

**BY ORDER OF THE SECRETARY  
OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 34-1101**

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*Services*

**AIR FORCE WARRIOR  
AND SURVIVOR CARE**

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This instruction implements Air Force Policy Directive (AFPD) 34-11, *Service to Survivors*, and Department of Defense (DoD) Instruction (DoDI)1300.24, *Recovery Coordination Program (RCP)*. It describes policy and procedures for the Air Force Warrior and Survivor Care program. It formalizes procedures for commanders and functional managers to provide non-clinical care and assistance to wounded, seriously ill and injured personnel and their families. It governs the Air Force Survivor Assistance Program (AFSAP) to include training requirements for Family Liaison Officers (FLOs) and notional milestones for ensuring that information flow and family assistance is rendered in a timely and appropriate manner. It prescribes the operational framework for the Air Force Wounded Warrior (AFW2) Program. It establishes the Air Force Recovery Coordination Program and provides operational guidance for Recovery Care Coordinators (RCC). This instruction applies to commanders, managers, supervisors and functional staffs at all levels. It also applies to Air National Guard (ANG) and Air Force Reserve Command (AFRC) forces to the extent they are capable of providing required services; active duty commanders will provide support to ANG and ARC commanders as necessary to fully comply with all requirements.

Refer recommended changes and conflicts between this and other publications to AF/A1S, 1040 Air Force Pentagon, Washington DC 20330 on Air Force Form 847, *Recommendation for Change of Publication*.

This publication may be supplemented at any level, but all direct supplements must be routed to the Office of Primary Responsibility (OPR) of this publication for coordination prior to certification and approval.

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This instruction requires collecting and maintaining information protected by the Privacy Act of 1974, System of Records Notice DPR 40 DoD, *Wounded Warrior Care and Recovery Transition Coordination Program System Solution*.

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

This instruction has been changed from *Service to Survivors of Persons Involved in Aviation Mishaps* to *Air Force Warrior and Survivor Care* to more accurately depict the broad level of services provided to wounded, ill and injured Airmen and their families.

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## Chapter 1

### AIR FORCE WARRIOR AND SURVIVOR CARE OVERVIEW

**1.1. Introduction.** Air Force Warrior and Survivor Care encompasses all non-clinical support to seriously wounded, ill and injured Airmen and their families. Air Force Warrior and Survivor Care (AF/A1SZ) provides policy and oversight for the AFW2 Program, the Recovery Coordination Program (RCP), the Casualty Services Program and the AFSAP.

**1.2. Philosophy.** The Air Force has numerous resources to draw upon to assist Airmen who are seriously wounded, ill or injured. The Air Force team includes active duty, reserve, guard, and civilian federal employees. Airmen and their families, civilians and private citizens should be rendered the maximum level of assistance permitted by law.

#### 1.3. Procedural Guidance

1.3.1. This instruction is the source document for Air Force guidance regarding support to wounded, ill and injured Airmen and their families. It focuses on information flow to families and the integration and harmonization of benefits and assistance.

1.3.2. This instruction is *not* intended to replace guidance regarding individual entitlements, benefits and services contained in function-specific directives. Commanders and other users of this instruction are expected to use this instruction, other source documents and contact with functional experts to gain a working understanding of the range of services available to them to help those in need.

1.3.3. Air Force organizations and functional managers responsible for processes which are integral to the objectives of Air Force Warrior and Survivor Care program will coordinate with AF/A1SZ to ensure this instruction provides current detailed guidance and maintain policy in related directives which complement this instruction. These processes include wounded, ill and injured care, casualty reporting, mortuary affairs, long term survivor care, integrated disability evaluation system, and transition support. AF/A1SZ will ensure this instruction is kept current through regular consultation with the interacting functions.

**1.4. Use of this Instruction:** This instruction provides an overview of services and support that should be offered to seriously wounded, ill and injured Airmen and their families.

1.4.1. Use of the procedures and assistance strategy described in this instruction does not constitute an admission of legal liability for any fatalities or property losses that may have been experienced in conjunction with Air Force operations.

1.4.2. Use of the procedures and support processes described in this instruction is solely intended to assure timely, appropriate, and compassionate humanitarian assistance within the limits of Federal law.

**1.5. Persons Eligible to Receive Information and Assistance Under This Instruction.** This instruction is designed to help commanders anticipate and plan to assist a broad range of individuals who could require support, or specific benefits and entitlements, and assistance to wounded, ill and injured personnel, their families and caregivers. The specific directive appropriate to the entitlement in question *must* be directly consulted whenever definitive guidance is required. Information on wounded, ill and injured Airmen should only be shared outside of the recovery care team members if approval is received from the member. In the case

where a member is incapacitated and cannot give consent to release of information, consult the local Staff Judge Advocate (SJA) regarding release of such information.

1.5.1. Next-of-Kin (NOK): “NOK” is the term used to describe the sole person who has a specific, legally defined relationship with another person who has become wounded, ill or injured.

1.5.2. Family Members: A working definition of persons who should be considered “family members” is essential to the effectiveness of the processes described in this instruction. This is a complex issue, particularly in that the Air Force must distinguish between those who have unequivocal rights to certain entitlements and the far wider range of individuals with legitimate interest in the circumstances surrounding the care and support of a wounded, ill or injured Airman. This instruction embodies a broader definition of the concept of family than is found in other Air Force publications because it is designed to serve the needs of the entire spectrum of persons who are part of the close circle that will assist in the care and recovery of the Airman. Therefore, for the purpose of this instruction, “*family*” is defined as NOK and the individuals identified by the Airman as part of their close circle of family and friends.

