



United States Marine Corps Wounded Warrior Regiment



RESOURCE GUIDE:
VOLUME ONE | FOR LEADERS
FY19 (Released February 2019)

For Leaders

The Commandant's intent is that wounded, ill, or injured (WII) Marines remain with their units so long as the unit commander can support their recovery. United States Marine Corps (USMC) leaders are the first line of defense for this extremely important population of WII Marines and families who have served and sacrificed. This guide is intended to familiarize leaders with the resources available to help WII Marines through their recovery and career goals.

For some WII Marines, the ideal resource will be the Wounded Warrior Regiment (WWR) through assignment or temporary additional duty (TAD) orders. For others, remaining with their parent units contributes more to a healthy and full recovery. The Marine Corps has a responsibility to maintain a healthy, capable fighting force, and leaders at the unit level must identify and seek solutions for their WII Marines.

The WWR provides steadfast guidance and expertise to leaders of WII Marines and their families. The WWR website provides general information on topics of special interest to WII Marines and their families as well as leaders in search of the best way to advise them. Call center representatives are available 24/7, 365 days a year to walk leaders or Marines through the next steps for support. Stay in touch with WWR, and reach out to us early and often to ensure proactive and timely resolution of needs. Let WWR help you keep your WII Marines in the fight.

Sergeant Merlin German
Wounded Warrior Call Center:
1-877-487-6299

www.woundedwarrior.marines.mil



Contents

Part One: Establishment of WWR.....	5
Part Two: Spectrum of Care.....	9
Part Three: Accessing WWR	13
Part Four: Commanders' Information	19
Part Five: Leaders' Resources.....	27

How to Use This Handbook

The Wounded Warrior Regiment (WWR) Resource Guide: Volume One | For Leaders is designed to be used as a reference for Marine Corps leaders and staff. This handbook details the services and resources provided by WWR to commanders and their Marines and Sailors assigned to Marine units, the criteria for referral to WWR, and how to refer a Marine. Where appropriate, regulations, orders and policies will be referenced in order to allow users to access the related resource. Content is provided through subject matter experts at WWR in order to assist users, but is not considered the authoritative guide to all subjects covered.

Part One: Establishment of WWR

This section provides an overview of WWR's history, governing policies, and unit structure.

Part Two: Spectrum of Care

This section steps through the entire lifecycle of care and the services that support recovery, rehabilitation, and reintegration. Marines, families, and commanders who receive support from WWR have access to a spectrum of care that spans through all recovery phases.

Part Three: Accessing WWR

This section provides an overview of the referral process, the possible types of support that could be assigned; how to refer, eligibility, and what to expect.

Part Four: Commanders' Information

This section provides important information about benefits, the role of the unit limited duty coordinator, and how to facilitate a successful recovery process.

Part Five: Leaders' Resources

This section provides an overview of the recovery care team assigned to each recovering service member (RSM), their roles, and how they interact to support RSMs' complex needs.

Wounded Warrior Regiment Mission

Provide leadership and ensure compliance with laws and DoD instructions related to the support, recovery, and non-medical care of combat and non-combat wounded, ill, and injured (WII) Marines, Sailors attached to Marine units, and their family members in order to maximize their recovery as they return to duty or transition to civilian life.



PART ONE

Establishment of WWR

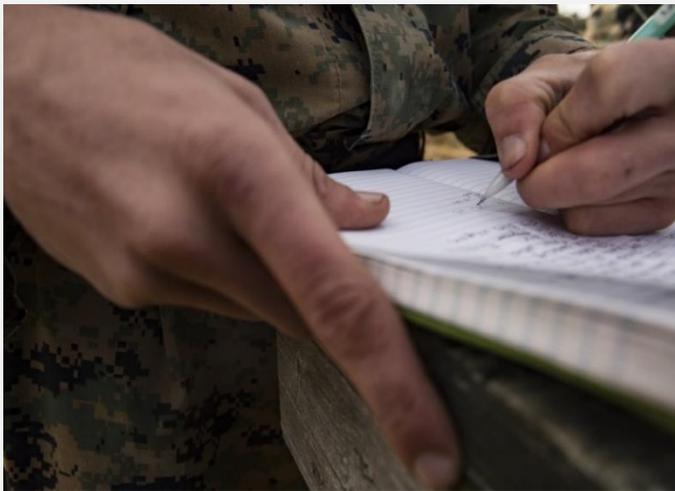
Our History

The Wounded Warrior Regiment (WWR) was established by the 34th Commandant to execute our Service's Recovery Coordination Program (RCP) in support of all identified and referred wounded, ill, or injured (WII) Marines and Sailors serving with Marine units. Support is provided to active duty, reserve, medically retired, and veteran Marines with complex care requirements, regardless of the origin of their affliction. The WWR, its two battalions and 13 detachments were established in April 2007. Since then, we have implemented programs, initiatives and policies to operationalize our commitment to WII Marines.

The WWR is also responsible for the administration and management of several Service headquarters level functions: Reserve Medical Entitlement Determinations (RMED), Traumatic Injury Servicemember's Group Life Insurance (TSGLI), and Special Compensation for Assistance with Activities of Daily Living (SCAADL). Additionally, WWR staff proactively monitors the status of all Marines' cases referred into the Department of Navy Disability Evaluation System (DES) to ensure timely processing. The command's mission space includes actions at the strategic, operational, and tactical level. The WWR contributes to the formulation of congressional legislation and Department of Defense (DoD) policy, develops United States Marine Corps implementing policy, and ultimately ensures delivery of the service or program to the recovering WII Marines and their families through our 13 locations.

Governing Orders and Policies

The Recovery Coordination Program (RCP) was mandated by Congress in 2008 in Public Law 110-181, shortly after the Marine Corps stood up WWR in 2007. The Office of the Secretary of Defense, Health Services and Policy Oversight, and Defense Health Agency (DHA) provide policy and oversight to standardize the support provided to recovering service members of all Services.



Marine Corps Order 6320.2(series), *Administration and Processing of Injured/Ill/Hospitalized Marines*, establishes guidelines for movement of personnel from one medical facility to another, and for referral to and acceptance by the WWR.

Wounded Warrior Regiment Order 6300.1B, *Administrative Procedures for Acceptance of WII or Hospitalized Personnel to the WWR*, further directs internal processes for reviewing and accepting referred Marines.

Table 1 details WWR orders detailing the administration of various tenets of the Recovery Coordination Program:

Table 1: Relevant WWR Orders		
Order	Description	Published
WWRO 6300.1B	Referral and Acceptance Procedures for Wounded, Ill and Injured Marines	11 MAY 2018
WWRO 6100.4A	Warrior Athlete Reconditioning Program (WARP)	11 SEPTEMBER 2018
WWRO 4001.2A	Gifts, Gifts Funds, and Outside Organizations	10 SEPTEMBER 2018
WWRO 3000.1B	Recovery Care Coordinator Program SOP	23 DECEMBER 2015
WWRO 3000.2A	District Injured Support Coordinator (DISC) Program Standard Operating Procedure	4 OCTOBER 2011
WWRO 1710.2	WWR Transition Readiness Program (TRP)	5 DECEMBER 2017
WWRO 6320.2	SOP for the WWR Liaison Officer to U.S. Marine Corps Forces Reserve (MARFORRES)	7 JUNE 2013

Locations



The WWR headquarters, located in Quantico, Virginia, commands the operation of two Wounded Warrior Battalions and multiple detachments in locations around the globe, at major military treatment facilities or Department of Veterans Affairs (VA) Polytrauma Rehabilitation Centers.



