for the non-medical care of total force seriously and very seriously ill and injured Airmen. The Directorate should submit a proposal through AFPC/CC for AF/A1S consideration on any program or significant process change not specifically covered under this instruction. No programs or significant changes will be made without prior approval from AF/A1S. (T-1)

**2.4. The Airman and Family Care Division of Air Force Services (AF/A1SA).** Directs policy and program development and provides oversight for Airman and Family programs within the Air Force including the Air Force Wounded Warrior program. AF/A1SA is responsible for the development and oversight of the Air Force Wounded Warrior suite of programs and related policies.

**2.5. Headquarters Air Force Warrior and Survivor Care (AF/A1SAZ):**

2.5.1. Directs and guides the Air Force Wounded Warrior program by developing and disseminating guidance, plans, and resources that enable commanders and the Care Management Team to provide support to seriously ill and injured across the Continuum of Care.

2.5.2. Coordinates and responds to all requests for information, congressional requests, and Air Force and DoD Senior Leader inquiries regarding seriously and very seriously ill and injured Airmen programs, metrics and Freedom of Information Act requests, through HQ AF staffing process, in consultation with AFPC.

2.5.3. Formulates a strategic legislative agenda, submitting initiatives for congressional action, and informing the field of new legislative initiatives and requirements relating to the total force on the subject of Air Force Wounded Warrior and related programs and benefits.

2.5.4. Provides AF position on all policy and program development to the OSD, Department of Veteran Affairs (VA), The Defense Health Agency and the other service wounded warrior programs within DoD.

2.5.5. Develops Warrior and Survivor Care budgets and address resource issues including manpower, budget development, funding shortfalls, and funding execution.

2.5.6. Serves as senior Department of the Air Force representative to DoD Recovery Coordination Council (per DoDI 1300.24), Joint/International Warrior Recovery planning events/boards, and any multi-departmental meetings, teams, and boards.

2.5.7. Interprets and provide Air Force input to the OSD, Joint Staff, and other Uniformed Services on issues impacting interdepartmental and inter-service community, seriously and very seriously ill and injured programs, and related activities.

2.5.8. Collaborates with Air Force Airman and Family Readiness in establishing policies consistent with operations in service delivery to seriously and very seriously ill and injured Airmen and support to their families.

2.5.9. Provides HQ AF oversight to the programs and activities executed by the Air Force Wounded Warrior program.

**2.6. The chain of command of the seriously and very seriously ill and injured.** Support to seriously and very seriously ill and injured Airmen and their families is an inherent obligation of command. By extension, if persons from outside the unit, including civilians, suffer wounds, illness or injury as a result of Air Force operations, the chain of command of the unit most closely associated with the event must ensure support and assistance are rendered to the maximum extent allowable by law. (T-2) Wing or installation commanders attempting to fulfill such obligations will be supported by their parent major command (MAJCOM). (T-2) Should Air Force-level assistance be required (for logistics, funding, etc.), Air Force Warrior and Survivor Care works with the entire chain of command to help execute the provisions of this instruction as fully as possible. Specific responsibilities are as follows:

2.6.1. MAJCOM Commanders. MAJCOM commanders must ensure timely, effective care and support for the seriously and very seriously ill and injured within their MAJCOM. (T-1)

2.6.2. Wing/Installation Commanders. Wing/Installation commanders must ensure base-wide programs in the military treatment facilities/clinics, personnel services, chaplain services, Airman and Family Readiness Centers, and other base organizations, are unified in their support and priority of care for the seriously and very seriously ill and injured. (T-2) Commanders should ensure these programs work closely with the Recovery Care Coordinators and Non-Medical Care Managers.

2.6.2.1. Wing commanders can obtain an updated list of enrolled Airmen assigned to their unit at any time from Air Force Wounded Warrior program or their local Airman & Family Readiness Center. Recovery Care Coordinators or Air Force Wounded Warrior leadership will brief wing commanders and other key installation leadership within the prescribed timeline in the Air Force Wounded Warrior Program Standard Operating Procedures maintained by AFPC/DPF. (T-1)

2.6.2.2. Recovery Care Coordinators will provide annual briefings to all geographically separated units within their regions. (T-1)

2.6.2.3. Recovery Care Coordinators or Recovery Care Program leadership will provide annual briefings to Air National Guard and Air Force Reserve senior leaders in accordance with the published Air Force Wounded Warrior Program Standard Operating Procedures. (T-1)

2.6.2.4. Overseas units where no Recovery Care Coordinator is located, will receive annual briefs either in person, if funding allows, or via video teleconferencing by Air Force Wounded Warrior leadership. (T-1)

2.6.2.5. Logistical Support. Wing/Installation commanders will ensure installation support is provided to local Recovery Care Coordinators. (T-2) This includes suitable office space allowing privacy for discussion of sensitive issues. Support includes basic office items, equipment and supplies. In addition, this support will include adequate computer systems and security, as is provided to others who work on the installation. (T-1) Connection to the Air Force computer network will be provided after the Recovery Care Coordinator has completed all training required for access and meets all security requirements. (T-1)

2.6.3. Unit Commanders. Unit commanders are a vital member of the Care Management Team and represent the first line of communication for families to ensure their needs are addressed as completely as law, directives, and customs allow. Commanders, First Sergeants and supervisors have a duty and responsibility to care for the members of their unit and their families. The provisions in this instruction exist to add another set of tools to help the commander and the unit care for their Airmen.

2.6.4. Commanders shall allow Airmen enrolled in the Air Force Wounded Warrior program to attend activities and functions designed to support recovery and rehabilitation. (T-3) Air Force Wounded Warrior program will inform commanders of the activities and their Airman's invitation to attend at least three weeks in advance and will cover all associated costs. (T-1) Air Reserve Component members may participate under the rules for no-point, no-pay if appropriate days are not available.

2.6.5. Commanders at all levels must properly honor the contributions and sacrifices made by Air Force service members retiring as a result of the Integrated Disability Evaluation System process and placed on either the Temporary Disability Retired List or Permanent Disability Retired List. (T-3) The Service member and family have the option to decline the offer of a ceremony. AFI 36-3203, *Service Retirements*, and AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation*, provide more information on retirements in this category.

2.6.6. Where statutory relationships and responsibilities for support and information do not exist, HQ USAF, MAJCOMs, and local commanders and Airman & Family Readiness Center advisors are to develop appropriate contacts and formal relationships to arrange, validate, and exercise these capabilities. However, all such agreements must include specific service tracking and accounting procedures, along with detailed reimbursement plans. (T-3)

**2.7. The Chief, Warrior Care Division, serving as the Air Force Wounded Warrior Program Operations Lead.** Is responsible for the daily operational execution of the programs contained in this instruction and will:

2.7.1. Execute programs as directed by AF/A1S necessary to enable commanders to provide support to seriously and very seriously ill and injured across the Continuum of Care. (T-1)

2.7.2. Organize personnel appropriately to fulfill the programs and requirements set forth in this instruction. (T-1)

2.7.3. Develop responses to all requests for information regarding seriously and very seriously ill and injured Airmen, programs, metrics, and Freedom of Information Act requests and will submit all responses through AF/A1S for coordination through the HQ AF staffing process. (T-1)

2.7.4. Submit annual spend plan to AF/A1SAZ prior to the first day of June of each year proceeding the start of the fiscal year. (T-1) The plan should include detailed requirements for operations and maintenance costs, travel, and supplies. Detailed expenses for any adaptive sports activities, rehabilitative events, or training requirements should also be included.

2.7.5. Collaborate with Chief, Airman and Family Division in establishing working relationships for the coordinated service delivery to seriously and very seriously ill and injured Airmen and support to their families at all installations.

2.7.6. Ensure Recovery Care Coordinators visiting any installation meet with the Airman & Family Readiness Center (or Airman and Family Readiness Manager for Air National Guard and Air Force Reserve) personnel to review current cases and coordinate support opportunities for seriously and very seriously ill and injured and families.

2.7.7. At a minimum, provide monthly lists of installation seriously and very seriously ill and injured Airmen to the local Airman & Family Readiness Center and wing leadership, including Guard and Reserve installations. (T-1)

2.7.8. Ensure Recovery Care Coordinators update installation Airman & Family Readiness Center personnel whenever a local seriously or very seriously ill and injured Airman is identified or when a change in status occurs, (i.e. permanent change of station, medical retirement or separation, move into and out of base housing, etc.). Identify Airmen living in or moving into base housing and notify the local Inspector General so they may fulfill their obligation to inspect seriously ill and injured housing. (T-1)

2.7.9. Coordinate changes in processes and standard operating procedures through AF/A1SAZ to ensure agreement with this instruction. (T-1)

2.7.10. Notify AF/A1SAZ of resource or other constraints or barriers to fulfilling the requirements set forth in this instruction.

**2.8. The Air Force Personnel Center executes the Air Force Wounded Warrior Program.** The program provides concentrated services to Airmen and Guardians who sustain a serious combat or non-combat related wound, injury or illness requiring long-term care that may require an Initial Review In-Lieu-Of, Medical Evaluation Board, or Physical Evaluation Board to determine fitness for duty. For additional information regarding medical evaluation boards, see AFI 48-133, *Duty Limiting Conditions*.