1.5.3. Other Individuals: Given the wide range of personal relationships, a commander may recognize a greater number of individuals in providing desired information, support or services. Examples of such individuals may include fiancées, step parents, foster parents, former spouses, etc. Commanders should approach each situation of this type sensitively, but only in close consultation with their SJA and ensure that in such cases, first priority is given to NOK and family members.

## Chapter 2

### KEY PERSONNEL IN THE DELIVERY OF SERVICES

**2.1. Air Force Warrior and Survivor Care.** Air Force Warrior and Survivor Care refers to the program headquartered at AF/A1SZ. This program encompasses all support provided to seriously wounded, ill and injured Airmen and their families. AF/A1SZ provides policy and oversight for the AFW2 Program, the RCP, the Casualty Services Program, and the AFSAP.

**2.2. The Chain of Command of the Wounded, Ill, or Injured.** Military operations carry inherent risks. Commanders have an ongoing obligation to ensure the members under their command are aware of those risks and manage them responsibly. In turn, members may desire to keep their families aware of the nature of their duties and the hazards they entail. Support to wounded, ill or 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. Wing/installation commanders attempting to fulfill such obligations will be supported by their parent Major Command (MAJCOM). Should Air Force-level assistance be required (for logistics, funding, etc), Air Force Warrior and Survivor Care will work with the entire chain of command to help execute the provisions of this instruction as fully as possible. Specific responsibilities are as follows:

2.2.1. MAJCOM Commanders. MAJCOM Commanders must ensure timely, effective care and support for the wounded, ill and injured within their MAJCOM.

2.2.2. The MAJCOM Survivor Assistance Program (SAP) Manager. The MAJCOM SAP Manager is responsible for developing and promoting SAP awareness training, assisting bases with FLO training, and reporting FLO information in a timely manner. The MAJCOM SAP Manager also:

2.2.2.1. Ensures bases report FLO assignment containing rank, name, unit, DSN, commercial and cell phone numbers and e-mail address to Air Force Warrior and Survivor Care via the organizational e-mail address at [USAFHELP@pentagon.af.mil](mailto:USAFHELP@pentagon.af.mil).

2.2.2.2. Ensures FLOs for wounded, ill and injured Airmen maintain logs that are sent at least weekly to Air Force Warrior and Survivor Care. The FLO Log is a Microsoft Word document that includes a date/time entry and a description of the FLO activity for that period.

2.2.3. Wing/Installation Commanders. Wing/Installation Commanders must ensure base-wide programs in the military treatment facilities/clinics, personnel services, chaplain services, Airmen and Family Readiness Centers, and other base organizations, are unified in their support and priority of care for the wounded, ill and injured. Commanders should ensure these programs work closely with the Recovery Care Coordinators and Air Force Wounded Warrior Care Managers. In addition, Wing/Installation Commanders also:

2.2.3.1. Ensure all functional managers provide support as prescribed in this and referenced instructions.

2.2.3.2. Appoint FLOs for all affected families within 24 hours of notification of the serious wound, illness or injury. For ANG, assign a FLO from the installations Active Guard Reserves (AGRs) or Full-Time Technicians within member's own squadron, or within the appropriate group.

2.2.3.3. Ensure FLO training is provided in accordance with this instruction as outlined in [Chapter 5](#).

2.2.3.4. Ensure FLO appointments do not adversely affect mission capability or unit readiness. Where small units are involved, request augmentation from similar units at other bases as necessary (augmentees may be for operational purposes or assigned to FLO duty as the situation dictates).

2.2.4. Unit Commanders. Unit commanders represent the first line of communication for families to ensure their needs are addressed as completely as law, directives, and custom allow. Unit commanders:

2.2.4.1. Recommend FLO appointment to the installation commander, briefs the FLO on their responsibilities and introduces the FLO to the family.

2.2.4.2. Keep the installation commander apprised of any issues or problems that arise or are referred by the FLO for assistance or resolution.

**2.3. The AFW2 Program.** The AFW2 Program is located at the Air Force Personnel Center (AFPC). AFW2 Non-Medical Care Managers provide a wide range of flexible proactive personnel advocacy and services to support wounded Airmen. These Airmen receive comprehensive information and guidance on all benefits and entitlements and assistance in remaining on active duty or transitioning back into the civilian sector. AFW2 Program provides concentrated services to Airmen who sustained a combat or hostile-related wound, injury or illness requiring long-term care that may require a Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB) to determine fitness for duty.

**2.4. The RCC.** The RCC is the key individual in the RCP managed by Air Force Warrior and Survivor Care. Air Force Warrior and Survivor Care assigns an RCC to all seriously injured or very seriously injured wounded, ill and injured Airmen. The RCC serves as the focal point for wounded, ill and injured service members, veterans and families to oversee the development and delivery of services/resources through the Comprehensive Recovery Plan in conjunction with the Multi-Disciplinary Teams ensuring quality care and accountability. More information about RCCs will be discussed in [Chapter 4](#).