Battalions and Detachments

Wounded Warrior Battalion-East (WWBn-E) and Wounded Warrior Battalion-West (WWBn-W) each operate a Warrior Hope and Care Center offering campus-style access to a full complement of services, such as rehabilitation, counseling, recovery care coordinators (RCC), medical case managers, and physical training. The WWBn's provide leadership and support to recovering service members for their administrative, recovery and rehabilitation, family readiness, and career (return to duty, education, employment, self-employment or retirement) needs. The battalion structure provides accountability and multi-disciplinary non-medical care coordination. Detachments collocated in military or VA medical facilities ensure support and accountability for RSMs receiving treatment at that location.



Wounded Warrior Battalion-West



Wounded Warrior Battalion-East



Table 2: Wounded Warrior Battalions and Detachments

Battalion	Location
 <p>Wounded Warrior Battalion-West</p>	<ul style="list-style-type: none"> • WWBn-West, Camp Pendleton, Calif. • Naval Medical Center San Diego, Calif. • VA Polytrauma Center Palo Alto, Calif. • Naval Hospital Twentynine Palms, Calif. • Marine Corps Base Kaneohe Bay, Hawaii • Camp Butler Okinawa, Japan
 <p>Wounded Warrior Battalion-East</p>	<ul style="list-style-type: none"> • WWBn-East, Camp Lejeune, N.C. • Walter Reed National Military Medical Center, Md. • San Antonio Military Medical Center, Texas • Naval Medical Center Portsmouth, Va. • VA Polytrauma Center Minneapolis, Mn. • VA Polytrauma Center Richmond, Va. • VA Polytrauma Center Tampa, Fla. • Fort Belvoir Community Hospital, Va. • Landstuhl Regional Medical Center, Germany



PART TWO

Spectrum of Care

Spectrum of Care

The Marine Corps model for caring for WII Marines is unique—the goal is to keep Marines with their units as long as that unit can meet their recovery care needs. Commanding officers (COs) in the fleet are not left alone to care for their WII Marines; the WWR provides resource and recovery care support to commanders and their Marines regardless of assignment.

Marines whose recovery needs are complex and require a higher degree of care coordination support may be referred to be joined via temporary additional duty (TAD) or permanent change of assignment (PCA)/ permanent change of station (PCS) transfer to a WWR element and have full access to WWR resources and services. These services include state-of-the-art Americans with Disabilities Act (ADA) compliant barracks and our Warrior Hope and Care Centers located at Marine Corps Bases Camp Lejeune and Camp Pendleton, which contain comprehensive resources including uniformed command structure, medical assets, and transition support. These all-encompassing facilities promote healing while providing WII Marines with the rehabilitation activities, psychological support, and transition planning to best prepare them to return to full duty (RTD) or reintegration into their civilian communities.

Marines requiring complex care coordination may be identified via Personnel Casualty Report (PCR), referral from the service member, his or her leadership, a family member or medical authority. All referrals are coordinated through the Marine's command to ensure all factors

impacting recovery are considered. A wounded warrior battalion multi-disciplinary board will, upon referral, conduct a needs assessment of medical recovery as well as family, career and other individual circumstances. Those with fewer support requirements may remain with their parent units while receiving external support from WWR in the form of a RCC, non-medical care manager (NMCM), or Wounded Warrior Call Center (WWCC) call center representative (CCR).

WWR's Key Assets and Support Mechanisms

Marines and commands accessing WWR's comprehensive organization of non-medical care capabilities may receive support from any of the following assets. Depending upon the assessed needs of the individual Marine, these capabilities are coordinated for optimal recovery care support. Table 3 lists and defines WWR's key assets and support.

Table 3: WWR Key Assets and Support	
Program	Description
Benefits and Entitlements	WWR and WWBn S-1 sections help Marines with WII-specific pay issues, to include pay audits, Pay and Allowance Continuation, Special Compensation for Assistance with Activities of Daily Living, and Traumatic Injury Servicemembers' Group Life Insurance.
District Injured Support Coordinator/ Field Support Representative	District Injured Support Coordinators (DISCs) are mobilized reserve Marines and field support representatives (FSRs) are contractors or veterans who are geographically disbursed to provide assistance to Marines recovering away from military bases, transitioning from active duty or reserve to veteran status, or medically retired to the Temporary Disability Retired List. Most often, Marines receive assistance resolving issues with Veterans Health Administration and Veterans Benefits Administration, as well as financial and employment needs. DISCs and FSRs will offer a full spectrum of personalized post-transition assistance greater than that provided through the WWCC.
Disability Evaluation System Oversight	WWR oversees the Disability Evaluation System (DES) process for the entire Marine Corps, providing liaison and expertise for individuals as they navigate the process to ensure equitable consideration and timely case processing.
Medical Section	WWR Medical Section provides medical subject matter expertise, advocacy, and liaison to the military and civilian medical community. The section conducts morbidity review of incoming cases to assess potential behavioral health needs and facilitate access to care and aggressively monitors status of high visibility cases to include those afflicted with terminal illnesses.
Recovery Care Coordinators	RCCs work with RSMs and their families to develop and execute their comprehensive recovery plans (CRP) and coordinate with medical teams and commands to optimize recovery and transition back to full duty or to VA systems of support. RCCs are part of the Marine's recovery team working closely with the Marine's command and medical team to optimize recovery.

Table 3: WWR Key Assets and Support	
Program	Description
Religious Ministry Team	The religious ministry team (RMT) provides spiritual support to Marines, Sailors and their families to aid RSMs in their recovery. They provide confidential counseling to enable RSMs and their family to share concerns freely. The RMT provides information on CREDO programs and other events to enhance personal, marital and family resilience and enrichment.
Reserve Medical Entitlements Determination Section	The WWR's RMED section is the commandant-directed entity that oversees all cases of WII reservists who require medical care for aggravated medical issues incurred in the line of duty. Reserve Marines needing services face unique challenges, specifically in benefits and entitlements determination and access to care. WWR has the expertise to mitigate these issues for Reserve Marines. WWR Liaison Officer (LNO) to MARFORRES liaisons between WWR and MARFORRES staff in matters related to care and support of active and reserve WII Marines/families assigned to MARFORRES.
VA Federal Recovery Coordinators	VA Federal Recovery Coordinators (FRCs) are VA employees embedded at the WWR headquarters. The FRC is fully invested in our recovery team efforts and helps ensure Marines' smooth transition to VA when needed.
Warrior Athlete Reconditioning Program	WWR's Warrior Athlete Reconditioning Program (WAR-P) manages the provision of day-to-day adaptive rehabilitation programs and equipment and promotes an enduring Marine spirit through competitive adaptive sporting events.
Wounded Warrior Call Center	Our Sergeant Merlin German Wounded Warrior Call Center conducts outreach calls to, TDRL Marines, and Marine veterans and receives calls for assistance on a 24/7/365 basis.
Wounded Warrior Battalion Contact Centers	Conduct outreach calls to WII Marines on active duty recovering with their parent commands to ensure their needs are being met. Additionally, the centers conduct outreach calls to all Marines referred to the DoN Disability Evaluation System to provide advice and resource identification.
Wounded Warrior Battalion Recovery Complexes	Located at each WWBn (Camp Lejeune and Camp Pendleton) offer Battalion Headquarters, ADA-compliant barracks, and Hope and Care Centers to support Marines' physical rehabilitation/reconditioning and provide transition assistance in one location, co-located with Naval Hospitals.
Wounded Warrior Transition Program	WWR Transition Specialists are available to WII Marines and families to enhance community reintegration by identifying employers and education opportunities to help ensure WII Marines are competitive in the job market.