2.8.1. The Enrollment and Airman Support Branch coordinates assignment of Care Management Team members to all seriously or very seriously injured Airmen, to include those who have sustained an illness or injury due to post traumatic stress disorder and/or traumatic brain injury regardless of the severity of the injury.

2.8.2. Lead Coordinator. The lead coordinator is the case manager with the majority of contact with the seriously or very seriously ill and injured Airman. The lead coordinator will be the Clinical Case Manager when the Airman is an inpatient, but will transfer to the Recovery Care Coordinator when the Airman becomes outpatient. (T-3) Once the Airman receives separation or retirement orders, the lead coordinator transitions to the Non-Medical Care Manager. At the receipt of the DD-214, *Certificate of Release or Discharge from Active Duty*, the lead coordinator responsibilities transfer to the Department of Veterans Affairs. (T-0)

2.8.2.1. Recovery Care Coordinators. Recovery Care Coordinators shall develop adequate and appropriate support networks by engaging and collaborating with other installation support and helping agencies such as, but not limited to, the Sexual Assault Response Coordinator, Behavioral/Mental Health office, Military & Family Life Consultant, Airman & Family Readiness Center, and Area Defense Council. They will participate in community forums and meetings such as the Chiefs Group, First Sergeants Council, Key Spouse Group, Community Action Board, commander calls, town hall gatherings, local civic community and government, Veteran Service Organizations or others venues.

2.8.2.2. In accordance with DoDI 1300.24, Enclosure 3, paragraph 4(c), the duties of a Recovery Care Coordinator shall include, but are not limited to, overseeing and assisting the Airman through the entire spectrum of care management, transition, and rehabilitation services available from the Federal Government, including services provided by the Department of Defense, the Department of Veterans Affairs, the Department of Labor, and the Social Security Administration. **(T-0)**.

2.8.2.3. Recovery Care Coordinators may also liaison with nonprofit non-Federal entities who have made standing offers of assistance (e.g., through direct offers of assistance, website mission statements) to Wounded Warriors to provide financial, housing, transportation, rehabilitative care and other assistance to Air Force Wounded Warrior Program Service members and their Families. Such liaison may include informing the non-Federal entity of the unmet need of the Wounded Airman and, with the Airman's written consent, facilitate direct contact between the parties.

2.8.2.3.1. DELETED

2.8.2.3.2. DELETED

2.8.3. In accordance with DoDI 1300.24, Enclosure 3, paragraph 4(c), the duties of Non-Medical Care Manager shall include, but are not limited to, communicating with Air Force and Space Force members regarding all non-medical matters that arise during care, recovery, or transition; assisting with the oversight of an Service member's welfare and quality of life; and assisting Airmen and Guardians in resolving non-medical matters that arise during care, recovery, and transition. **(T-0)**. The Non-Medical Care Managers are part of the Care Management Team and support the Recovery Care Coordinators in the field. The Non-Medical Care Manager assumes the role as subject matter expert and provides assistance with all benefits/entitlements; helps resolve problems related to finances, benefits and compensation, administrative and personnel paperwork, housing, and transportation; and other matters that arise for Airmen and Guardians either returning to duty or transitioning into the civilian sector.

2.8.4. The Clinical Case Managers shall ensure Airman, their families and their caregivers understand medical conditions and treatments and receive appropriate coordinated health care. **(T-0)**. They make sure that quality medical and behavioral health care is provided during lengthy inpatient treatments at Medical Treatment Facilities or medical centers, or during outpatient treatment for medical or behavioral health services. The Clinical Case Manager works with the Recovery Care Coordinator to refer eligible seriously ill and injured Airmen and Guardians to the Air Force Wounded Warrior Program.

#### 2.8.4.1. DELETED

2.8.5. Family Liaison Officer. The Family Liaison Officer is an individual appointed to assist seriously ill and injured Service members and their families. Family Liaison Officers will provide logistical support to the Airman and the Airman's family, such as meeting family members at the airport and arranging lodging and transportation. **(T-2)**. Family Liaison Officers also serve as a "facilitator" help navigate the various agencies involved in recovery, rehabilitation and reintegration.

2.8.5.1. Enrollment and Airman Support Branch will contact unit commanders when Emergency Family Member Travel is requested to assign a Family Liaison Officer. **(T-2)**. Unit commanders must determine if a Family Liaison Officer is required. **(T-1)**. See [Chapter 10](#) for more information on Emergency Family Member Travel.

2.8.5.2. Enrollment and Airman Support Branch provides training and guidance to the Family Liaison Officer and informs the Care Management Team when assigned.

**2.9. The Airman & Family Readiness Center Community Readiness Consultant.** May serve as the local point of contact for the Air Force Wounded Warrior program when the Recovery Care Coordinator is unavailable and the Airman or family requires direct assistance.

2.9.1. The Airman & Family Readiness Program Manager is an Air National Guard and Air Force Reserve function tasked with assisting leadership with those Airmen who have been identified as wounded, ill, or injured. The Airman & Family Readiness Program Manager relies on active duty resources to support Airmen identified in these categories due to the demand of care.

2.9.2. The Airman & Family Readiness Program Manager provides transition and pre-separation counseling as needed, plus ongoing information and referral support to identified community resources in coordination with the Recovery Care Coordinator.

**2.10. Military Chaplains and Chaplain Assistants.** Responsibilities of chaplains and chaplain assistants as they relate to Warrior and Survivor Care are covered in AFI 52-101, *Planning and Organizing*, and AFI 52-104, *Chaplain Corps Readiness*.



## Chapter 3

### PROGRAM DESCRIPTION

**3.1. Program Description.** The Air Force Wounded Warrior Program provides support to wounded, ill, and injured Airmen and their families to ensure they get the non-medical support they need to strive toward self-sufficiency and be prepared for any transition that may come. Families and/or caregivers have different needs, so each case is handled on an individual basis.

**3.2. Foundations of care, management and transition support.**

3.2.1. The Care Management Team. Care Management Teams shall include the Airman, the Airman's Commander, a Recovery Care Coordinator, and a Non-Medical Care Manager. Care Management Teams may also include the following members (as required): medical professionals such as primary care managers, a medical case manager, mental health providers, physical and occupational therapists, and others such as Physical Evaluation Board Liaison Officers (PEBLOs), VA Military Services Coordinators, chaplains, and family support program representatives. The members of the Care Management Team are not likely to be collocated. Coordination among the members will often be virtual (telephone, email, and teleconference). The Care Management Team members will regularly discuss the status of their activities with each other as they support the implementation of the Airman's Integrated Comprehensive Plan.

3.2.2. The Recovery Care Coordinator, or Non-Medical Care Manager, will conduct a comprehensive needs assessment for Airmen collecting comprehensive information about the Airman's situation in order to identify specific non-medical needs. (T-0)

3.2.3. Information collected from the comprehensive needs assessment is used to develop a recovery plan for Airmen enrolled in the Air Force Wounded Warrior Program. The plan identifies the personal and professional goals of the Airman and the services and resources needed to meet them.

3.2.4. The Care Management Team will ensure the needs of families are identified and addressed across all phases of care by connecting the family to the multitude of governmental and non- governmental services and resources offering support. (T-1)

3.2.5. Information Protection. Any information provided by the families is considered personal sensitive information and may contain Privacy Act and Health Insurance Portability and Accountability Act data, which is kept as notes in the approved case file. The information is protected through controlled access and further protected within roles and only authorized personnel can see the information.

3.2.5.1. No member of the Care Management Team will provide Airman or family contact information to any outside entity, including charities, nonprofit organizations, or other government agencies without written consent from the Service member or other lawful disclosure. (T-0).

3.2.5.2. Should the family need assistance from an outside agency, the case manager will contact the agency to ensure the agency provides the needed service. (T-2). Once that is determined, the case manager will provide the family with the agency contact information. (T-2). No personal or contact information is provided to the outside entity

without the written consent of the enrolled Service member or their authorized legal representative. **(T-0)**.

3.2.6. The Recovery Care Coordinator will revise the recovery plan to reflect the Physical Evaluation Board outcome. (T-3) The Recovery Care Coordinator will update the medical and non-medical services and resources needed to meet new personal and professional goals as a result of the Board decision. (T-3) Options will be identified by the Care Management Team with sufficient time for acquiring services and resources such as financial aid, housing adaptation, assistive technology, employer support, and college or vocational assistance. Introductions will be made to new Care Management Team members or care partners if changes are made based on the new goals. (T-3)

## Chapter 4

### CONTINUUM OF CARE

#### **4.1. DoD defines the Continuum of Care in DoDI 1300.24, *Recovery Coordination Program*, as Recovery, Rehabilitation, and Reintegration.**

4.1.1. The Air Force has divided the Continuum of Care into seven phases. The seven phases make it easier for the Airman and their caregiver to understand where they are in the process and helps the Care Management Team with trigger points to know when to introduce new members required for each phase of care.