**2.5. The FLO.** The FLO is an individual appointed to assist seriously wounded, ill and injured Airmen and their families. FLOs are responsible for logistical support to the member and his or her family, such as meeting family members at the airport and arranging lodging and transportation. FLOs also serve as a "facilitator" by assisting the Airman and his or her family navigate the various agencies involved in recovery, rehabilitation and reintegration.

**2.6. The Airmen and Family Readiness Center (A&FRC).** Air Force Instruction (AFI) 36-3009, *Airmen and Family Readiness Center Program*, outlines the A&FRC Program's mission and responsibilities. A&FRCs are a key resource in providing a wide range of support to families and wounded, ill, and injured members. A&FRC staffs represent consistent sources of corporate knowledge about their base and local communities which assist FLO whenever

needed. ANG Airman and Family Readiness Program Managers provide services support, information and referral to members and families within the National Guard.

**2.7. 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 Service Readiness*. Chaplains are instrumental in the support of other agencies care to wounded, ill and injured Airmen and their families, such as death notification.

**2.8. Other Service Providers.** No single agency can meet the complex needs of families when an Airman becomes wounded, ill or injured. However, such situations can be anticipated and provided for in advance if partnerships and formal relationships with potential supplemental sources of support are forged *before* a crisis develops. Various sources of augmentation, information and outreach are available to aid affected families, communities and others who potentially may require information and assistance beyond the resources of the Air Force.

2.8.1. Where statutory relationships and responsibilities for support and information do not exist, Headquarters (HQ) United States Air Force (USAF), MAJCOMs, and local commanders and A&FRC advisors are to develop appropriate contacts and formal relationships as necessary to arrange, validate, and exercise these capabilities. (National, private or quasi-official organizations will only be contacted by HQ USAF for this purpose.) However, all such agreements must include specific service tracking and accounting procedures, along with detailed reimbursement plans. Examples of such agencies include:

2.8.1.1. The American Red Cross (ARC). The ARC has a long history of service to military members in times of need. It assists the Armed Forces in programs related to health, welfare, recreation, and morale of military personnel and their families. In keeping with the 1905 Act of Congress, the Red Cross provides emergency communications services, humanitarian relief, and other social services to members of the Armed Forces and their family members, in peace or war, within or outside the territorial limits of the United States. Our relationships are defined through AFPD 36-31, *Personal Affairs*.

2.8.1.2. The Air Force Aid Society (AFAS). The AFAS is the official charity of the Air Force. Its activities are managed at base level by the A&FRC, and it works closely with the ARC.

2.8.1.3. Private Organizations. Recent years have seen the growth of private organizations, such as the "Tragedy Assistance Program for Survivors"; "Family Service America" (for general social service information), America Supports You (for wounded in action members), and others. All are geared toward providing or locating counseling and mutual support resources. While the Department of the Air Force may not endorse organizations which are not specifically provided for by statute (such as the ARC), commanders will facilitate any family requests to be put in contact with such organizations.

## Chapter 3

### THE AFW2 PROGRAM

**3.1. Introduction.** The Air Force will provide the same level of loyalty and commitment in the care of those combat or hostile-related wounded, ill and injured Airmen as it does in preparing them for deployment and combat. When disabled as the result of a combat hostile-related illness or injury, the Air Force will ensure they receive personalized service and assistance via the AFW2 Program.

**3.2. AFW2 Program Strategic Statement.** Provide personalized support to combat or hostile-related wounded Airmen and their families, regardless of their location or military status. A phased continuum of care is used to address their needs and assist with a range of personnel, benefits and entitlements, financial and employment services, policy and guidance and connect member with federal, state and local resources and other DoD programs.

3.2.1. The program fully supports the Office of the Secretary of Defense (OSD) initiatives to retain wounded warriors on active duty or if found unfit for military service, will assist the wounded warrior in navigating through their transition/integration into the civilian community, ensure warm hand offs to outside agencies and foster resilience, independence and stability. The program manages the wounded warrior website, publishes a news bulletin and manages the outreach and event coordination process for wounded warriors.

### **3.3. Background Information and AFW2 Program Definition:**

3.3.1. The AFW2 Program was implemented in support of the OSD initiative to ensure that all combat or hostile-related, medically separated members of the DoD receive comprehensive information and guidance on all benefits and entitlements, and that each service component develop procedures to assist wounded warriors in remaining on active duty or transitioning back into the civilian sector.

3.3.2. The definition of a wounded warrior is any Airman who has a combat or hostile-related injury or illness that may require long-term care or a Medical or PEB to determine fitness for duty. This includes a combat or hostile-related injury or illness resulting from hazardous service or performance of duty under conditions simulating war or through an instrumentality of war.

### **3.4. Concept of Operations:**

3.4.1. The AFW2 program is located at AFPC under the operational control of the AFPC/CC who provides oversight, guidance and ensures sufficient resources are available to execute the AFW2 Program. AFPC provides a wide range of flexible, proactive personnel services to support our wounded ill or injured Airmen. The AFW2 program is an integral part of the recovery team and executes the non-medical care manager (NMCM) duties and services mandated in DoDI 1300.24 for wounded warriors, families and caregivers before, during and after relocation.

3.4.1.1. The benchmark number of cases assigned to each AFW2 NMCM, at a maximum, is 40 in accordance with DoDI 1300.24. The number of cases assigned to each AFW2 manager will be closely monitored to ensure appropriate assistance can continue to be provided to each Airman.