Post-Service Support

WII MARINES PREPARING TO TRANSITION TO CIVILIAN LIFE RECEIVE FOLLOW-ON SUPPORT FROM WWR FOR A MINIMUM OF 90 DAYS.

Marines are assigned support following an assessment of their post-service needs at the time of transition. The level of support may change over time depending on the individual Marine's successful transition or a subsequent change in circumstance that could necessitate a higher level of engagement. In all cases, **WWR will remain involved for 90 days after separation.**

Support may come from a:

- Call Center Representatives (CCR)
- Non-Medical Case Managers (NMCM),
- Field Support Representatives (FSR)
- District Injured Support Coordinators (DISC)

The WWR coordinates closely with a **VA designated Lead Coordinator (LC)** to ensure a "warm hand-off" during transition of a recovering Marine with complex care needs. Through the determination of a multi-disciplinary referral board, Marines joined to a WWR element are complex care cases, and their assigned Marine Corps RCC is concurrently designated as their DoD Lead Coordinator. Despite some differences in how each entity assesses the support a Marine is entitled to receive based on his or her current medical status, the VA will continue active involvement for 90 days post end of service when requested by the WWR in order to ensure successful transition and subsequently conduct a needs assessment for VA support.

Post-service support beyond 90 days post-EAS is most often initiated through the Wounded Warrior Call Center. CCRs conduct an initial needs assessment and determine what level of support is required to address the issues of the Marine and family. Veterans calling for assistance receive the same levels of support as Marines transitioning to veteran status: CCR, NMCM, FSR or DISC.

For those Marines who transition to civilian life, the WWR has resources available to assist in that transition and provide support after reaching veteran status.





PART THREE

Accessing WWR

Referral to WWR

No two cases are alike—each WII Marine or Sailor will present a different set of circumstances; in some cases, assignment to the WWR may be appropriate and necessary to ensure the successful transition through the phases of recovery.

A part of WWR's operations center is receiving and reviewing all PCRs and reports of serious injury. When those reports indicate a Marine is seriously injured (SI) or very seriously injured (VSI), the WWBn responsible for the geographic region where the Marine's unit is located will conduct an outreach call to the point of contact on the report. This initial contact with WWR personnel can assist commanders in anticipating the recovery his or her Marine is facing.

The parent command plays a key role in deciding whether their Marine should be referred to the WWR, and consultation with the Marine's primary care clinician (PCC) should be a factor in the decision. Table 4 provides a list of ten basic questions to help predict the need for a referral.

Table 4: Ten Basic Questions to Ask Before Referral	
Yes or No	Is this a “non-routine”, complex medical or psychiatric issue requiring in-patient treatment or medical care not offered locally?
Yes or No	Is this a medical condition requiring extended out-patient treatment?
Yes or No	Will treatment and rehabilitation take more than 90 days?
Yes or No	Will the WII Marine have three or more complex medical appointments per week?
Yes or No	Does the wound, illness, or injury prevent the Marine from working in their current MOS?
Yes or No	Does the wound, illness, or injury prevent the Marine from supporting the unit outside their primary MOS?
Yes or No	Is it unlikely the WII Marine will return to full, unrestricted duty?
Yes or No	Is it likely the WII Marine will be referred into the DoN Disability Evaluation System (IDES)?
Yes or No	Is the command unable to support transportation requirements for the WII Marine’s medical appointments?
Yes or No	Has the command exhausted all local resources to address the medical condition without satisfactory resolution?

If the answer to some or all of these questions is “yes,” a referral package should be considered. If “no,” assignment to the WWR is unlikely; however, a Marine would more than likely benefit from some of the external resources available through the WWR. The WWR is available to support commanders and Marines regardless of assignment status.

Referral Determination

Marines are evaluated for assignment on a case-by-case basis by an interdisciplinary board of subject matter experts at each WWBn according to the described medical needs and treatment plans. Admission is largely based on the level of medical and non-medical acuity. The COs of WWBn-E and WWBn-W are the approval authority on all requests. If a referral is denied, commands may submit an appeal to WWR CO. The WWR CO will make the final determination on all appeals.

Instructions to Referral Authorities

Requests for assignment to the WWR can be initiated by the parent command, a medical officer, WWR detachment officer-in-charge (Det OIC), or the WWR operations section. To request assignment to the WWR, access the referral packet on the WWR website: www.woundedwarrior.marines.mil or call the WWCC for assistance. Each packet includes:

1) Unit Command Endorsement

2) Complete Medical Questionnaire

Completed packets are received and processed through the wounded warrior battalion with responsibility for the geographical location of the Marine.

Battalion Contacts



**Wounded Warrior Battalion East:
WWBN_East_S3@usmc.mil**

Wounded Warrior Battalion-East (WWBn-E) area of responsibility is generally all areas east of the Mississippi River as well as detachments at San Antonio Military Medical Center in San Antonio, Texas and Landstuhl, Germany



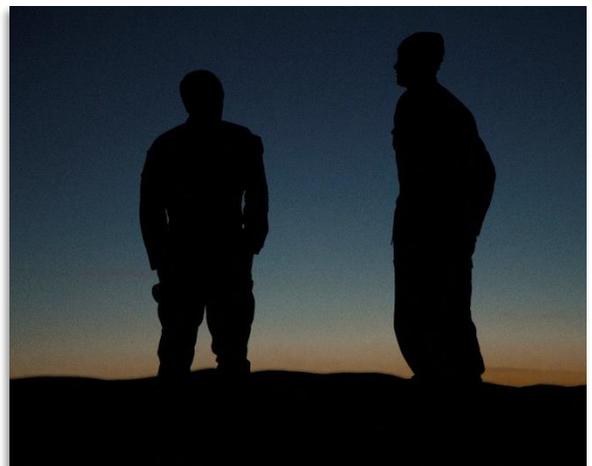
**Wounded Warrior Battalion West:
WWBn_referrals@usmc.mil**

Wounded Warrior Battalion-West (WWBn-W) area of responsibility is generally west of the Mississippi River to Okinawa, Japan, Guam, and Hawaii.

**If unsure of the appropriate office, send referral to the WWR at
SMBWWROpsCenter@usmc.mil.**

Referral from Capstone

Transitioning Marines identified at Capstone by their CO and assessed to be high risk due to a wound, illness, or injury should be referred to the WWR for assessment of needs. **To refer a Marine, please download the referral form and email to smbwwropscenter@usmc.mil.** For more information, please review MARADMIN 503/16 at <http://www.marines.mil/News/Messages/Messages-Display/Article/953309/transition-readiness-program-warm-handover-process/>.



Referral for RCC Support

Leaders and Marines who are recovering from a wound, illness, or injury that is not complex but remain in need of assistance navigating the process may be eligible for assignment of a RCC. Requests for RCC support may be submitted via the WWR website without the full referral package required for assignment. More information can be found here: <https://www.woundedwarrior.marines.mil/ReferaMarine/>.