4.1.2. The Air Force defined phases of the Continuum of Care are:

4.1.2.1. Identification Phase: After initial enrollment into the Air Force Wounded Warrior Program, the Enrollment and Support Cell will select the Lead Coordinator. The Enrollment and Support Cell will assign a Care Management Team for each Airman, and provide the Care Management Team and the Air Force Medical Operations Agency all available information. (T-3)

4.1.2.2. Recovery and Treatment: Airmen in this phase are in inpatient status. The Clinical Case Manager will coordinate the efforts of the Care Management Team members. The Care Management Team will coordinate prioritized medical and non-medical support and services and begin development of the coordinated recovery plan. (T-2)

4.1.2.3. Rehabilitation: Airmen in this phase are in an outpatient status. When an Airman is in rehabilitative care and reaches a point where optimal medical benefit is achieved, the Care Management Team will coordinate with the Airman, family and caregiver to develop a plan of action for continuance of Air Force service or transition into the civilian community. Additionally, the Care Management Team will continue to monitor the Airman, family, or caregiver needs; resolve issues (medical, financial, personnel, logistical); and assist with locating services and resources as needed.

4.1.2.4. Fitness Evaluation: Airmen in this phase are entered into the Integrated Disability Evaluation System. The Care Management Team will educate the Airman on full spectrum of the process and provide sound guidance and direction based on the Airman's goals. (T-2) The most important item is making sure that the Airman and caregiver know that the Office of the Airman's Council (OAC) is there to assist them.

4.1.2.5. Reintegration/Transition: Airmen selected for reintegration back into active service will be supported by their Recovery Care Coordinator and Non-Medical Care Manager to complete all necessary personnel actions to become reintegrated into their units or, when necessary, to complete all permanent change of station actions. Airmen returning to their units maintain their enrollment in the Recovery Coordination Program. Airmen selected for separation or medical retirement are supported through their transition by the Non-Medical Care Manager. The Non-Medical Care Manager will assist the Airman and their family through all military processes for transition and connect them with resources to assist with any other actions involved with the transition.

4.1.2.6. Stabilization/Resolution: Airmen in this phase have returned to duty, separated or retired, and are reintegrating either back into their military unit or into the civilian community. Members of the Care Management Team will coordinate with the Veterans Administration Case Manager to ensure all applicable entitlements and benefits have been identified. Non-Medical Care Managers, with assistance from Air Force Personnel Center specialists, will coordinate transitional financial assistance and troubleshoot retired pay account issues. The Non-Medical Care Manager will continue to proactively foster resilience, independence, and stability with the Airman until services required are identified as being available from another source, but no longer than 6 months after separation. Airmen in Temporary Disability Retired List status will remain in this phase of care and be actively managed by the Temporary Retired Airmen's Care Cell until final disposition in this status is made (i.e., Permanent Disability Retired List or Discharge with Severance).

4.1.2.7. Sustainment: These Airmen have successfully reintegrated, achieved stability, and are fully aware of all applicable benefits and entitlements. The Airmen have accomplished the handoff to the VA and are no longer case managed by the Air Force. Support shifts to outreach on an annual basis and being available to provide assistance when the Airman asks. A final assessment confirms resilience, independence, and stability.

## Chapter 5

### ENROLLMENT AND AIRMAN SUPPORT

**5.1. Enrollment Process:** The Air Force Wounded Warrior Program must limit enrollment to those Airmen most in need of the care and support the program provides. (T-1) To ensure integrity in consideration for the program, Air Force Wounded Warrior conducts a formal enrollment evaluation process.

**5.2. The Enrollment Team processes all referrals for seriously and very seriously ill or injured Airmen.** Criteria for enrollment. Airmen will be considered for enrollment in the program if they meet one of the following criteria:

5.2.1. The Airman is identified as seriously injured or very seriously injured on casualty reports.

5.2.2. Service members diagnosed with service related post-traumatic stress disorder and/or traumatic brain injury or victims of military sexual trauma or complex medical conditions who are under consideration for/or referred to the Integrated Disability Evaluation System or the Legacy Disability Evaluation System for a medical evaluation board.

5.2.3. All Purple Heart recipients are automatically eligible for enrollment into the Recovery Coordination Program.

**5.3. Cases identified through the casualty reports or the Integrated Disability Evaluation System.** Are considered without a referral if enough information is available to make an enrollment determination.

**5.4. Members of the National Guard and Air Force Reserve.** May be considered for enrollment if they are in legal status for benefits (i.e., injuries or illnesses were service connected and in the line of duty while in a qualified duty status). Service members of the Air Reserve Component with interim line of duty determinations are not eligible to enroll into the program unless the member is placed on Medical Continuation Orders).

**5.5. Airmen and Guardians who could potentially benefit from the program.** Should be referred by their unit leadership, Military Treatment Facility, Recovery Care Coordinator, local Airman & Family Readiness Center or any other source (including self-referral).

**5.6. If the final decision is that the case does not meet enrollment criteria.** The Enrollment Team will notify the referring agency and the individual Airman of the decision with the reasons for the decision not to enroll. (T-1)

5.6.1. A decision against enrollment does not mean the Airman will not receive assistance. The Enrollment Team will refer the member to the necessary resource(s), including a Recovery Care Coordinator or a Non-Medical Care Manager to meet their current needs.

**5.7. All Airmen enrolled are assigned a Recovery Care Coordinator:** No matter what stage of the Continuum of Care they are in at the time of enrollment. (T-1)

**5.8. Care Management Team members.** Collaborate regularly to determine who will work with the Airman and family on each of the goals identified. The Care Management Team will track the progress of all goals to ensure they are completed in a timely manner, adjusted if necessary, and they meet the Airman's needs. (T-1)

**5.9. Opt Out Procedures:**

5.9.1. All programs under the Warrior and Survivor Care umbrella are voluntary. When an Airman wishes to opt out of the Recovery Coordination Program, the following procedures must be followed (T-1):

5.9.1.1. If an Airman and/or family choose to opt out of the Recovery Coordination Program, the Recovery Care Coordinator will include a case note detailing their choice in the "Contact Details" section of the Airman's case file. Review the case after one year for consideration for closure.

5.9.1.2. In the event the Airman requests no information be shared with a spouse regarding their care, Air Force Wounded Warrior will be notified and the request will be documented in the case file.

## Chapter 6

### INTERAGENCY COMPREHENSIVE PLAN

**6.1. The Interagency Comprehensive Plan Purpose.** The Interagency Comprehensive Plan, hereafter referred to as the recovery plan, serves as the single DoD approved recovery plan and is employed throughout the Continuum of Care.

**6.2. The Care Management Team.** Is responsible for overseeing the development of the recovery plan and has overarching responsibility for coordinating the delivery of services and resources identified in the plan. The Recovery Care Coordinator, or Non-Medical Care Manager, will develop and document the recovery plan. (T-0) This process starts early, continues regularly, and does not stop until the Airman has made a successful transition back to duty, or reintegrated into the civilian community supported by the Veterans Administration. Recovery Care Coordinators use professional experience and judgment to leverage the unique aspects of their region and local resource structure to address and reduce case-by-case challenges. Information on procedures, format and content of the recovery plan are as follows:

6.2.1. Recovery Care Coordinator will work with the Airman, his/her family, and/or caregiver to set goals consistent with the Airman's needs and medical condition. (T-0)

6.2.1.1. The Airman and his/her family is responsible for completing the actions identified in the recovery plan. The Recovery Care Coordinator and other Care Management Team members provide support as necessary to help connect Airmen to available resources to meet these goals. The Recovery Care Coordinator and other Air Force Wounded Warrior representatives are not responsible for completing applications or applying for benefits. Airmen may request their assistance, but ultimately following the application process and meeting the criteria for qualification is the responsibility of the Airman.

6.2.1.2. The Airman, his/her family and/or caregiver, and the Recovery Care Coordinator review the recovery plan and acknowledge their understanding and commitment to its implementation. A review of the plan is required at each update or change of the goals and actions steps. A signed copy of the plan is provided to the Airman. (T-2)

## Chapter 7

### TRAINING REQUIREMENTS

**7.1. Initial Training.** AF/A1SAZ and Air Force Wounded Warrior program leadership ensure all newly hired Recovery Care Coordinators and Non-Medical Care Managers receive the required Department of Defense Recovery Care Coordinator and service-specific training. This training must be accomplished within 120 days of hire based on Department of Defense scheduling. (T-1) When Department of Defense training is delayed, Air Force Wounded Warrior leadership will implement a peer-to-peer training program, and a mentorship program, to train and equip the Recovery Care Coordinators and Non-Medical Care Managers to carry out their duties without restrictions. (T-1)

**7.2. Subsequent Training.** Air Force Wounded Warrior provides quarterly, annual, and ad hoc training as necessary for all Recovery Care Coordinators and Non-Medical Care Managers. Additional training will be conducted throughout the year via teleconference, video teleconference, or web based. The Director of the Air Force Wounded Warrior program will approve the agenda for all training events and ensures attendance is documented. The agenda and attendance will be submitted through Air Force Wounded Warrior to AF/A1SAZ no later than 30 days after completion of the training. The Department of Defense requires proof of training for each event and AF/A1SAZ is responsible for submitting the documents to the Department of Defense.