3.4.1.1.1. It is vital that AFW2 Program leadership monitor the level of service each case requires and ensure a tiered approach of service delivery. Level of service and not case loads should be used to validate the benchmark. For example: where one case may require a significant level of service, other cases may be in the sustainment phase and require only periodic review and follow-up.

3.4.1.2. Coordinates AFW2 Program operational guidance, policies and procedures affecting wounded, ill and injured Airmen and keeps leadership advised on program variances.

3.4.1.3. Provides program data, metrics, reports and briefings to key leadership as required.

3.4.2. When the AFW2 Program, initially becomes aware of, or identifies, a Wounded Warrior, a NMCM is assigned.

3.4.2.1. There are three ways in which an Airman is identified and subsequently classified as an AFW2. In all three methods, the Reporting Identifier (RI) of 9W200 (enlisted) / 92W2 (officer) is awarded and recorded in the member's record in the Personnel Data System (PDS) as the secondary or tertiary AFSC for tracking purposes.

3.4.2.1.1. Wounded Warrior identified upon medical evacuation.

3.4.2.1.2. Wounded Warrior identified externally to AFW2 Program; no medical evacuation and no MEB.

3.4.2.1.3. Wounded Warrior identified via MEB/PEB or Integrated Disability Evaluation System (IDES).

### **3.5. Duties and Responsibilities:**

3.5.1. AFW2 NMCM:

3.5.1.1. Coordinates identification efforts with appropriate agencies.

3.5.1.1.1. Notifies the appropriate installation A&FRC Chief to assign a CRC.

3.5.1.1.2. Notifies losing and gaining A&FRC when the AFW2 transitions from one medical treatment facility to another, or relocates from one geographic location to another.

3.5.1.2. Ensures wounded warrior is considered for applicable personnel policies.

3.5.1.3. . Reviews, analyzes and audits financial and pay issues.

3.5.1.4. Ensures wounded warrior is aware of applicable benefits, entitlements and compensation and assists with and coordinates application processes.

3.5.1.5. Ensures wounded warrior is educated on full spectrum of the IDES process by providing sound policy guidance and direction as related to their individual situation.

3.5.1.6. Assists wounded warrior, family and caregivers with transition goals and provides assistance with navigating the transition to a successful return to duty or transition to civilian community.

3.5.1.7. Provides employment assistance and job placement services and refers and connects to appropriate agencies.

- 3.5.1.7.1. Advises wounded warrior of special Air Force federal civilian employment opportunities available for wounded, ill, and injured Airmen with a combat or hostile-related disability rating of 30% or more.
- 3.5.1.7.2. Coordinates with AFPC/DPI (Civilian Personnel) to facilitate federal employment opportunities when requested by AFW2.
- 3.5.1.7.3. Coordinates events and outreach efforts for wounded warriors.
- 3.5.1.8. Assists with finding the resources to maintain or improve his or her welfare and quality of life.
- 3.5.1.9. Coordinates and validates warm hand-offs to Veterans Administration, Department of Labor, Social Security Administration and other outside agencies and local resources.
- 3.5.2. Physical Disability Division (AFPC/DPSD):
  - 3.5.2.1. Implements the Chief of Staff of the Air Force's requirement for retaining AFW2s with combat-related injuries who wish to remain on active duty, either within their Air Force Specialty Code (AFSC) if they can still perform meaningful duties or by allowing them to retrain into an AFSC for which they qualify.
  - 3.5.2.2. The Limited Assignment Status (LAS) program can be used to retain AFW2s found unfit by the PEB. *Note:* The ANG does not have LAS. The ANG does have an Assignment Limitation Code for non-deployable members, however, they do not Permanent Change of Station members.
    - 3.5.2.2.1. The LAS 15-year requirement has been waived for Airmen in the AFW2 Program. This is based on current policy as of the date of this publication.
    - 3.5.2.2.2. Manning requirements are not a factor for wounded warrior retention.
    - 3.5.2.2.3. AFPC/DPSD will work with the Chief, Operations Division (AFPC/DPSO) to offer retraining opportunities.
    - 3.5.2.2.4. The Air Force Directorate of Manpower, Personnel and Services (AF/A1) is the disapproval authority for wounded warriors desiring to remain on active duty but are unable due to the severity of their medical condition(s).
- 3.5.3. Military Classification Development Branch (AFPC/DPSIC):
  - 3.5.3.1. Creates RIs as necessary for the AFW2 Program to appropriately identify the ill or injured Airmen meeting the criteria outlined in **paragraph 3.4.2.** of this instruction.
  - 3.5.3.2. AFPC/DPSIC reviews the record of each wounded warrior determined unfit by the PEB to remain on active duty. This review is to determine if retention in an awarded AFSC is practical (minimally qualified) or whether utilization in another AFSC would better match individual's training, skills, and experience if LAS is requested.
- 3.5.4. AFPC Casualty Services Branch (AFPC/DPWCS):
  - 3.5.4.1. Provides initial/supplemental casualty reports from the field to AF/A1SZ, AFPC/DPS, AFPC/DPSIA, and the wounded warrior's home station Casualty Assistance

Representative (CAR) to ensure each supporting agency has the needed visibility on wounded Airmen.