Other Access Points

Additionally, if a Marine or leader contacts the WWCC with questions or requests for support or responds to an outreach call from the wounded warrior battalion contact centers, his or her needs may be elevated to allow for assignment of a WWR asset, to include a CCR, NMCM, RCC, FSR, or DISC to enable successful recovery.

Through the assignment of a WWR asset, Marines and leaders additionally gain access to clinical care advocates in the WWR medical section, a DES liaison, and specialized pay and entitlements support.

RCC Assignment

Although a WII Marine may not meet WWR assignment criteria, that does not mean he or she will not require specialized support to ensure their successful recovery. Many Marines who are able to remain with their unit, receiving specialized support from the command, may benefit from the assignment of a RCC.

If assigned, the RCC analyzes the needs of the recovering Service member and family. Based on these needs, the RCC works with the RSMs and his or her family to develop a CRP, which identifies personal and professional goals, and the services and resources needed to achieve those goals.



RCCs also act as a conduit to the spectrum of support offered through WWR

How RCCs Support Marines and Families

The goal of the RCC Program is to prevent unnecessary delays, reduce anxiety, and ensure the best possible outcome. One way the RCC accomplishes this goal is to work with the Marine and family to conduct a needs assessment and then develop a CRP.



One of the hallmarks of the CRP is that a resource is provided for each of these steps (see Table 5) so the Marine always knows who assists with each particular action.

Table 5: RCC Support for Marine and Families	
Steps	Definition
Step 1 Comprehensive Needs Assessment	The RCC meets with the RSM within the first two weeks of assignment, explains the role of a RCC, and ensures the RSM has the necessary contact information. The RCC conducts a comprehensive needs assessment (CNA) with the RSM and their family to identify their needs and the goals they wish to accomplish.
Step 2 Comprehensive Recovery Plan	The CRP is the primary tool used to coordinate the care for RSMs and their families. The CRP is owned by the RSM and reflects his/her personally stated medical and non-medical goals and milestones for the recovery mission as identified during the CNA. The CRP is updated frequently to reflect changes in health, financial situation, or transition goals. The CRP is designed to: <ul style="list-style-type: none"> • Address all immediate needs • Establish long-term transition goals or a desired end-state • Define action steps that encourage continued mental, physical, and emotional growth
Step 3 Coordinating with the Recovery Team	The complexity of medical and non-medical care requires a team of support personnel. The RCC is an important member of this team, which also includes a RSM's command, section leader, medical case manager, non-medical care manager, and other staff members as necessary. The RCC will use comments, concerns, and instruction from the recovery team to assist the RSM with the development of the CRP—evaluating and adjusting the CRP as necessary throughout the recovery process.

RCCs also act as a conduit to the spectrum of support offered through WWR, closely monitoring the recovery process in order to recommend an increase in level of support, such as assignment to WWR, as necessary. RCCs can additionally provide information to their supported Marines on activities available to enhance their recoveries, such as:

- Participation in the WWR's WAR-P to help boost self-perception and alleviate stress associated with injury or illness. Camps are held throughout the year and the Marine Corps Trials are held each spring. (Contact the Warrior Athlete Reconditioning Program at WWSports@usmc.mil)
- Specialized transition planning and coordination
- Wounded warrior events hosted by non-federal entities designed to improve recovery processes

Joining the WWR

Those Marines whose needs do warrant assignment to a WWR command element will often first receive TAD orders to establish the care plan; Marines whose medical needs require a long term care plan may be transferred by service record immediately. If accepted for TAD or transfer, parent units remain responsible for finalizing administrative or legal actions in place at the time of referral, unless otherwise agreed upon with the WWR CO. Generally, the command will receive notification of the status of a referral packet within two weeks of submission. Those Marines who are joined to WWR will execute orders as directed by Manpower Management Officer and Enlisted Assignment (MMOA/MMEA); the timeline is a case-by-case basis, but the goal is within 30 days.

Within the WWR, RSMs missions are their individual recoveries, and they are supported by a multi-disciplinary recovery care team which provides recovery planning and support. Uniformed Section Leaders (SLs) provide leadership, daily accountability, mentorship and motivation for RSMs, and in concert with the RCC, serve as an advocate to ensure medical and non-medical recovery efforts are coordinated and accomplished. RSM's needs and goals, recorded in the CRP, are the driving force behind the recovery care team (RCT) planning:

- The SL has the day-to-day interaction and responsibility for RSM.
- The RCC provides subject matter expertise and assists the RSM with non-medical care coordination, including development of the CRP.
- The medical care manager provides for and ensures medical care coordination.
- The primary care clinician ensures medical recovery

The RCT coordinates for RSMs' full recoveries, including goals developed through the WAR-P and transition programs, while prioritizing medical appointments and evaluations. WWR staff identify and facilitate a multitude of opportunities for RSMs to provide the best possible return to duty or transition to civilian life.





PART FOUR

Commanders' Information

Commanders are responsible for facilitating the recovery of their WII Marines. Managing the medical recovery and providing support to family members may seem daunting. This section introduces the primary requirements for commanders and helpful checklists for leaders to navigate the recovery process of their Marines. The information provided here is also available on the WWR website, www.woundedwarrior.marines.mil. The WWR website hosts a variety of resources for leaders and Marines and families.

Pay and Entitlements Checklist

Marines who are recovering from a wound, illness, or injury may be eligible for additional benefits. Table 6 outlines the pay or entitlement and basic eligibility requirements for an initial review by the command:

Table 6: Pay and Entitlement Checklist		
Pay or Entitlement	Description and Eligibility	Actions
Traumatic Servicemembers' Group Life Insurance	Traumatic Servicemembers' Group Life Insurance (TSGLI) provides traumatically injured service members with sufficient funds to meet immediate, post-injury	For help completing the TSGLI application, a

Table 6: Pay and Entitlement Checklist		
Pay or Entitlement	Description and Eligibility	Actions
	<p>financial needs.</p> <p>Eligibility: Was the wound or injury caused by a traumatic event? Note: Qualifying injury is not limited to combat.</p> <p>In order to be eligible, a service member must incur a scheduled loss that is the DIRECT result of a traumatic injury “sustained in a traumatic event” and have no disqualifying factors in their case.</p>	<p>Will Marine can contact the WWCC at 1-877-487-6299.</p>
Pay and Allowance Continuation	<p>Pay and Allowance Continuation (PAC) is a special pay, automatically provided to certain RSMs for up to 12 months PAC extends other special pays and allowances a RSM was receiving at the time of hospitalization.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> ✓ When the Marine is hospitalized for treatment from a wound, illness, or injury received in a combat zone, hostile fire area, or from being exposed to a hostile fire event, they may be eligible to continue receiving allowances, such as hardship duty pay, hostile fire / imminent danger pay, deployed per diem (incidental expense portion only), hazardous duty incentive pay as well as other special assignment and parachute, or “jump” pay. PAC program eligibility terminates on the last day of the month during which any of the following occur: ✓ The Marine has received the maximum 12 months of PAC. ✓ The Marine is returned to full-duty status in other than a medical or patient unit. ✓ The Marine is discharged, separated, or retired. <p>Once a Marine reaches the end of the 12 month period, they may request a PAC extension to CMC (MPO).</p>	<p>A request for PAC extension must be validated by the member's medical provider and endorsed by the Marine's chain of command, up to at least the first General Officer or civilian equivalent, and endorsed by WWR.</p> <p>Please refer to MCO 1771.2 or contact the WWR Pay and Entitlements Section at 703-784-3694/3689 for further guidance.</p>