**7.3. Training will be designed to focus on core responsibilities of the Recovery Care Coordinators.** Training must be provided within 90 days of any new programs or changes in process actions impacting the roles and responsibilities of the Recovery Care Coordinator. (T-1) Annual training must emphasize high interest items and feedback areas from leadership and clients. The training allows for a free exchange of techniques among Recovery Care Coordinators to promote sharing methods of handling specific situations. Training should emphasize coordination on benefits and entitlements and the role of the Recovery Care Coordinators as experts regarding these resources. (T-1)



## Chapter 8

### REPORTING IDENTIFIERS

**8.1. Combat-Related Reporting Identifiers.** The Air Force has developed a set of specific personnel policies for those Airmen who suffer a serious combat-related injury or illness. In order to identify Airmen eligible for these policies, the Air Force Wounded Warrior program created unique reporting identifiers that are updated in the Airman's personnel record. These reporting identifiers are:

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

8.1.2. Reporting Identifier 9W200 (enlisted)/92W2 (officers) – Combat Wounded Warrior with Exemptions. This reporting identifier provides exceptions to some personnel policies (e.g. promotion, evaluation, assignment, and professional military education exemptions, etc.) for Airmen who sustained very serious combat-related injuries, severely disabling illnesses, or loss of cognitive abilities. The reporting identifier does not confer any other combat-related benefit or entitlement.

8.1.2.1. A Department of Defense medical authority (primary care manager or mental health provider) must confirm the injury or illness is combat related for award of the 9W200 or 92W2 reporting identifier prior to the Physical Evaluation Board final decision. (T-1) After receiving the confirmation from the medical authority, Air Force Wounded Warrior leadership will make the final decision on award of the reporting identifier.

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

8.1.2.3. Combat Related Reporting Identifier Re-evaluation Requirement. Airmen awarded reporting identifier 9W200 /92W2 will be reviewed annually, no later than the anniversary date of the previous medical certification.

### **8.2. Community College of the Air Force (CCAF).**

8.2.1. Per Public Law 112-81, the 2012 National Defense Authorization Act (NDAA), Section 555, combat wounded Airmen may continue to participate in their current degree program of enrollment at the time of their separation or retirement. No new degree programs may be started after separation.

8.2.2. To qualify, the Airman must be awarded a combat-related 9W200/92W2 reporting identifier. (T-1) Airmen have 10 years from their date of separation (DOS) or from 30 Dec 2011 if their date of separation was between 12 Sep 2001 and 30 Dec 2011 to complete degree requirements.

**8.3. Non-Combat Related reporting identifier.** Reporting Identifier 9W300 (enlisted)/92W3 (officers) – Non-Combat Wounded Warrior. The initial assignment of this reporting identifier is provided solely for the purpose of identifying Airmen enrolled in Air Force Wounded Warrior program with non-combat related illnesses or injuries. When the medical evaluation process returns the Airman to duty, this reporting identifier will remain.

**8.4. Limited Assignment Status reporting identifier.** Reporting Identifier 9W400 (enlisted)/92W4 (officers). Airmen returned to duty under Limited Assignment Status program will be awarded the 9W400 or 92W4 reporting identifier. Refer to AFI 36-3212 for specifics of the Limited Assignment Status program.

## Chapter 9

### THE AIR FORCE FAMILY LIAISON OFFICER PROGRAM

**9.1. Appoint Family Liaison Officers.** Family Liaison Officer will be assigned and placed on orders by the Unit Commander for all affected families within 24 hours of notification of a seriously or very seriously injured service member when the member is being treated at any facility away from home station. (T-2) For Air National Guard and Air Force Reserve, assign a Family Liaison Officer from the installation's Active Guard Reserves or Full-Time Technicians within the Airman's own squadron, or within the appropriate group. (T-2) Commanders may appoint a Family Liaison Officer when situation meets one of the requirements outlined below:

- 9.1.1. When the Airman is being treated at a location away from their base of assignment.
- 9.1.2. When a wounded in action Airman is medically evacuated (regardless of their casualty status) from a combat zone.
- 9.1.3. When a medical authority initiates Emergency Family Member Travel through the Casualty office for family to be at the bedside of an Airman.
- 9.1.4. When an Airman with a combat-related injury is medically evacuated to continental United States. **Note:** does not have to be very seriously injured or seriously injured.
- 9.1.5. NGB/A1S Warrior and Survivor Care will designate a Family Liaison Officer for any Air National Guard member identified by a medical authority as very seriously injured or seriously injured. Just-in-Time face-to-face Family Liaison Officer training will be provided at the local level. (T-2) NGB/A1S will forward Family Liaison Officer information to the seriously ill and injured cell. Once Family Liaison Officer training is complete, the Base Services Manager will forward a copy of the Family Liaison Officer appointment letter, signed by the Wing Commander, to NGB/A1S. NGB/A1S will provide necessary information along with the Family Liaison Officer contact information to the Enrollment and Airman Support Branch.

**9.2. Family Liaison Officers.** Are appointed to assist the family of seriously injured or very seriously injured Airmen with basic needs while they are away from home. The Family Liaison Officer is also the link between the family and the Airman's unit.

- 9.2.1. A Family Liaison Officer will assist the family with transportation, securing lodging, and gaining access to the medical treatment facility. (T-2) An inclusive list of responsibilities will be provided by the Family Liaison Officer Program Manager in a Family Liaisons Officer frequently-asked-questions information sheet.
- 9.2.2. Family Liaison Officer assignment will be limited to 30 days; however, when applicable, the assignment may be extended up to 60 days with commander approval. (T-3)

**9.3. Unit commanders are responsible for:**

- 9.3.1. Funding for Family Liaison Officer. All costs incurred will be funded by the Airman's home unit.
- 9.3.2. Ensuring Family Liaison Officers are released from regular duties in order to perform duties full-time, to include outside normal duty hours.

9.3.3. Family Liaison Officers should hold the military rank of E-7 or higher and civilians should be GS-9 or higher (when possible). (T-3)

9.3.4. The commander may terminate the Family Liaison Officer assignment prior to the end of the 30 day period when the Care Management Team has appropriate assets in place to provide assistance to the family after they are settled.

**9.4. The Air Force Wounded Warrior Program will.** Conduct Family Liaison Officer training to include additional training from other support agencies, as appropriate. Training materials will be made available along with a contact number for questions and clarification. Training must be accomplished each time an individual is selected to perform Family Liaison Officer duties. (T-3) After the initial certification any additional training will be conducted through use of online material.

**9.5. The Family Liaison Officer.** Helps the Airman's family navigate the different support agencies. Family Liaison Officers are not experts in providing personnel support. They should, however, understand the nature of the different programs offered to families. Family Liaison Officers will refer families to functional specialists for thorough answers to specific questions and to address family needs. When the needs of the Airman or family become too great to address without assistance or when unforeseen situations arise, the Family Liaison Officer should contact their commander or Air Force Wounded Warrior Program for guidance. The Family Liaison Officer should alert the appropriate agency if the following support is required:

9.5.1. Grief, bereavement or other types of counseling.

9.5.2. Housekeeping, cleaning, babysitting, cooking or other household chores.

9.5.3. Personal or medical services such as helping the seriously ill and injured Airman dress, wash, or change bandages.

9.5.4. Provide transportation in their privately owned vehicles. Family Liaison Officers may qualify for domicile to duty transportation as field workers per AFI 24-301, *Ground Transportation*, as required. Family Liaison Officers may be provided the use of a government vehicle, when available. Otherwise, the use of a Government Travel Card rental vehicle or a privately owned vehicle is authorized, on a reimbursable basis.

## Chapter 10

### EMERGENCY FAMILY MEMBER TRAVEL (EFMT) PROGRAM

**10.1. Emergency Family Member Travel Program.** The purpose of the program is to implement and execute travel and reimbursement processes for all eligible designated travelers. The authority and administration for designating travelers as eligible is found in Title 37 USC § 411h, Joint Travel Regulation, paragraph 033201; DoDI 1300.18, *DoD Personnel Casualty Matters, Policies and Procedures*, AFI 36-3002, *Casualty Services* and AFI 41-210, *Patient Administration Functions*.

**10.2. Applicability.** This guidance applies to both Regular Air Force and Air Reserve Component Airmen who have an injury or illness that was incurred or aggravated in line of duty and meets the criteria outlined in Air Force Instruction 36-3002, Section 2.25. It also covers civilian employees serving in an unaccompanied duty station in accordance with Joint Travel Regulation section 7322 and Appendix Q.

**10.3. Emergency Family Member Travel Notification.** Upon official notification and authorization from the Air Force Casualty program office, including initial and extension requests, Air Force Wounded Warrior will coordinate initial and round-trip transportation, Per Diem, travel orders, and maintain Emergency Family Member Travel case records in accordance with the Joint Travel Regulation (section 7315).

**10.4. Emergency Family Member Travel Coordinator responsibilities.** The coordinator will enter Emergency Family Member Travel case within the Defense Travel System.

#### **10.5. Defense Travel System Responsibilities:**

10.5.1. Organization Defense Travel Administrator. Initiates and builds profiles for each Emergency Family Member Travel traveler within Defense Travel System.

10.5.2. Non- Defense Travel System Entry Agent. Responsible for the following actions:

10.5.2.1. Make contact with travelers to arrange travel to and from the Airman's location within Defense Travel System, or arrange travel with the after-hours travel agency, and provide traveler with initial and amended travel orders as appropriate.

10.5.2.2. Arrange passport appointments for each traveler (if applicable).

10.5.2.3. Monitor traveler's trips to and from Airman's location.

10.5.2.4. Provide reimbursement package to traveler upon final return trip to home location.

10.5.2.5. Complete voucher process within Defense Travel System. The Air Force Wounded Warrior Program will manage the Emergency Family Member Travel voucher process and reimburse travelers for any applicable travel costs and Per Diem allowable in accordance with Joint Travel Regulation. Once the traveler has completed all applicable travel and returns to their home location, officials with the Air Force Wounded Warrior Program will send a reimbursement package to the traveler.

