



UNITED STATES MARINE CORPS

IN REPLY
REFER TO:
6202
ADJ

(Date)

From: Commanding Officer, _____
To: Commanding Officer, Wounded Warrior Battalion- East West

Subj: RECOMMENDATION FOR ASSIGNMENT TO WOUNDED WARRIOR BATTALION
ICO _____
(RANK FIRST NAME MIDDLE INITIAL LAST NAME EDIPI/MOS)

Ref: (a) MCO 6320.2F
(b) WWRO 6300.1

Encl: (1) Medical questionnaire
(2) Service member fact sheet

1. Per the reference, the following assessment is submitted to assist the Commanding Officer of Wounded Warrior Battalion in the determination of support to the subject named service member.

a. What is the service members current billet? _____

b. Is the service member pending disciplinary action (military or civilian) or involuntary administrative separation for misconduct?
Yes No _____

c. Does the service member have a history of disciplinary issues or misconduct? Yes No _____

d. Is the service member currently assigned to the Body Composition Program? Yes No

e. Does the service member have an open case with the Family Advocacy Program? Yes No

f. Has a line of duty investigation been completed (or currently pending) surrounding the circumstances of the injury/incident? If yes attach a copy of the investigation findings.
Yes No Not Required

g. Has a Personnel Casualty report been submitted? Yes No

What is the date the report was submitted? _____

h. Will the service member require billeting? Yes No

i. Does the service member have any current Exceptions To Policy?
Yes No _____

2. What type of support is the command requesting from Wounded Warrior Battalion? How does this service member impact the unit? _____

Print Rank Name (Battalion Commander or above)

Email Address (Battalion Commander or above)

Phone Number (Battalion Commander or above)

Signature (Battalion Commander or above)

*If signed by a Company Commander, attach Battalion Commanders Endorsement.

Wounded Warrior Battalion Service Members Fact Sheet

SERVICE MEMBERS INFORMATION

Rank: _____ Marital Status: Single Married
Separated Divorced
EDIPI: _____
L Name: _____ Dependents? How many and ages: _____
F Name: _____
M. I. : _____
Verified Personal phone number: _____

1. For OCONUS, does the service member have an escort? If so, provide Rank, Name and known good contact phone number of escort. Yes No

Escort Information: _____
(Rank) (First name) (M.I) (Last name)

Known Good Contact Number: _____

SERVICE MEMBERS PARENT COMMAND CONTACT INFORMATION

POC: _____
(Rank) (First name) (M.I) (Last name)

Known Good Contact Number: _____

Email: _____

SERVICE MEMBERS ADMINISTRATIVE POINT OF CONTACT

POC: _____
(Rank) (First name) (M.I) (Last name)

Known Good Contact Number: _____

Email: _____

PERSONAL INFORMATION

1. Does the individual possess any firearms? Yes No
If yes, where are they located? _____

2. Is the service members driver's license valid? Yes No
Are there any restrictions or suspensions? If so, please explain.

Wounded Warrior Battalion Service Members Fact Sheet

3. If coming from OCONUS, do they own a privately owned vehicle (POV) in the United States, if so, please provide details on where it is located. _____

4. If coming from OCONUS, do they have access to their personal effects? If no, please explain. Yes No? _____

MILITARY SERVICE DETAILS

1. Is the Unit currently deployed or will they be deploying soon?
Yes No If so, please explain. Please provide anticipated departure date and RBE POC. _____

2. Does the service member have any upcoming leave planned? Yes No
If so, please explain. _____

3. Was the service member issued any IIF Gear? Yes No

4. Has it been inventoried and is ready to turn in? Yes No

5. Is the service member or the command able to turn in the IIF gear prior to receiving orders to WWBN? If not, please explain. Yes No

6. Are there any outstanding issues related to the service members Government Travel Charge Card? Yes No If so, please explain _____

MEDICAL AND MENTAL HEALTH

1. How many appointments does the service member currently attend as part of their weekly schedule?

Wounded Warrior Battalion Service Members Fact Sheet

2. Is the service member currently able to attend all of their medical appointments without any impediments? Yes No If not, please explain.

Potential outcomes of a referral request are as follows.

1. Transfer by Service Record as defined in MCO 1000.6 much like a humanitarian transfer. In this instance, your Marine will be permanently transferred to a WWR unit for recovery, rehabilitation, and reintegration to service or veteran status. They receive full complement of support and resources available from the WWR.
2. Approved for Temporary Additional Duty (TAD) to a WWR unit. The Marine will be attached to the WWR unit for a period of normally 90 days. They will remain on your rolls but be listed as TAD. They will receive full complement of support and resources from the WWR. This allows time for parent commands to complete any administrative requirements or investigations. Near the end of the TAD period, a determination will be made by the WWBn operations section of additional TAD, Transfer by Service Record or return to the command.
3. Externally supported. The Marine remains at their parent command but are assigned a Recovery Care Coordinator (RCC) to support their needs and goals during recovery and reintegration. They will receive some support from the WWR, but resources will be limited.
4. No support from the WWR, the Marine is receiving sufficient support by their command and the needs are not complex in nature to warrant assignment or TAD to the WWR. These will be assigned to the Wounded Warrior Regiment Call Center for periodic check-up and support requirements as they develop.