Table 6: Pay and Entitlement Checklist		
Pay or Entitlement	Description and Eligibility	Actions
Social Security Disability Insurance (SSDI)	<p>Social Security Disability Insurance (SSDI): RSMs may be eligible for SSDI while on active duty if they are on a limited duty status and are unable to do substantial work because of a medical condition that has/ is expected to last for at least one year or result in their death.</p> <p>Eligibility: May be available for WII Marines and certain members of their family even while on active duty.</p>	Applications can be submitted online at www.socialsecurity.gov/woundedwarriors , or in person at the nearest Social Security office.
Special Compensation for Assistance with Activities of Daily Living	<p>Special Compensation for Assistance with Activities of Daily Living (SCAADL) is designed to compensate caregivers who must assist a recovering service member. SCAADL provides special monthly compensation to offset the loss of income by a primary caregiver who provides non-medical care, support, and assistance to a catastrophically injured WII Marine.</p> <p>Eligibility: In order to qualify for SCAADL, a RSM must have suffered a catastrophic injury that occurred in the line of duty and meets the following:</p> <ul style="list-style-type: none"> ✓ In the absence of SCAADL, the RSM would remain hospitalized/institutionalized ✓ Is a permanent severely disabling injury, disorder, or illness ✓ Compromises the ability of the afflicted person to carry out activities of everyday living 	Discuss eligibility and application process with RCC.
Awards	Ensure the Marine receives the recognition he/she deserves including promotions, Purple Heart, Combat Action Ribbons and all other unit/personal awards.	
Fitness Reports	Fitness Reports and pros and cons are often overlooked for WII personnel. Ensure there are no date gaps or missing marks.	

Recovery Checklist

In all instances of a Marine falling ill or being wounded or injured, there are essential steps for commanders to understand and take. Marines who experience a protracted recovery may also be placed on limited duty or referred into the DES. Initial actions commanders should consider are listed in Table 7.

Table 7: Recovery Checklist		
Timeline	Task	Resources
Immediate Tasks	<p>Establish close liaison with the military treatment facility (MTF) / hospital to ensure prompt and correct information is provided for inclusion in a PCR.</p> <ul style="list-style-type: none"> ✓ Every seven days – Progress Report ✓ When the Marine’s Casualty status changes, e.g. SI to VSI ✓ When a Marine is transferred to another MTF ✓ When the Marine arrives at the destination MTF ✓ When the Marine is discharged from the MTF to include Convalescent Leave ✓ When the Marine is discharged from the MTF, the PCR must state “THIS IS A FINAL PCR” in the remarks section and include the date/time of discharge. 	
	<p>Identify if the Marine’s family is local to the hospital where he/she is being treated.</p> <p>If the family is not local and the Marine is an inpatient in SI or VSI status, up to 3 designated individuals can be authorized to travel to bedside on an Invitational Travel Order (ITO) issued through the Casualty Branch (1-800-847-1597).</p>	
Mid-to-long term recovery considerations	<p>If a doctor determines it is necessary to have someone assist with the Marine’s activities of daily living in the out-patient setting, an individual, designated by the Marine may be issued Non-Medical Attendant (NMA) orders through the WWR (703-784-3694/3689).</p>	NMA Fact Sheet
	<p>Ensure unit requirements don’t conflict with medical appointments and duties are appropriate based on medical restrictions (duties should not exacerbate the illness or injury).</p>	

Table 7: Recovery Checklist		
Timeline	Task	Resources
	If the Marine completes two or more periods of Limited Duty (LIMDU), he/she should be referred to the Disability Evaluation System (DES) process.	See Tables 8 and 9 of this resource guide
	Review the Integrated Disability Evaluation System (IDES) Fact Sheet; ensure the Marine engages with a DES Attorney and Transition Assistance from the WWR.	IDES Fact Sheet
Transition	Referral to DES does not automatically mean the Marine will be leaving the service. Become familiar with Permanent Limited Duty and Expanded Permanent Limited Duty (PLD / EPLD) options.	PLD/EPLD Fact Sheet
	If the Marine is demobilizing, has reached their EAS, or is medically retiring, ensure: <ul style="list-style-type: none"> ✓ He/she receives their Severance Pay, if applicable, ✓ Final settlement of pay and allowances, ✓ DD-214 	

Duty-limiting Medical Conditions

There are two basic steps to take when a Marine is impacted by a duty-limiting medical condition: the Marine is placed on limited duty by a military medical provider while recovering; if the medical provider determines it is unlikely the Marine will return to unrestricted duty, a referral into the DES would be made.

There are many players in these processes depending on the complexity of the Marine's medical condition. For the purposes of detailing how a Marine's unit can best provide support in a recovery process, the following chart outlines basic responsibilities of the Marine, the unit commander, the limited duty coordinator, and the medical provider.

Limited Duty

When a Marine's performance of duty is impacted by a medical condition, Marines should be medically evaluated by a military medical provider and if appropriate, placed in a LIMDU status. If there is no expectation of a return to full duty status upon completion of LIMDU, then the Marine may be immediately referred to the DES. Table 8 provides a checklist for Commanders to follow to ensure that their Marine is properly evaluated, assigned, and accounted for while on LIMDU.

Table 8: Limited Duty (LIMDU)		
Refer to MCO P1900.16, Chapter 8 of the USMC Separations and Retirement Manual (Revised 26 Nov 2013).		
Formally assign a LIMDU Coordinator	COs must formally assign a LIMDU Coordinator, per the above referenced order, to assist in ensuring these steps are completed.	Unit Commander
Serves as a liaison with Medical	Liaison with local MTF Medical Boards Section.	LIMDU Coordinator
Completion of LIMDU Forms	Form 6100/5 must be completed by a Navy medical provider (this may require travel to a MTF – civilian or VA providers cannot complete this form) and may need to be repeated as periods of limited duty expire.	Military Medical Provider
Tracking periods of LIMDU	<p>Marines must be medically re-evaluated at the 4th month of each period of limited duty. Because of long appointment lead times the unit will need to ensure that this re-evaluation is scheduled as much as 60 days in advance.</p> <ul style="list-style-type: none"> ✓ Ensure that a Marine does not fall off LIMDU, that medical appointments are consistent, and paperwork is processed on time. <p>If a second period of LIMDU is required, obtain a second form 6100/5 and repeat the above process.</p> <ul style="list-style-type: none"> ✓ Third and subsequent periods of LIMDU for enlisted Marines must be approved by CMC, MMSR-4. ✓ All LIMDU for Marine Officers must be approved by the CMC, MMSR-4. 	LIMDU Coordinator
Discuss treatment and ability to perform duties with medical provider	Commanders should be prepared to ask medical providers hard questions when the Marine's care does not seem to be progressing. Commanders are authorized medical information typically protected by HIPAA (MARADMIN 308/11).	Unit Commander
Report LIMDU status to Marine Corps Total Force System (MCTFS).	The completed form 6100/5 should be provided to the Unit LIMDU Coordinator and a copy provided to the servicing IPAC who will report limited duty status in the MCTFS.	Military Medical Provider / LIMDU Coordinator

Disability Evaluation System

Service in the Marine Corps is a physically demanding and stressful occupation that often requires individuals to perform a variety of rigorous and potentially dangerous activities in many different and inhospitable operating environments.