10.5.2.6. Close Emergency Family Member Travel case upon completion once all reimbursement expenses have been paid.

10.5.2.7. Record all Emergency Family Member Travel actions in the Airman's case record within the Department of Defense Case Management System.

10.5.2.8. Case Closure. The Air Force Wounded Warrior Program will close Emergency Family Member Travel cases once all travel is concluded and the traveler receives all per diem reimbursements.

10.5.3. Reviewing Official. Reviews all Emergency Family Member Travel traveler information within DTS to ensure correctness, and submits to the Authorizing Official for approval.

10.5.4. Authorizing Official. Reviews all Emergency Family Member Travel traveler information within Defense Travel System and approves or disapproves travel requests.

## **10.6. Vouchers.**

10.6.1. The Air Force Wounded Warrior Program will monitor for receipt of all applicable documentation from the traveler in order to complete the voucher process.

10.6.2. The Air Force Wounded Warrior Program will update Defense Travel System and submit the voucher claim to Defense Finance and Accounting Service for traveler reimbursement of expenses.

**10.7. Traveler Contact Hours.** The Air Force Wounded Warrior Program will maintain reasonable contact hours when arranging travel for authorized designated travelers.

**10.8. Auditing Procedures.** The Air Force Wounded Warrior Program will maintain Emergency Family Member Travel case records in order to comply with all applicable Defense Travel System audit requests. (T-0)

## Chapter 11

### SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

**11.1. This chapter establishes procedures and assigns responsibilities to implement Special Compensation for Assistance with Activities of Daily Living (SCAADL) payments to eligible Regular and Air Reserve Component Airmen authorized by Title 37 United States Code § 439.** The program provides a special monthly compensation to permanently, catastrophically wounded, ill, and injured Airmen meeting eligibility criteria as outlined in DoDI/DoDM 1341.12, *Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program*, to compensate their designated caregiver for the time and assistance provided.

**11.2. Permanency of the injury or illness is a primary health care provider's decision based on the situation the day of the assessment.** Because of the progress in medical treatment, some situations that may seem permanent, or may not have a positive prognosis, might be improved with treatment, and the situation, although still existing, may improve with time. Therefore, the Air Force will accept the decision of a licensed medical provider as to the permanency of any medical condition. (T-1)

#### **11.3. Responsibilities:**

11.3.1. AF/A1: Is responsible for the SCAADL program and oversight of funding.

11.3.2. Air Force Budget Operations Directorate (SAF/FMBO): Is responsible for funding guidance.

11.3.3. Air Force Surgeon General (AF/SG): Is responsible for ensuring a licensed Department of Defense or Veterans Affairs physician certifies initial, or any changes to, eligibility in accordance with this instruction and Department of Defense instruction. (T-0)

11.3.4. SCAADL Program Manager: Is responsible for managing the SCAADL program for AF/A1.

#### **11.4. Program Administration:**

11.4.1. Medical Treatment Facility will:

11.4.1.1. Determine initial SCAADL eligibility, and monitor for continued eligibility every 150 days, or sooner if an Airman's condition changes that might warrant a change in dependency level or termination. Licensed Department of Defense, Veteran Affairs physician, and other licensed health care professionals may request a just in time briefing prior to completing the DD Form 2948, *Special Compensation for Assistance with Activities of Daily Living (SCAADL) Eligibility*, to ensure Airman meets, or remains eligible, for compensation under this program.

11.4.1.2. Ensure date of physician's signature on application is within 30 days of completion to ensure timeliness and accuracy of information; if not, email justification must be provided to explain the delay. (T-1) No retroactive pay will be authorized if physician's signature is more than 30 days old except when delay is administrative as determined by SCAADL Program Manager. AFPC/DPF will be the approval authority to authorize any retroactive pay resulting from administrative delays over 60 days old. Approval authority will not be delegated.

11.4.1.3. Forward completed SCAADL eligibility applications to the Recovery Care Coordinator for further processing.

11.4.1.4. Provide training or references and resources to ensure the designated caregiver has the necessary skills to assist with the Airman's activities of daily living care needs.

11.4.1.5. Terminate SCAADL compensation evaluations that are not received by the 180th day. (T-1)

11.4.1.6. Medical unit commander or senior physician will attempt to settle any appeal made by the Airman concerning the medical assessment documented on the DD Form 2948, prior to submitting an official appeal through the Recovery Care Coordinator.

11.4.2. Unit Commander or Commander's Designated Representative will:

11.4.2.1. Certify SCAADL eligibility on DD Form 2948. (T-0)

11.4.2.2. Address eligibility discrepancies with the Care Management Team. If not resolved, will coordinate with the Recovery Care Coordinator to raise concerns through the SCAADL Program Manager.

11.4.3. Recovery Care Coordinator will:

11.4.3.1. Perform as the local point of contact for Care Management Team regarding all SCAADL matters.

11.4.3.2. Submit applications to SCAADL Program Manager for processing.

11.4.3.3. Inform an Airman or their designated guardian of the SCAADL decisions affecting compensation, and the opportunity to appeal if appropriate.

11.4.4. SCAADL Program Manager will:

11.4.4.1. Establish quality control measures to ensure applications submitted are accurate and complete. Will return any incomplete documentation to appropriate office or person with an explanation of corrections to be made, and will provide SCAADL just-in-time briefing if needed.

11.4.4.2. Submit timely payment requests to Defense Finance and Accounting Service (DFAS).

11.4.4.3. Seek resolution for non-receipt of payment to an Airman for their caregiver.

11.4.4.4. Notify Defense Finance Accounting Service when determined payments to Airman should be suspended or terminated.

11.4.4.5. Provide reports to the Office of the Under Secretary of Defense for Personnel and Readiness as required.



11.4.5. Airman or Designated Caregiver shall:

11.4.5.1. Review and sign the DD Form 2948.

11.4.5.2. Have the right to appeal any ineligibility or dependency level changes on the DD Form 2948. Submit requests for appeal to Recovery Care Coordinator.

11.4.5.3. Notify Recovery Care Coordinator of any changes to residency, as that may have a direct impact on their compensation.

**11.5. If the physician validates the Airman's condition and the commander concurs in that validation.** Then the completed and signed application must be accepted—neither the SCAADL Program Manager nor Defense Finance Accounting Service can deny that application. (T-1)

**11.6. Payment Start or Change Determination:**

11.6.1. The start of SCAADL payment is based on the date the physician signs the DD Form 2948 as long as it was within 30 days of the physician's signature. If there is a delay in processing, and later approved by AFPC/DPF, the effective date remains the day the physician signed the form. The Airman will be paid amounts owed in their first payment. **Exception:** if physician signs before hospital discharge date, the effective date of SCAADL will be the day after the date of discharge.

11.6.2. Active Duty Airmen will receive SCAADL as part of their normal twice-monthly pay (payment is taxable).

11.6.3. Air Reserve Component Airmen, not on Title 10 or Title 32 orders, will receive SCAADL once a month towards the end of each month (payment is taxable).

11.6.4. In most cases, changes to compensation due to relocation of the Airman will be processed, with the effective date of relocation, prior to date of separation. If relocation occurs within 90 days after date of separation, the SCAADL Program Manager will determine if change of rate is appropriate.

**11.7. Payment Termination Determination:**

11.7.1. When Airman no longer meets eligibility, compensation is terminated.

11.7.2. SCAADL Program Manager will be informed if Veterans Affairs Caregiver stipend or Veterans Affairs Aid & Attendance compensation is in place during 90 days post-date of separation by Care Management Team or Veteran Affairs representatives, to determine if remaining compensation is to be terminated.

11.7.3. SCAADL Program Manager will end compensation payment if reevaluation is not received by the 180th day, or by date of separation, whichever comes first.

**11.8. Appeals Process:**

11.8.1. Once the Airman or designated caregiver has indicated the desire to appeal, the Recovery Care Coordinator will assist in completion and submission of an appeal package.

11.8.2. AFPC/DPF will review and provide the final results to the SCAADL Program Manager for further processing. This responsibility may not be delegated to a lower level to ensure objectivity in the review. (T-1) The Recovery Care Coordinator will inform the Airman or designated guardian of final result.

11.8.3. For appeal decisions in the Airman's favor, AFPC/DPF will inform the SCAADL Program Manager that an evaluation is required through occupational therapy and/or behavioral health, as appropriate. The Recovery Care Coordinator will inform the Care Management Team, Airman and/or designated guardian, of the results, and will obtain a new application for submission.

11.8.4. For appeals during a re-evaluation, the submitted reduction or termination will be processed while the appeal is being reviewed to avoid possible debt to the Airman. If appeal is in Airman's favor, the effective date will be processed with no gap in payment to the Airman (prorated back to reduction or termination date).

**11.9. Care Management Teams.** Continuously assess Airman's eligibility for any changes or termination of SCAADL to avoid any potential debt to the Airman.

## Chapter 12

### WARRIOR CARE SUPPORT BRANCH RESTORATIVE CARE PROGRAMS

**12.1. Restorative Care Programs.** Airmen involvement in any of the listed programs is with the approval, and at the discretion of, their unit commander in consultation with the Airman's primary medical provider when appropriate. (T-1)

12.1.1. Caregiver Support Program. The Caregiver Support Program will deliver personalized support and services to Air Force wounded warrior caregivers as an integral part of their ill or injured Airman's recovery plan. The program will work to improve caregiver and family quality of life by administering a variety of programs, connecting them with resources, tools for resilience and facilitating a connection to their peers.