3.5.5. AFPC Evaluations Section (AFPC/DPSIDE) (except for non-AGR/Stat Tour members of the ANG as applicable):

3.5.5.1. Manages AF Form 77, *Letters of Evaluation (LOE)*, for AFW2s. Formal LOEs will be completed annually on those AFW2s with a minimum of 60 days from the initial date awarded RI 9W200 / 92W2.

3.5.5.2. The start date on the LOE will be the day following the close-out date of the last evaluation completed. If there are enough days of supervision for an Enlisted Performance Report (EPR)/Officer Performance Report (OPR) to be accomplished prior to identification as a Wounded Warrior, an EPR/OPR will be accomplished with a closeout date one day prior to identification as a Wounded Warrior.

3.5.5.3. The LOE will contain a mandatory comment "Member under the Wounded Warrior Program." If the AFW2 has performed duties or served in ways that go beyond the self-care expected of a patient, comments will be entered to address that performance.

3.5.5.4. These LOEs will be signed by the individual's unit/squadron commander. NOTE: In the event the unit/squadron commander does not provide the LOE, AFPC/DPSID may complete the LOE with the mandatory statement and place the LOE in the member's permanent record.

3.5.6. Enlisted Promotions Branch (AFPC/DPSOE) will manage wounded warrior promotions as outlined in AFI 36-2502, *Airman Promotion/Demotion Programs*. ANG promotions are managed by NBG/A1P as outlined in Air National Guard Instruction (ANGI) 36-2502, *Promotion of Airmen*.

3.5.7. Officer Promotions Branch (AFPC/DPSOO) will manage wounded warrior promotions as outlined in AFI 36-2501, *Officer Promotions and Selective Continuation*.

3.5.8. Assignments Directorate (AFPC/DPA): The AFW2 Program will be included on all wounded warrior assignment actions and correspondence.

3.5.9. Awards, Decorations, and Recognition Section (AFPC/DPSIDR): Commander's may consider AFW2 members for quarterly awards and all other awards and decorations when performance warrants, regardless of whether they are in an "in-patient" status or other duty status.

3.5.10. Directorate of Civilian Force Integration (AFPC/DPI) and Civilian Force Renewal and Development Division (AFPC/DPIF):

3.5.10.1. Will develop and provide operational guidance to installation Civilian Personnel offices of responsibility on the potential of federal employment for AFW2s. The availability of special hiring authorities for veterans is codified in the Code of Federal Regulations. These special hiring authorities allow non-competitive appointments for veterans and can be used for AFW2 placement actions. When AFW2s meet criteria for Air Force civilian employment, AFPC/DPIF notifies the Employment Management Point of Contact (POC) at the appropriate location.

3.5.10.2. Airmen who are medically separated or retired due to a combat-related illness or injury with a disability rating of 30% or more are eligible to be considered for Air Force federal civilian employment under special hiring authorities for veterans.

3.5.10.3. AFPC/DPI staff will identify an installation civilian personnel POC for each AFW2 interested in federal employment and consult with the POC on civilian personnel employment issues. In addition, AFPC/DPI will keep installation civilian personnel leadership informed of policies and procedures affecting civilian personnel placements of AFW2s. AFPC/DPI POC will:

3.5.10.3.1. Partner with AFW2 Employment Development POC to determine job interest(s) and preferred location.

3.5.10.3.2. Educate local Employment Management POC on the AFW2 Program and provide options for local or Central Salary Account (CSA) funding. Every effort will be made to place AFW2 within 60 days of AFPC/DPI notification.

3.5.10.3.3. Submit application package to local management for review and approval.

3.5.10.3.4. Process Request for Personnel Action (RPA) and project an Entry on Duty date for those selected.

3.5.10.3.5. Monitor CSA funded placements to encourage installations to find locally funded positions within 18 months and free the CSA funds for additional veterans. A CSA waiver must be requested by the base Civilian Personnel Section (CPS) to AFPC/DPI if AFW2 is not placed in a locally funded position within 18 months. Submit waiver request to AFPC/DPI 30 days prior to 18-month deadline.

3.5.10.3.6. Track placements until permanent tenure is achieved, or employee elects to resign or is recalled to active duty.

3.5.10.3.7. Ensure installation CPS is consulted on all AFW2 employment issues.

3.5.10.3.8. Reassess funding for additional CSA authorizations with AF/A1SZ as needed.

### 3.5.11. Air Force Reserve Command (AFRC):

3.5.11.1. Reserve members processing through the Disability Evaluation System (DES) program will be provided applicable rehabilitation while remaining on active duty status. If determined to meet conditions for retention in an active reserve status, but not in a current AFSC, consideration may be given to retrain those members in one of the 50 available AFSCs if qualified.

3.5.11.2. A Reserve AFW2 may be promoted to the next higher grade, regardless of their assigned authorized position (even if assigned as an overage). Professional Military Education (PME) requirements are waived, but the AFW2 must meet the TIG/TIS requirement to be promoted.

3.5.11.3. If selected for promotion, the promotion effective date will be the date the Numbered Air Force (NAF), AFRC Readiness Management Group, or wing commander approves the promotion in writing.

3.5.11.4. Officer promotions are governed by U.S.C. Title 10 and the Reserve Officer Personnel Management Act.

3.5.11.5. A Reserve AFW2 retraining from a bonus skill into a non-bonus skill will retain their annual bonus payments based on participation through the end of the term of their bonus agreement contract.