Whether serving in combat operations or in training evolutions, individual Marines can incur a wound, injury, or illness that may have a long-term impact on their lives and ability to continue their career as a Marine. With the aid of exceptional medical care and adequate time to heal, most Marines recover and return to full and unrestricted duty.

Unfortunately some Marines do not. In this case, it is appropriate for them to be referred to the DES. Table 9 provides a checklist for the DES process.

Table 9: DES Checklist		
It is important that Commanders are active participants in the DES process. This is a checklist for Commanders that provides guidance on referrals and accountability of Marines during the DES process. Refer to the updated MCO P1900.16 – USMC Separations and Retirement.		
Referral to the DES	A Marine should be referred to the DES by a medical provider, when his/her medical impairments impact the ability to perform military duties appropriate to their office, grade, rank, or rating.	Military Medical Provider
Complete LIMDU forms for Marines in the DES	<ul style="list-style-type: none"> ✓ A second period of LIMDU may be required if treatment is progressing and there is an expectation that the impairment will improve. Typically, a Marine should be referred to the DES during the second period of limited duty. ✓ KEEP IN MIND – Just because a Marine is referred to the DES does not mean that care stops. The Marine will still have access to healthcare and will continue their treatment recommended by the medical authority. 	Military Medical Provider
Ensure timely referral to the DES by staying in regular contact with the Primary Care Manager (PCM)	If after the first period of limited duty the medical provider (often a specialist) determines that the medical impairment will not improve, then referral to the DES should occur.	Unit Commander
Non-medical Assessment	When requested, provide the Physical Evaluation Board Liaison Officer (PEBLO) a non-medical assessment (NMA) of the Marine's ability to	Unit Commander

Table 9: DES Checklist		
<p>It is important that Commanders are active participants in the DES process. This is a checklist for Commanders that provides guidance on referrals and accountability of Marines during the DES process. Refer to the updated MCO P1900.16 – USMC Separations and Retirement.</p>		
	<p>perform their current job within five calendar days of the requested date. Failure to submit a timely NMA delays progress of the DES application. Commanders may discuss the contents of the NMA with the Marine before submission. Sample NMAs can be found on the WWR website in the DES</p> <p>Toolkit at: www.woundedwarrior.marines.mil.</p>	
<p>Conduct Line of Duty Investigation if required</p>	<p>If a line of duty (LOD) determination is required, provide the PEBLO a complete line of duty investigation and determination within five days of the request date.</p>	<p>Unit Commander</p>

All of the information in these checklists may be located on the WWR website, www.woundedwarrior.marines.mil, and staff members are available to assist commanders and leaders in navigating the processes of caring for a wounded, ill or injured service member. Contact us at the Sgt. Merlin German Wounded Warrior Call Center at 1.877.487.6299.





PART FIVE

Leaders' Resources

Websites

Table 10 provides helpful websites that provide resources from the WWR, Marine Corps, and DOD community.

Category	Topic
USMC Wounded Warrior Regiment	<p>A first stop for all leaders, the WWR website is a repository of information and includes additional resources for leaders, Marines, and their families.</p> <p>www.woundedwarrior.marines.mil</p>
U.S. Department of Veterans Affairs	<p>The VA offers a wide range of exceptionally useful benefits to wounded warriors. The VA provides online services for service members, veterans, and wounded warriors to access and manage their benefits and personal information. The VA is the source of information for VA health care, disability and education benefits as well as veterans records.</p> <p>www.VA.gov</p>

Table 10: Helpful Websites	
Category	Topic
U.S. Department of Defense	<p>Proactively supporting wounded, ill, and/or injured Service members in their recovery and reintegration or transition to civilian life.</p> <p>http://warriorcare.dodlive.mil</p> <p>More about RCP: http://warriorcare.dodlive.mil/carecoordination/recovery-coordination/</p> <p>More about DES: http://warriorcare.dodlive.mil/disability-evaluation/</p>
eBenefits	<p>Many benefits are available to improve the lives of Veterans, Service members, and their families. Use these resource links to learn more about your eligibility for various benefits.</p> <p>www.ebenefits.va.gov</p>
National Resource Directory	<p>The National Resource Directory (NRD) is a resource website that connects wounded warriors, Service Members, Veterans, their families, and caregivers to programs and services that support them.</p> <p>It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. Visitors can find information on a variety of topics that supply an abundance of vetted resources.</p> <p>https://nrd.gov/</p>
Caregiver Resource Directory	<p>The Caregiver Resource Directory is designed to help empower military caregivers with information about national-level resources and programs specifically for them. Topics include: helplines, advocacy and benefit information, career transitions and employment, military caregiver support, children's needs, education and training, financial support, rest and relaxation, and others.</p> <p>http://warriorcare.dodlive.mil/caregiver-resources/</p>
Military OneSource	<p>Military OneSource offers a wide range of individualized consultations, coaching and counseling for many aspects of Military Life.</p> <p>http://www.militaryonesource.mil/</p>

Helplines

Sergeant Merlin German Wounded Warrior Call Center

The Sergeant Merlin German Wounded Warrior Call Center (WWCC) is available 24/7 to make and receive calls and render assistance to recovering service members, Marine veterans, and their families.

1-877-487-6299

Suicide Prevention Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

1-800-273-8255

Military One Source

Military OneSource — Your 24/7 connection to information, answers and support. Your one source for your best mil-life.

800-342-9647

DoD Sexual Assault Hotline

Sexual Assault Support for the Department of Defense Community

877-995-5247

Veteran Crisis Line

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring U.S. Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text.

1-800-273-8255 Press 1

VA Caregiver Support Line

Assistance is just a quick phone call away – while you're supporting a Veteran, we're here to support you.

1-855-260-3274



Appendix A

Common Terms and Definitions

Acronym	Term	Definition
AD	Active Duty	Full-time duty in the active military service of the United States, including active duty or full-time training duty in the Reserve Component.
ADA	Americans with Disability Act	The ADA prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services
CCR	Call Center Representative	Member of the call center staff who places outreach calls, receives calls for assistance, conducts an initial needs assessment and provides resources and referrals as appropriate.
CMC	Commandant of the Marine Corps	The Commandant of the Marine Corps is normally the highest-ranking officer in the United States Marine Corps and is a member of the Joint Chiefs of Staff.
CNA	Comprehensive Needs Assessment	Comprehensive needs assessment (CNA) is used by the Recovery Care Coordinator and recovering service member/family to identify areas of need.
CO	Commanding Officer	The commanding officer of a company, battalion, or squadron.
CRD	Combat Related Disability	<p>There are several types of Combat Related Disabilities, including:</p> <ul style="list-style-type: none"> Purple Heart Disability, which is a disability with an assigned medical diagnosis code from the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD) that was attributed to injuries for which the member was awarded a Purple Heart. <p>A disability with an assigned medical diagnosis code from the Veterans</p>