12.1.2. Adaptive Sports Program. The Adaptive Sports Program will connect wounded, ill and injured Airmen to introductory and competitive adaptive sports. The Air Force Wounded Warrior Program will support wounded, ill and injured Airmen to utilize adaptive sports, high performance and community based programs as an integral part of their recovery plan. Airmen will be connected to community programs by their Care Management Team ensuring each Airman has access to training or recreational opportunities, competitive calendars, equipment, and other support networks that aid Airmen recovery plans.

12.1.2.1. The Air Force Wounded Warrior Program will schedule regional events, joint competitions, and selection events on an annual basis. All adaptive sports schedules will be submitted to AF/A1SAZ no later than the first day of June of each year proceeding the start of the fiscal year. (T-1) Scheduled events will be advertised through various social and web-based platforms. All schedules and events are subject to change based on fiscal adjustments, installation support, and venue availability.

12.1.2.2. Service Dogs. Service dogs for Post-Traumatic Stress Disorder, Traumatic Brain Injury, mobility and sensory assistance, and other recognized uses will not be federally funded to attend adaptive sports events. (T-0). Airmen and Guardians requiring service animals must ensure they provide home of record licensing requirements and tags designating this license. (T-3). The service dog will meet the standards of certification and training as outlined by Assistance Dogs International and the International Guide Dog Federation. (T-0). All service dogs staying at hotels contracted by the Air Force Wounded Warrior Program or coming onto an event site on a regular basis must be vaccinated against diseases common to that breed in accordance with state and local laws, rules and regulations. (T-1). All vaccinations must be current and valid. (T-1). Airmen and Guardians are legally responsible for the behavior or actions of their service dog. (T-0). Service dog attendance at any adaptive sports event must be approved in advance by Air Force Wounded Warrior leadership. (T-1). See [Chapter 14](#) for more on service dogs.

12.1.3. Recovering Airman Mentorship Program (RAMP). The Recovering Airman Mentorship Program exists to develop peer and program mentors who are excellent resources, listeners, and "recovery buddies" who motivate through their own real life experiences. It provides an avenue for the Airman to connect to someone who has experienced what he or she has, with similar injuries and recovery steps, Air Force background, rank, age, gender, geographic area, hobbies, and interests. The Recovering Airman Mentorship Program supports the holistic approach to recovery encompassing physical, mental, and social aspects of healing. This is an unfunded program and is entered in on a volunteer basis with no expectation of reimbursement of any kind for participating.

12.1.4. Empowerment In Transition Program. The Empowerment in Transition Program will equip, encourage and empower warriors to develop and achieve long-term career and life goals. They will provide personalized coaching and guidance to ensure ill and injured Airmen are inspired to manage lifestyle and career change, build an effective way forward and take charge of their post-military life.

12.1.5. The Outreach Program will connect Air Force audiences to the resilience of wounded, ill, and injured Airmen to heighten the awareness and utilization of Air Force Wounded Warrior programs and services. The outreach program will ensure a "life cycle of an Airman" approach by ensuring Air Force Wounded Warrior program education is part of each Airmen's growth and leadership training. The Air Force Wounded Warrior Program will support wounded warriors in telling their stories of recovery to audiences to enhance healing as an integral part of their recovery plan. Wounded Warriors will be included in outreach program strategy to heighten awareness and utilization of the Air Force Wounded Warrior Program and services in the Air Force.

12.1.6. The Communications and Marketing Programs will develop, coordinate and distribute media that capture Airman resilience and communicate how Air Force Wounded Warrior services and staff positively impact Airman recoveries. The program aims to strategically share focused, informative, and subject sensitive print, social, television, and radio media products to the target audiences that include Airmen, non-government organizations, non-profit organizations, members of the recovery team, recovering service members, caregivers, and their families. The efforts included in the Communications Program are subject to AFI 35-105, *Community Engagement*.

12.1.7. The Air Force Wounded Warrior Resiliency Program helps develop life skills for independence and boosts confidence holistically among Regular and Air Reserve Component Airmen, and their caregivers through a wide range of services to aid in overall recovery and rehabilitation through the Continuum of Care. This program is designed to provide resiliency services, training, workshops, and activities to Airmen and caregivers to enhance their physical, mental, spiritual, and social wellness.

## Chapter 13

### RECEIPT OF GIFTS AND ETHICS

**13.1. Airmen wounded during combat operations, injured in non-combat activities or suffering from serious illnesses:** Face unique and difficult challenges, including navigation of various benefits and compensation systems, reintegration into family units, lifestyle changes brought upon them by their injuries, and possible return to civilian workforce as a disabled veteran. Many charities, veterans service organizations, and other nonprofit organizations exist that provide support and services to these Airmen in many forms. Although the Air Force cannot endorse any particular non-federal entity, recovery care personnel can facilitate access between the organizations and wounded, ill and injured Airmen and their families, when the Airmen and/or their Families authorize access.

13.1.1. AFI 51-506, Gifts to the Department of the Air Force, provides guidance, when it is appropriate for such gifts of money, real property, personal property and services, donated to the Air Force pursuant to 10 U.S.C. § 2601(b), for distribution to, and for the benefit of, individual Airmen and their families.

13.1.2. When such charities, veterans service organizations, and other nonprofit organizations hold themselves out as making a standing offer to provide financial and other assistance to Wounded Warriors and their families (e.g., such as through a mission statement on a public website), then Regional Care Coordinators, Adaptive Sports Team managers, and other Air Force officials may approach such organizations with specific program or individual needs without violating the prohibition against solicitation contained in 5 CFR 2635.202(a).

**13.2. DoD 7000.14, DoD Financial Management Regulation, Vol 12, Chapter 34.** Governs when combat-wounded, ill and injured Airmen and their families may accept such gifts in their personal capacities.

13.2.1. Airmen who incurred an illness or injury as a result of armed conflict; while engaged in hazardous service; in training for war; through an instrumentality of war; in a combat or similar area recognized by law or regulation may receive gifts directly from non-federal entities.

13.2.2. Gifts with a market value of \$390 per gift on occasion and \$1000 in gifts total from a single donor may be accepted without prior approval. Gifts beyond these totals require a written ethics determination that may be obtained through the servicing legal office.

**13.3. Receipt of items, monetary gifts, or specialty services provided by a government agency or affiliated program:** Are considered preapproved for acceptance and do not require an ethics determination and do not have a monetary limit unless established as part of the agency or program offering the service or gift.

**13.4. Consult the servicing staff judge advocate on the appropriateness of any gifts offered that may not fit the above criteria.**

## Chapter 14

### SERVICE DOGS

**14.1. This chapter implements guidance for the use of service dogs by Airmen who have been clinically classified as disabled due to wounds:** Illness or injury, as authorized by DoDI 1300.27, *Guidance on the Use of Service Dogs by Service Members*, or who, on a physician's or therapist's recommendation, are recommended to have a service dog to assist with coping with everyday life circumstances. Recovering disabled Airmen who have medical conditions that clinically require the assistance of a service dog for activities of daily living, may utilize service dogs on Air Force installations. Additionally, authorized service dogs may be used on Air Force installations by all service members and their family members, regardless of service component or duty status. A service dog is defined by 42 U.S.C. § 12101 et seq, Americans with Disabilities Act (ADA), as any dog trained to provide support to individuals with physical, cognitive or psychological disabilities.

14.1.1. This chapter applies to service dogs only and does not pertain to any other service animal, including emotional support animals, therapy animals, or activity animals. Animals trained to assist members with Post-Traumatic Stress Disorder or other psychological illness will be considered service dogs for the purposes of this instruction.

14.1.2. This chapter does not apply to privately owned pets, except those that meet the qualifications, licensing and/or certification as a service animal. Standards for non-service animals are governed by Air Force Standardized Pet Policies, and in accordance with AFI 32-6001, *Family Housing Management*, AFI 32-6007, *Privatized Housing Management*, and installation pet policies.

### **14.2. Functional Area Responsibilities.**

#### 14.2.1. Installation Commanders.

14.2.1.1. Will ensure Airmen with assigned service dogs are granted facility access and accommodations to the greatest extent possible, commensurate with health and safety. (T-3)

14.2.1.2. Will establish designated service dog relief areas commensurate with health and safety. Relief areas should be available to and accommodate all persons with disabilities. They should be a minimum of 60 square feet of grass surface, with a trash receptacle, pick-up bags, a water source, drainage, and signage about use and responsible behavior. (T-3)

14.2.1.3. Will not restrict service dogs from staying with their handler in installation lodging and housing facilities. (T-1)

#### 14.2.2. Unit Commanders.

14.2.2.1. Participate in Care Management Team suitability assessments to recommend or non-recommend an Airman be assigned a service dog.

14.2.2.2. Documents recommendations, along with any recommended restrictions on the use of a service dog.

14.2.3. Case Management Team. Weighs all matters deemed appropriate in the Airman's specific circumstances, and provides pertinent information to facilitate the primary care manager's decision to recommend or non-recommend a service dog.