3.5.12. ANG:

3.5.12.1. Serve as the point of contact for the ANG AFW2 Program, and is located at the Air National Guard Readiness Center at Andrews Air Force Base, Maryland.

3.5.12.2. Notify NGB/A1S to facilitate the assignment of a FLO familiar with ANG policy and guidance. *Note:* The intent is to return the member to pre-deployment/injury status (Drill Status Guardsmen, AGR Technician) and retain the member until retirement eligible.

3.5.13. Chief, A&FRC:

3.5.13.1. Identifies CRC as a resource to the AFW2 NMCM, FLO or RCC when requested by the AFW2 Program and ensures duties are performed as outlined in AFI 36-3009, Chapter 3.8.

3.5.14. CPS:

3.5.14.1. Installation CPS will provide AFPC/DPI monthly updates on AFW2 member's employment status during the hiring process.

3.5.14.2. Monitor CSA funded placements to encourage the installation to find locally funded position within 18 months to allow CSA funds to be used for veterans.

3.5.14.3. Review AFW2 application package for employment and determine whether an applicable position is available at the desired installation.

3.5.14.3.1. Provide position description to AFPC/DPI when a position is available at the desired installation. Initiate RPA per direction from AFPC/DPI.

3.5.14.3.2. Advise AFPC/DPI if no position is available and determine if a locally funded authorization is available within 30 days. If so, AFPC/DPI will advise CPS with further direction for creating a position.

3.5.14.3.3. Request CSA funding from AFPC/DPI when there is no locally funded position available at the serviced installation. This process should be completed within 60 days of notification.

3.5.14.3.4. Make tentative job offer to employee and instruct them that a final job offer will come from AFPC or installation CPS.

## Chapter 4

### THE RCP

**4.1. Overview.** The RCP is mandated by law under the 2008 National Defense Authorization Act (NDAA) and through DoDI 1300.24. Its intent is for the military services to adequately support recovering service members (RSMs).

**4.2. Scope of the Program.** The RCP was designed to address reforms to existing care managements processes within the Department of Defense and the Department of Veterans Affairs (VA). It improves the uniformity and effectiveness of care, management and transition across the Military Departments, as well as transfers to VA Medical Centers, Polytrauma Rehabilitation Centers and civilian providers, through the use of standardized policies, processes, personnel programs and tools.

**4.3. Responsibility for Execution of the Program.** Air Force Warrior and Survivor Care (AF/A1SZ) will work in concert with the Surgeon General of the Air Force (AF/SG) to ensure seamless support to the RSM. Air Force Warrior and Survivor Care will manage the Recovery Coordination Program and all non-medical support to recovering Airmen. Medical support to recovering Airmen will be delivered by AF/SG.

**4.4. Program Elements.** The four cornerstones of the RCP are: (1) the Recovery Team, (2) the RCC, (3) the Comprehensive Recovery Plan (CRP), and (4) the National Resource Directory (NRD).

4.4.1. The Recovery Team is composed of the medical and non-medical personnel providing care, services and resources to the RSM and family at any point in the recovery, rehabilitation and reintegration phases of care. The key individual is the RCC, but other individuals will include, at a minimum, a Medical Care Case Manager (MCCM) and a Non-Medical Care Manager (NMCM). A Federal Recovery Coordinator (FRC) may also be assigned to Airmen with catastrophic wounds, injuries or illness.

4.4.2. The RCC is the individual assigned by the Air Force to serve as an independent advocate for recovering Airmen whose duties include overseeing and assisting the recovering Airman as they process through the entire spectrum of care, management, transition and rehabilitation. More information about Recovery Care Coordinators will be discussed later in this chapter.

4.4.3. The CRP will be developed by the RCC in conjunction with the entire Recovery Team. It will begin with a medical and non-medical needs assessment, set goals and create action steps based on the needs and desires of the recovering Airman and family. The CRP will be discussed in detail later in this chapter.

4.4.4. The NRD is an online tool for wounded, ill and injured Service Members, Veterans, their families and those who support them. It will be discussed in more detail in **section 5.9**.

**4.5. The Coordination Process.** The care, management and transition coordination process is composed of 10 uniform steps for support that are executed through the above four cornerstones of the RCP. They are:

4.5.1. Screening. Airmen are screened for medical and psychological needs upon initial presentation to a medical care provider in accordance with standard medical practice. For those Airmen who are Seriously Ill/Injured (SI), Very Seriously Ill/Injured (VSI), suffer a combat related injury or illness, or are unlikely to return to duty within 180 days, Air Force Warrior and Survivor Care will initiate the member into its RCP and appoint a RCC. Individuals may also self-refer or be referred by their command, their medical care provider or Air Force Warrior and Survivor Care for additional screening and assessment.

4.5.2. Assigning. The uniform methodology for assigning a member to the RCP uses information obtained from the medical or psychological screening as described above.

4.5.2.1. Service members who are determined to be not seriously wounded, ill or injured (NSI) will receive primarily outpatient and specialized inpatient medical treatment and rehabilitation. They are supported by their unit commands with appropriate medical and non-medical care management and are not assigned to the RCP unless a long-term situation requiring oversight by an RCC develops.

4.5.2.2. All SI and VSI recovering Airmen will be enrolled into Air Force Warrior and Survivor Care's RCP and assigned an RCC.