Acronym	Term	Definition
		<p>Affairs Schedule for Rating Disabilities that was incurred:</p> <ul style="list-style-type: none"> • As a direct result of armed conflict. • As a result of hazardous service. • In the performance of duty under conditions simulating war. • Through an instrumentality of war. • A disability with an assigned medical diagnosis code from the <p>Veterans Affairs Schedule for Rating Disabilities that was deemed presumptive by the VA, i.e., "presumed" to be incurred as a result of combat operations. The circumstances or situations that form the basis of a presumptive award are:</p> <ul style="list-style-type: none"> • Service in the Republic of Vietnam (i.e., exposure to Agent Orange). • Exposure to an officially recognized nuclear event. • Exposure to mustard gas. • Held as a Prisoner of War (POW). • Service in the Persian Gulf War.
CRP	Comprehensive Recovery Plan	The CRP is a forward-looking document that captures the needs of the recovering service members (RSMs) and family members; translates those into concrete goals; then provides specific, actionable steps to meet those goals.
DES	Disability Evaluation System	After a serious injury or illness, a service member's fitness for duty may need to be assessed to determine if they are capable of continuing to perform military duties. The process of evaluating a service member's fitness for duty is conducted through the Disability Evaluation System (DES).
DISC	District Injured Support Coordinator	DISCs are mobilized reserve Marines who are geographically dispersed throughout the United States to provide assistance to Marines recovering away from military bases, transitioning from active duty or reserve to veteran status, or medically retired to the Temporary Disability Retired List.
DoD	Department of Defense	The Department of Defense refers to all four branches of the military.
FIRP	Federal Individual Recovery Plan	For recovering service members who are assigned a Federal Recovery Coordinator, the Federal Individual Recovery Plan is a documented plan of care for the total recovery of the service member and family through the phases of recovery, rehabilitation, and reintegration.
FRC	Federal Recovery Coordinator	A Veterans Affairs employee who supports the Recovery Care Coordinator's efforts while a seriously injured Marine is still on active duty. Once the Marine transitions out of the service, the FRC becomes the primary support. They help navigate barriers to the services and resources from federal agencies, state and local governments and nonprofit and private sector partners.
FSR	Field Support Representative	FSRs are contractors who are geographically dispersed throughout the United States to provide assistance to Marines recovering away from military bases, transitioning from active duty or reserve to veteran status, or medically retired to the Temporary Disability Retired List.
IDES	Integrated Disability Evaluation System	The DoD and VA developed the IDES to simultaneously evaluate a wounded, ill or injured service member for continued fitness for duty and VA disability benefits. If the service member is found medically unfit for duty, the IDES gives them a proposed VA disability rating before they leave the service.
ITA	Invitational Travel Authorization	Travel may be authorized and funded for a non-government employee, such as a family member, in certain circumstances. Family members or

Acronym	Term	Definition
		caregiver of Marines who are receiving inpatient care may be eligible for travel in order to be bedside with the Marine.
ITO	Invitational Travel Orders	Invitational Travel Orders are issued when the attending physician(s) determine that having a family member present is essential to the recovery of the patient. Families themselves determine who among eligible family members will travel on orders. Eligible family members include: the service member's spouse; child (including stepchildren, adopted children, and illegitimate children); parent or person in loco parentis to the member; or siblings.
JTR	Joint Travel Regulations	Chapter 3 deals with military and dependent travel, and some invitational travel.
LIMDU	Limited Duty	The assignment of an active duty member to a duty status for a specified time, with certain medical limitations or restrictions concerning the duties the member may perform.
LNO	Liaison Officer	A service member employed to establish a working relationship between two entities to their mutual benefit.
LOD	Line of Duty	An injury or disease incurred or aggravated during a period of active military service, except that which is deemed the result of a service member's willful misconduct.
MARFORRES	Marine Forces Reserve	United States Marine Corps Reserve (USMCR) and the U.S. Marine Corps Forces Reserve is the reserve force of the United States Marine Corps.
MCM	Medical Case Manager	Medical Case Managers are responsible for ensuring service members receive coordinated access to primary and specialty medical care as needed.
MDT	Multidisciplinary Team	In the Recovery Coordination Program, consists of a Medical Case Manager (MCM), Non-Medical Care Manager (NMCM), and a Recovery Coordinator (Recovery Care Coordinator or Federal Recovery Coordinator).
MHS	Military Health System	Provides direction, resources, health care providers, and other means necessary to foster, protect, sustain, and restore health to service members and other beneficiaries.
MTF	Military Treatment Facility	A hospital, clinic, or other facility, operated by a military service, that provides medical, surgical, rehabilitative or dental care.
NMA	Non-Medical Assessment	The NMA is produced by a service member's command and is vital to the timely, fair, and transparent determination of whether a Marine or Sailor is Fit (or Unfit) for continued military service.
NMA	Non-Medical Attendant	Issued when a Marine is outpatient and the physician recommends that it is necessary for the Marine to have someone help him/her with activities of daily living (ADL).
NMCM	Non-Medical Care Managers	Responsible for ensuring the recovering service members and families receive all non-medical support they need. Nonmedical support may include: assistance with resolving issues pertaining to financial, administrative, personal, transitional, and other matters.
NSI	Not Seriously Injured	Casualty status of a person whose injury or illness may or may not require hospitalization but not classified by a medical authority as Very Seriously Injured (VSI), Seriously Injured (SI), or Incapacitating Illness or Injury (III); the person is able to communicate with the next of kin (NOK).
PAC	Pay and Allowance Continuation	The PAC Program is special pay for RSMs during a portion of their rehabilitation time from wounds, injuries, and illnesses that have incurred in a combat operation or combat zone.
PCM	Primary Care Manager	A physician who provides and/or coordinates medical care, maintains health records, and refers Marines to specialists, if necessary. To be covered, specialty care must be arranged and approved by a PCM and

Acronym	Term	Definition
		is generally provided in a military treatment facility, but Department of Veterans Affairs and civilian facilities may be used.
PCR	Personnel Casualty Report	Casualty reporting is accomplished using the PCR, which is submitted to Casualty Assistance Branch as soon as practicable after learning of a casualty.
PCS	Permanent Change of Station	This is the official relocation of an active duty military service member – along with any family members living with him or her – to a different duty location, such as a military base.
PEB	Physical Evaluation Board	Fact-finding board that evaluates all cases of physical disability on behalf of service members. The PEB investigates the nature, cause, degree of severity, and probable permanency of the disability concerning the service member referred to the board. The board evaluates the physical condition of the Service Member against the physical requirements of his/her particular office, grade, rank or rating and makes findings and recommendations required by law to establish the eligibility of a service member to be retained on active duty due to fitness, or separated or retired from the service because of a physical disability.
PEBLO	Physical Evaluation Board Liaison Officer	The PEBLO is the main point of contact between the service member, the family, the chain of command, the VA, and the PEB throughout the Disability Evaluation Process.
PTSD	Post-Traumatic Stress Disorder	An emotional reaction a person may experience following a traumatic event. The threat of injury or death can provoke an individual to suffer; even those in the general population who have not served in combat can develop this stress disorder. Symptoms usually start soon after the traumatic event, but may not happen until months or years later. Symptoms may also come and go over many years. During the initial readjustment period (3-6 months) after deployment, it is normal to experience Combat Operational Stress with similar symptoms. However, if after the initial readjustment period or at any time the symptoms are affecting day-to-day activities (i.e. interfering with work or home life); an individual should be evaluated for a diagnosis.
RCC	Recovery Care Coordinator	Non-medical resource subject matter expert for recovering service members and families to assist them: define their individual goals for recovery, rehabilitation, and reintegration, identify and understand the services and resources needed to achieve the Marine's defined goals, and develop and successfully execute their Comprehensive Recovery Plan (CRP), an individual roadmap to reach the Marine's set recovery and transition goals.
RCP	Recovery Coordination Program	The Recovery Coordination Program (RCP) provides the support of Recovery Care Coordinators (RCCs) to wounded, ill and injured service members to ensure they receive the non-medical support they need to successfully recover and transition to their next steps.
RED	Record of Emergency Data	Official military record that provides next of kin information and family member/caretaker contact information; it is updated on a regular basis and prior to each deployment.
RMED	Reserve Medical Entitlements Determination	The RMED Section is responsible for supporting all wounded, ill or injured (WII) Marine reservists and their unique needs. RMED administers Medical Hold and Line of Duty benefits for all reserve Marines requiring recovery support.
RMT	Religious Ministry Team	A team comprised of at least one chaplain and one enlisted religious affairs person that provides religious support to military members.
RSM	Recovering service member	A member of the Armed Forces, including the National Guard, who is undergoing treatment, recuperation, or therapy and is in an outpatient status while recovering from a serious illness or injury related to the