14.2.4. Military Personnel Section (MPS) will establish guidelines within the Military Personnel Section before reassigning an Airman with a service dog to ensure that laws pertaining to animal quarantine or other restrictions at the gaining location will not interfere with the Airman's access to, or use of the service dog. If retained on active duty, the Airman cannot depart until all requirements are met for the gaining location. (T-1)

#### 14.2.5. Guidelines for Airmen with Service Dogs

14.2.5.1. The Airman must take financial responsibility for their service dog, including annual vaccinations, dog food, dog toys, and veterinary care. (T-3)

14.2.5.2. The member must be able to take responsibility for a dog or have someone designated and able to address this responsibility. (T-3) The member must be able to meet the physical needs of the service dog. (T-3)

14.2.5.3. The Air or Space Professional is responsible for ensuring their assigned Service Dog is properly vaccinated in accordance with site of travel. (T-0). The Service member is not required to provide documentation of vaccination unless the Service Dog bites or scratches another person. (T-0). See [paragraph 14.4.3](#) If a dog bite does occur on the installation, Security Forces will be responsible for investigating the incident. (T-1).

### 14.3. Service Dog Installation Access and Control.

14.3.1. Service dogs generally must be allowed to accompany their handler into all installation facilities that are considered public or unrestricted. (T-3)

14.3.2. It may be appropriate to exclude service dogs from areas where concerns for readiness, mission accomplishment, or safety are a concern. Service dogs should not be allowed in sterile environments, food preparation areas or areas with specific infection control standards. (T-3)

14.3.3. A service dog handler can be asked to remove his/her service dog from any area if the dog is disruptive or the handler does not take effective action to control it.

14.3.4. The service dog must be harnessed, leashed, or tethered unless these devices interfere with the service dog's work or the individual's disability prevents using these devices. (T-3). In that case, the service dog handler must maintain control of the animal through voice, signal or other effective controls. (T-3). Additionally, service dogs should display signage to discourage third parties from interfering with its functions.

14.3.5. Allergies or fear of dogs is not a valid reason for denying access to service dogs.

### 14.4. Specific Rules Related to Service Dogs

14.4.1. To the extent permitted by law, Airmen may be held responsible for any damages and injuries a service dog may cause.

14.4.2. Airmen with a service dog are not deployable.

14.4.3. In accordance with the Americans with Disabilities Act, it is unlawful to ask about an Airman's disability, require medical documentation, require a special identification card or training documentation for the dog or ask that the dog demonstrate performing its work or task. When it is not clear what service a service dog provides, the disabled Airman is not required to answer questions other than: "Is the service dog required because of a disability," and "What work or task has the dog been trained to perform." **(T-0)**. It is prohibited to confirm eligibility for use of a Service Dog with either the Service member's chain of command or medical provider. **(T-0)**.



## Chapter 15

### AIR NATIONAL GUARD AND AIR FORCE RESERVE

**15.1. Medical Continuation Orders.** Air Reserve Component members may be entitled to Medical Continuation when they are unable to perform military duties due to an injury, illness or disease incurred or aggravated while serving in a duty status. The purpose of Medical Continuation is to authorize medical and dental care for members who incur or aggravate an injury, illness or disease in the line of duty and to provide pay and allowances while they are being evaluated, treated for or recovering from a service-connected injury, illness, or disease. See AFI 36-2910, for more information on Medical Continuation.

15.1.1. Care Managers should ensure Airmen being processed through Integrated Disability Evaluation System are being considered and processed for Medical Continuation order issuance (and extensions if applicable) if they are not already serving on active orders. When situations of concern arise that cannot not be solved or answered at the Airman's local unit/medical level, Care Management Team members should seek guidance and assistance from the Air Reserve Component Case Management Division (ARC/CMD), a division of AFPC/DPF.

### **15.2. Incapacitation Pay (INCAP).**

15.2.1. Incapacitation pay provides pay and allowances for Reserve Component Airmen who are not medically qualified to perform military duties due to an injury, illness, or disease incurred or aggravated in the line of duty. It may also provide pay and allowances to Reserve Component Airmen who are fit to perform military duties but experience a loss of earned civilian income due to an injury, illness, or disease incurred or aggravated in the line of duty.

15.2.2. Incapacitation pay can be requested by the Airman in 15-day or 30-day increments based on the Airman's needs. The following documents are required to initiate payment for the first 6 months of incapacitation pay: application for incapacitation pay, duty status documents, finance and medical documents, line of duty(s) determination, statement from treating physician, and AF Form 469 (*Duty Limiting Condition Report*).

15.2.3. The following documents are accomplished every 15 or 30 days as applicable: The Airman must provide a statement of income from their civilian employer and certify whether there are any private protection insurance plans in place. (T-0) If the Airman is self-employed they must provide a statement from the physician that their inability to perform their self-employment functions are a direct result of the injury, illness, or disease identified in the Line of Duty. (T-0) The Airman must provide a statement from their civilian employer identifying the amount of gross earnings lost and any income from sick leave. (T-0) If the Airman is deemed unfit for duty, the civilian employer must certify whether the Airman can perform full or limited duties in their civilian job. (T-0)

15.2.4. An extension request beyond 6 months should be initiated by the Airman at the 4-month mark if the expected recovery period extends past the initial 6 months. The AF Form 469 profile release date must coincide with the dates of the request. (T-0) All previously listed documentation is required for the extension request along with incapacitation pay extension affidavit, and incapacitation pay checklist.

**15.3. Air Force Reserve and Air National Guard Airman & Family Readiness Centers are expected to provide the highest level of transitional support to Airmen.** This includes either giving them the same transitional program guidance and support provided on active duty installations, or if unable to do so locally making arrangements with the Airman's unit to send the Airman to the closest supporting active duty Airman & Family Readiness Center, even if that entails the unit paying for temporary duty travel, lodging and per diem for week-long Transition Assistance Program, pre-separation and Survivor Benefit Program counseling if applicable.

15.3.1. Each Airman's unit should be supporting his/her transition into the civilian community to the largest extent possible. This includes providing necessary encouragement and cutting through red tape to make sure the Airman receives the highest quality of transitional counseling and support. Units have an obligation to fund temporary duty travel when necessary to the closest active duty installation to participate in their Transition Assistance Program, Survivor Benefit Counseling or other transitioning and out-processing requirements.

SHON J. MANASCO  
Assistant Secretary of the Air Force  
Manpower and Reserve Affairs

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

*National Defense Authorization Act of 2008 (Public Law 110-181)*

*National Defense Authorization Act of 2012 (Public Law 112-81)*

5CFR § 2635.202(a), *General Prohibition on Solicitation or Acceptance of Gifts*

29CFR § 1630.2(o), *Regulations to Implement The Equal Employment Provisions of The Americans with Disabilities Act*

5USC § 552(a), *The Privacy Act of 1974*

10USC § 1091, *Personal Services Contracts*

10USC § 2601(b), *General Gift Funds*

29USC § 791 et seq., *Employment of Individuals with Disabilities*

37USC § 439, *Special compensation: members of the uniformed services with catastrophic injuries or illnesses requiring assistance in everyday living*

38USC § 1720D, *Counseling and treatment for sexual trauma*

42USC § 12101, *The Americans with Disabilities Act (ADA)*

44USC § 3501 et seq., *Paperwork Reduction Act of 1995*

AFI 24-301, *Ground Transportation*, 22 October 2019

AFI 32-6000, *Housing Management*, 18 March 2020

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

AFI 35-105, *Community Relations*, 23 June 2017

AFI 36-3002, *Casualty Services*, 20 June 2017

AFI 36-2910, *Line of Duty Determination (LOD), Medical Continuation (MEDCON) and Incapacitation (INCAP) Pay*, 8 October 2015

AFI 36-3203, *Service Retirements*, 18 September 2015

AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation*, 15 July 2019

AFI 48-133, *Duty Limiting Conditions*, 7 August 2020

AFI 51-506, *Gifts to the Department of the Air Force from Domestic and Foreign Sources*, 16 April 2019

AFI 52-101, *Planning and Organizing*, 15 July 2019

AFI 52-104, *Chaplain Corps Readiness*, 17 June 2019

AFMAN 41-210, *TRICARE Operations and Patient Administration*, 10 September 2019

DAFI 33-360, *Publications and Forms Management*, 1 December 2015

DAFPD 34-11, *Warrior and Survivor Care Services*, 11 March 2019

DAFMAN 48-123, *Medical Examinations and Standards*, 8 December 2020

DoDI 1300.18, *DoD Personnel Casualty Matters, Policies, and Procedures*, 8 January 2008

DoDI 1300.24, *Recovery Coordination Program*, 1 December 2009

DoDI 1300.25, *Guidance for the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF)*, 25 March 2013

DoDI 1300.27, *Guidance on the Use of Service Dogs by Service Members*, 7 January 2016

DoDI 1341.12, *Special Compensation for Assistance with Activities of Daily Living (SCAADL) Program*, 31 October 2019

DoD 7000.14-R, *DoD Financial Management Regulation Joint Travel Regulation, paragraph 033201*, 1 July 2018

### ***Prescribed Forms***

None

### ***Adopted Forms***

AF Form 469, *Duty Limiting Conditioning Report*

AF Form 847, *Recommendation for Change of Publication*

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

DD Form 2948, *Special Compensation for Assistance with Activities of Daily Living Eligibility*

### ***Abbreviations and Acronyms***

**AF/A1**—Air Force Deputy Chief of Staff, Manpower Personnel and Services

**AF/A1S**—Air Force Services

**AF/SG**—Air Force Surgeon General

**AFPC**—Air Force Personnel Center

**DAFPD**—Department of the Air Force Policy Directive

**A&FRC**—Airman & Family Readiness Center

**DAFI**—Department of the Air Force Instruction

**DFAS**—Defense Finance and Accounting System

**DoD**—Department of Defense

**DoDI**—Department of Defense Instruction

**DUSTWUN**—Duty Statue-Whereabouts Unknown

**EFMT**—Emergency Family Member Travel

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

**MAJCOM**—Major Command

**MEB**—Medical Evaluation Board

**NSI**—Not Seriously Ill or Injured

**OSD**—Office of the Secretary of Defense

**RAMP**—Recovering Airman Mentorship Program

**VSI**—Very Seriously Ill or Injured

### *Terms*

**Air Force Wounded Warrior**—Any seriously or very seriously ill or injured member on active duty; Air National Guard and AF Reserve personnel on any military status, regardless of the circumstances that led to the illness or injury, will be classified as an Air Force Wounded Warrior when they meet program enrollment criteria. Combat wounded Airmen and Guardians not returned to duty are automatically enrolled.