4.5.3. Coordinating. Once the Airman is enrolled into the RCP, a Recovery Team will be assigned. At a minimum, the Recovery Team will include an RCC, a MCCM and a NMCM. Catastrophically wounded, ill or injured Airmen will also be appointed a FRC who is employed by the Department of Veterans Affairs.

4.5.3.1. Additional members of the Recovery Team may include: medical professionals such as primary care managers, physical therapists, occupational therapists; Physical Evaluation Board Liaison Officers; unit commanders; Chaplains; and others as applicable.

4.5.4. Assessing. After enrollment in the Air Force's RCP, additional information on the medical and non-medical needs of the recovering Airman and family will be collected. Medical needs will be collected by military care providers while non-medical needs will be collected through multiple sources but overseen by the RCC.

4.5.5. Planning. In this phase, SI and VSI Airmen receive an individual CRP personalized based on medical and non-medical input from the Airman and family. More information on the CRP is found later in this chapter.

4.5.6. Supporting. Support for a recovering Airman ranges from initial support provided to a seriously wounded, ill or injured Airman by a FLO to long-range support provided by A&FRC and the AFW2.

4.5.7. Evaluating. This step in the process refers to when a recovering Airman is referred to the Disability Evaluation System.

4.5.8. Processing. This step in the process refers to an Airman's return to duty, if possible.

4.5.9. Transitioning. Transition support will be provided to a recovering Airman and their family before, during and after relocation from one treatment or rehabilitation facility to another or from one care provider to another. Logistical support will be provided by the appointed FLO and ongoing non-medical support will be provided by the RCC.

4.5.10. Reviewing. Satisfaction with medical care will be accomplished by AF/SG in accordance with existing medical assessment tools. Evaluation of the RCP will be reported annually, no later than December of each year, to OSD; the evaluation methodology has not yet been determined.

**4.6. RCCs.** The RCC serves as an independent advocate for wounded, ill and injured airmen. The ultimate purpose of the RCC is to ensure that recovering Airmen and families understand the likely path of the member's recovery, the types of care and services that will be needed and provided, and how much time recovery may take. RCCs oversee the development and implementation of the CRP and work with MCCM involved in various aspects of care for the recovering Airman and advocate for the Airman across locations and agencies.

4.6.1. The duties and responsibilities of the RCC are as follows:

4.6.1.1. Ensure that recovering Airmen and families have access to all medical and non-medical services throughout the duration of their recovery, rehabilitation and reintegration.

4.6.1.2. Minimize delays and gaps in treatment and services.

4.6.1.3. Ensure the development, implementation and oversight of the CRP.

4.6.1.4. Monitor the execution of services across the continuum of care as documented in the CRP.

4.6.1.5. Remain as the ultimate point of contact across the care continuum. The AFW2 Care Managers and FLOs will coordinate all activities with the assigned RCC.

4.6.1.6. Facilitate an efficient, effective and smooth rehabilitation and transition back to active duty or civilian life working cooperatively across geography and agency pronency for care or benefits. Responsibilities continue through:

4.6.1.7. The recovering Airman's transfers between and among medical or other treatment facilities.

4.6.1.8. The recovering Airman's discharge from medical facilities.

4.6.1.9. The recovering Airman's retirement or separation from military service.

4.6.1.10. Monitor the CRP and regularly make modifications in conjunction with the multiple, multi-disciplinary teams that will be formed around the service needs of the recovering Airman. Changes in services will be based on transitions between fixed and non-fixed facilities and changes in family support requirements.

4.6.1.11. Engage the multiple, multi-disciplinary teams to develop specific plans to remove barriers to improve the delivery of care and improve outcomes for the recovering Airman and family.

4.6.1.12. Coordinate the assessment of the CRP's implementation and ensure adherence to its goals and objectives.

4.6.1.13. Coordinate with the entire Recovery Team to resolve medical and non-medical issues. Examples of non-medical issues include administrative and personnel paperwork, benefits and compensation, finances, housing, transportation and overall quality of life.

4.6.2. Workload. The benchmark number of recovering service members an RCC will be assigned to serve, at a maximum, is 40, in accordance with DoDI 1300.24. However, the actual number assigned will depend on the acuity of the RSM's medical condition and the complexity of non-medical needs. Level of effort, not case load, should be used to validate the benchmark. The number of cases assigned to each RCC will be closely monitored. The benchmark will be reviewed as part of the overall RCP.

4.6.3. Supervision. Supervisors of RCCs will ensure execution of the uniform roles and responsibilities throughout the RCP. Supervisors of RCCs shall be military officers in the grade of O-5 or O-6, or civilian employees in the grade of GS-14 or higher. The supervisors shall have the authority needed to make personnel decisions and address barriers that may be encountered. Occupational specialty for persons appointed to supervise RCCs is at the discretion of AF/A1SZ.

4.6.4. Training. All RCCs shall complete uniform, core training prior to independently assuming the duties of their position. Training will be provided and tracked under guidance from AF/A1SZ. In addition, all RCCs will complete specialized training on the detection of early warning signs of Post Traumatic Stress Disorder, suicidal or homicidal thoughts or behaviors and other behavioral health concerns among RSMs.

#### **4.7. Other Members of the Recovery Team:**

4.7.1. The MCCM, also known as Clinical Case Manager, is a licensed healthcare professional who helps the recovering Airman and family to understand the medical conditions and treatment regimes recommended by various providers. AF/SG develops guidance on roles and responsibilities of the MCCM as it relates to this instruction.