Acronym	Term	Definition
		member's military service.
SBP	Survivor Benefit Plan	Provides eligible beneficiaries with a form of benefit called an "annuity." An annuity is a monthly payment for the lifetime of the beneficiary. The amount of the benefit is a percentage of your retirement benefit based on your election.
SCAADL	Special Compensation for Assistance with Activities of Daily Living	This is special monthly compensation for eligible catastrophically injured or ill service members who require assistance with activities of daily living or who are at a high risk for personal safety and cannot live independently in the community without caregiver support. SCAADL provides financial assistance for the non-medical care, support and assistance by a primary caregiver for the service member.
SGLI	Servicemembers' Group Life Insurance	SGLI is available to service members on active duty and ready reservists. SGLI is automatic, therefore service members do not need to apply for it. Service members who previously declined or reduced SGLI coverage can request to modify their choice to a maximum coverage of \$400,000.
SI	Seriously ill, injured or wounded	Casualty status of a person whose illness or injury is classified by medical authorities to be of such severity that there is cause for immediate concern, but there is no imminent danger to life. Recovering Service Members that are seriously ill or injured are not expected to return to duty in less than 180 days.
SL	Section Leader	Staff Non-Commissioned Officers who provide front line leadership to Marines assigned to a Wounded Warrior Regiment element. They provide daily accountability and tracking of a recovering service member's progress in reaching his/her recovery goals.
SSDI	Social Security Disability Income	Social Security disability insurance (SSDI) is available to individuals who can no longer work due to a disability (physical or mental).
TAD	Temporary Additional Duty	A short-term assignment, usually less than 180 days, to a duty location other than the service member's permanent duty station.
TSGLI	Traumatic Servicemembers' Group Life Insurance	Provides traumatic injury coverage for members of the uniformed services who are covered under Servicemembers' Group Life Insurance (SGLI). TSGLI pays a predetermined monetary benefit for losses that are incurred by the member as a result of a traumatic injury, such as a loss of a leg or an arm. The benefit is paid to the member or the members' SGLI beneficiary if the member is deceased. TSGLI coverage was added to SGLI policies effective December 1, 2005.
VA	Veterans Affairs	Department of the federal government that coordinates the distribution of benefits for veterans of the American armed forces and their dependents.
VGLI	Veterans' Group Life Insurance	Members may transition from SGLI to VGLI when they leave the Service, regardless of medical condition. Max \$400K.
VSI	Very Seriously ill, injured or wounded	Casualty status of a person whose injury/illness is classified by medical authorities to be of such severity that life is imminently endangered.
VSO	Veterans Service Organizations	(Congressionally Chartered) agencies and organizations designed to offer veterans a variety of services, including VA disability benefits claims assistance, education and job training, job fairs, resume writing services, financial grants, opportunities to participate in community service projects, and more.
WAR-P	Warrior Athlete Reconditioning Program	The WAR-P provides adaptive reconditioning opportunities for RSMs through two interrelated tracks. RSMs are offered weekly programs and classes to assist in developing nutritional, stress management, and training programs that suit their individual goals. Wounded Warrior Regiment, through WAR-P, also sponsors multiple training camps,

Acronym	Term	Definition
		clinics, and competition to advance RSMs' new skills and maintain their competitive spirit.
WII	Wounded, Ill, and Injured	A term used to describe the population of service members supported through the Recovery Coordination Program.
WWBn	Wounded Warrior Battalion	A subordinate unit to the Wounded Warrior Regiment that exists as the military structure to which Marines with complex recovery needs may be attached, at either battalion location in Camp Lejeune and Camp Pendleton, or one of the 13 detachments.
WWCC	Wounded Warrior Call Center	The WWCC extends support to WII Marines through advocacy; resource identification; referral; information distribution; and care coordination over the phone, chat, text, and social media. Battalion contact centers support WII active duty Marines who remain with their units while recovering.
WWR	Wounded Warrior Regiment	The Wounded Warrior Regiment (WWR) provides leadership and ensures compliance with laws and DoD instructions related to the support, recovery, and non-medical care of combat and non-combat wounded, ill, and injured (WII) Marines, Sailors attached to Marine units, and their family members in order to maximize their recovery as they return to duty or transition to civilian life.
Relevant Terms		
	Acuity	The level of severity or urgency of a medical condition; as related to the need for certain care or treatment, the measurement of the intensity of care required for a patient; the level of severity of an illness.
	Caregiver	Is broadly defined and refers to any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, a service member with a chronic or disabling condition. These individuals may be primary or secondary caregivers and live with, or separately from, the person receiving care.
	Clinical Case Management	A collaborative process under the population health continuum which assesses, advocates, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's and family's health needs through communication and available resources to promote quality, cost-effective outcomes.
	Demobilization	The process necessary to release from active duty, or federal service, units and Reserve Component members who were ordered to active duty or called to federal service.
	Injured	Generally a medical condition with a cause external to the patient, not caused by hostile action.
	Recovery	The recovery phase starts at the point of the wound, illness, or injury. There are two stages occurring simultaneously in the recovery phase: evacuation and notification, and treatment. The two stages begin at the same time. The evacuation stage ends when the recovering service member arrives in the continental United States (CONUS) and the family member(s) /caretaker is at the bedside. The treatment stage ends when the RSM returns to duty or moves from acute inpatient care to the outpatient care setting to continue the rehabilitation phase.
	Rehabilitation	The Rehabilitation phase often begins while a service member is still inpatient or in the midst of recovery (depending on the severity of the wound, illness or injury) and may continue at the hospital in an outpatient status and through the tapering of treatments, such as physical therapy. This phase can vary in length depending on your specific needs and may involve the referral to and results of the Disability Evaluation System.

Acronym	Term	Definition
	Reintegration	Phase when the Recovering Service Member returns to duty or is medically retired. Planning is needed to support the change of health status and possible changes in employment and living location.
	Wounded	Injury caused by hostile action. 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 exposure to ionizing radiation or any other destructive weapon or agent.
	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.

This Page is Intentionally Left Blank

Cpl. Kyle Carpenter. Medal of Honor Recipient.



Wounded Warrior Regiment

1998 Hill Avenue
Quantico VA, 22134
www.woundedwarrior.marines.mil

Sergeant German Merlin
Wounded Warrior Call Center
1-877-487-6299