**Casualty Status**—Used to classify a casualty for reporting purposes. There are six casualty statuses: deceased, DUSTWUN, missing, very seriously ill or injured (VSI), seriously ill or injured (SI), or not seriously ill or injured (NSI).

**Community Action Board**—A cross-functional forum (at installations, MAJCOMs, and Headquarters Air Force-level) that addresses quality of life, personal readiness, and community issues to formulate long-term solutions.

**Defense Travel System**—The Defense Travel System is a fully integrated, automated, end-to-end travel management system that enables travelers authorizations (EFMT travel orders), prepare reservations, receive approvals, generate travel vouchers, split reimbursement, and advances directly to the traveler's bank account.

**Family Housing**—On-base and off-base Government-owned, -leased and -controlled residential dwellings provided for eligible military and civilian members and their families.

**Family Liaison Officer**—Family Liaison Officers are appointed to assist seriously ill and injured Airmen and Guardians and their families and the families of Airmen or Guardians who die while on active duty. Family Liaison Officers help families of ill and injured Airmen and Guardians navigate the various agencies involved in recovery, rehabilitation and reintegration. In the case of Service members who die while on active duty, Family Liaison Officers may assist the family with navigating the various organizations necessary to receive entitlements and benefits. Family Liaison Officers remain engaged as long as the family needs assistance.

**Health Care Provider**—Any member of the Armed Forces, civilian employee of the Department of Defense, or personal services contract employee under Title 10, United States Code, Section 1091 authorized by the Department of Defense to perform health care functions.

**Home Of Record**—Where an individual was living when commissioned, reinstated, appointed, reappointed, enlisted, reenlisted, inducted, or ordered into his or her initial tour of duty. Used in determining a member's pay, allowances, and other entitlements under various federal statutes. A member's home of record remains constant throughout the member's career, unless he or she separates or has a definite break in service of longer than one day.

**Individual With A Disability**—A person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having an impairment (regardless of whether or not it limits or is perceived to limit a major life activity). The Rehabilitation Act of 1973 (29 USC §791 et seq.) as amended by the Americans with Disabilities Act of 1990, as amended (42 USC §12101 et seq.) requires all Federal agencies to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship. An employer does not have to employ an individual with a disability who poses a direct threat to the health or safety of him/herself or of others in the workplace.

**Major Life Activities**—Functions such as caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and the operation of major bodily functions.

**Medical Case Manager**—Medical Case Managers develop an individualized plan of care and facilitate communication and coordination between members of the healthcare team.

**Medical Evaluation Board**—A medical records review board used to determine an member’s medical suitability for retention with the Department of the Air Force. AFI 48-123, *Medical Examination and Standards*, gives the rules for competency boards and MEBs, their documentation, appropriate recommended actions, and the disposition of evaluatees and their records.

**Military Sexual Trauma**—Psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the service member was serving on active duty, active duty for training, or inactive duty training (See 38 USC §1720D for further clarification). Psychological trauma resulting from experiences of sexual assault or repeated, threatening sexual harassment that a service member experienced during military service.

**Non-Medical Care Manager**—Non-Medical Care Managers provide a wide range of flexible proactive personnel advocacy and services to support seriously ill and injured Airmen and Guardians. These services include comprehensive information, assistance and guidance on all benefits/ entitlements for those remaining on active duty or transitioning back into the civilian sector. Additionally, they help resolve problems related to finances, benefits and compensation, administrative and personnel paperwork, housing and transportation and other matters that arise.

**Opt Out**—The choice by a non-active duty beneficiary to not permit sharing of his or her health data by MHS with non-MHS eHealth Exchange partners.

**Physical Evaluation Board**—A fact-finding body that investigates the nature, origin, degree of impairment, and probable permanence of the physical or mental defect or condition of any member whose case it evaluates. Generally an Airman will meet the physical evaluation board after the medical evaluation board in order to determine the Airman’s fitness to continue service.

**Physical Or Mental Impairment**—Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal and special sense organs, respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and

endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Post-Traumatic Stress Disorder**—Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event, either experiencing it or witnessing it.

**Privacy Act Statement**—A statement required when soliciting personally identifiable information that is maintained in a SOR (known as Personal Information). The Privacy Act Statement informs the individual why the information is being solicited and how it will be used.

**Professional Military Education**—Critical subset of developmental education that: 1) provides the nation with personnel skilled in the employment of air, space, and cyberspace power in the conduct of war, small scale contingencies, deterrence, peacetime operations, and national security; 2) provides DAF personnel with the skills and knowledge to make sound decisions in progressively more demanding leadership positions within the national security environment; and 3) develops strategic thinkers, planners, and war fighters. In addition, PME programs strengthen the ability and skills of DAF personnel to lead, manage, and supervise.

**Reasonable Accommodation**—In general, an accommodation is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities, 29 CFR part 1630 app. § 1630.2(o). Reasonable accommodation may include, but is not limited to: (1) making existing facilities used by employees readily accessible to and usable by individuals with disabilities; (2) job restructuring, modifying work schedules, or reassignment of a current employee to a vacant position; and (3) acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters. An employer is not obligated to provide personal use items such as glasses or hearing aids. An employer is not required to remove an essential function of the job as an accommodation. See EEOC's *Enforcement Guidance on Reasonable Accommodation and Undue Hardship* under the Americans with Disabilities Act, No.915.002 (October 17, 2002).

**Recovery Care Coordinator**—The purpose of the Recovery Care Coordinator is to ensure that Airmen and Guardians and families understand the likely path of the Service member's recovery, the types of care and services that will be needed and provided, and how much time recovery may take. Recovery Care Coordinators oversee the development and implementation of the Interagency Comprehensive Plan and work with the Medical Case Manager involved in various aspects of care for the Airman or Guardian and advocate for the Service member across locations and agencies.

**Recovery Coordination Program**—Program designed to address reforms to existing care managements processes within the DoD and the Department of Veterans Affairs (VA).

**Rehabilitative Care**—Therapy that provides evaluations and treatment programs using exercises, massage, or electrical therapeutic treatment to restore, reinforce, or enhance motor performance and restores patients to functional health allowing for their return to duty or discharge from the Service.

**Reporting Identifier**—A four- or five-digit code and a title used to identify positions or persons not identified elsewhere in the classification structure. Normally describes conditions rather than duties and does not have a full specialty description. Example: 93P0 Patient (officer), 9P000 Patient (enlisted).

**Review-in-lieu-of Medical Board**—A review of a Airman’s medical records to determine fitness for duty. For further details on the medical records review process, see AFI 48-133.

**Seriously Ill or Injured**—In the case of a member of the Armed Forces, including a member of the National Guard or Reserves, this means a wound, illness, or injury incurred by the member while on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating. It is unlikely that a service member with this type of wound, illness, or injury will return to duty in a time specified by his/her military department and may require medical separation from the military. This includes traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated in the active military, naval or air service that renders the individual in need of personal care services.

**Service Animal**—Service animals are not considered pets. They are trained to perform tasks for people with disabilities, either physical or psychological in nature.

**Very Seriously Ill or Injured**—In the case of a member of the Armed Forces, including a member of the National Guard or Reserves, this means a severe or catastrophic wound, illness, or injury incurred to the member while on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating. It is unlikely that a service member with this type of wound, illness, or injury will return to duty in a time specified by his/her military department and may require medical separation from the military. This includes traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated in the active military, naval or air service that renders the individual in need of personal care services.

**Wounded In Action**—A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who has incurred an injury due to an external agent or cause. The term encompasses all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetration or perforated wound, or none, as in the contused wound. These include fractures, burns, blast concussions, all effects of biological and chemical warfare agents, and the effects of an exposure to ionizing radiation or any other destructive weapon or agent. The hostile casualty's status may be very seriously ill or injured, seriously ill or injured, or not seriously Ill or injured.

**Wounded Warrior Programs**—A system of support and advocacy to guide and assist the wounded, ill, and injured Service members and family or designated caregiver through treatment, rehabilitation, return to duty, or military retirement into the civilian community. Each Military Department has a unique wounded warrior program that addresses its Service members' needs.