4.7.2. NMCM's are non-medical staff with in-depth knowledge of military and Department of Veteran's Affairs processes relating to military and veterans' benefits and entitlements. They work closely with RCCs to connect recovering Airmen and families with resources and services to solve problems that are non-medical in nature throughout the continuum of care.

4.7.3. FRC's are experienced and highly trained social workers or nurses who are employed by the Department of Veterans Affairs (VA) and perform their duties under VA supervision. FRCs are assigned to catastrophically wounded, ill or injured recovering service members. They work with existing case managers involved in discrete aspects of care for the recovering service member (RSM) and advocate for the RSM across systems.

**4.8. The CRP.** The CRP will be developed by the RCC in conjunction with the entire Recovery Team. Information on procedures, format and content of the CRP are as follows:

4.8.1. Procedures. The CRP will begin with a medical and non-medical needs assessment, set goals and create action steps based on the needs and desires of the recovering Airman and family.

4.8.1.1. Medical and Non-Medical Needs Assessment. The MCCM and NMCM members of the Recovery Team ensure that a medical and non-medical needs assessment has been completed for a recovering service member. The information is recorded and serves as a baseline for the goal development process in the CRP. The RCC meets with the recovering Airman and family to identify needs and develop a plan to address those needs.

4.8.1.2. Goal-Setting. The RCC will work with the entire Recovery Team, the recovering Airman and family to set goals consistent with the member's needs and medical condition. Goals will be prioritized and contain specific action steps.

4.8.1.3. Creating Action Steps. Action steps will be created in coordination with the recovering Airman, family and Recovery Team. Action steps must be specific, measurable and achievable within an agreed upon time frame. In addition, each action step must include a lead point of contact for each step, support and resources available to the recovering Airman and family, and location of the support and resources.

4.8.1.4. Accepting the Plan. The recovering Airman, family, RCC and other members of the Recovery Team will review and agree upon the goals and action steps included in the CRP. All members will sign the document demonstrating their understanding of the CRP and their commitment to its implementation. Finally, a hard copy will be provided to the recovering Airman and family (when appropriate) upon completion.

4.8.1.5. Reviewing. The RCC will review the CRP with the recovering Airman and family as frequently as necessary based on the individual needs of the recovering Airman and family. The CRP will be re-evaluated and updated before transition phases in a recovering Airman's care, such as change in location, family status, financial status, etc. A new hard copy will be provided to the recovering Airman and family whenever changes are made to the document.

4.8.1.6. Closing out the CRP. A CRP may be closed out when the recovering Airman has met all goals or declines any further support. All documents will be kept in accordance with the appropriate records disposition schedule.

4.8.2. Format and Content. The CRP will be entered into the Recovery Care Plan – Support Solution (RCP-SS) and maintained electronically. The RCP-SS is an OSD level computer program that provides greater security, continuity and management capabilities than the paper version. Future development of the Air Force Wounded, Ill and Injured Care Management System (AFWIICMS) will provide additional records capability and RCCs and AFW2 personnel will be required to update and maintain records in this system. AFWIICMS (when fielded) will provide superior records management and reports capabilities, but will not provide for the CRP records. Therefore, both RCP-SS and AFWIICMS will be used to maintain the case records.

**4.9. The National Resource Directory (NRD)**. The NRD is an online tool for wounded, ill and injured Service Members, Veterans, their families and those who support them. It provides access to more than 11,000 services and resources at the national and state level that support recovery, rehabilitation and reintegration into the community. Maintained by the Departments of Defense, Labor and Veterans Affairs, the NRD links to federal, state and government agencies; Veterans service and benefit organizations; non-profit and community-based organizations; academic institutions; and professional associations who provide assistance to wounded warriors and their families. The NRD is a valuable tool for Air Force Warrior and Survivor Care and RCCs to assist recovering Airmen.

## Chapter 5

### THE AIR FORCE SURVIVOR ASSISTANCE PROGRAM

**5.1. Overview.** The AFSAP is designed to marshal all available resources in support of family needs when an Airman becomes seriously wounded, ill or injured, or when an Airman dies while on active duty. At the same time, the AFSAP also provides a systematic structure through which offers of assistance, information and support are made available on the family's terms. Families have different needs, so each case must be considered and handled on an individual basis.

**5.2. The FLO.** The FLO is the keystone of the AFSAP. FLOs are appointed to assist seriously wounded, ill and injured Airmen and their families and the families of Airmen who die while on active duty. FLOs help families of wounded, ill and injured Airmen navigate the various agencies involved in recovery, rehabilitation and reintegration. FLOs remain engaged as long as the family needs assistance. For additional information regarding FLOs for the families of the fallen, reference AFI 34-242, *Mortuary Affairs Program*.

#### **5.3. When to Appoint a FLO for Wounded, Ill and Injured.**

5.3.1. Commanders *must* appoint a FLO in the following circumstances:

- 5.3.1.1. To seriously wounded, ill or injured Airmen who are away from their home unit.
- 5.3.1.2. To all medically evacuated, wounded in action Airmen at each treatment location until they return to their home unit.

5.3.2. Commanders *may* also appoint a FLO in the following circumstances:

- 5.3.2.1. Any time a FLO's support and assistance is in the best interests of the Air Force team member, their family, the unit or the mission.

**5.4. Selecting a FLO.** Selecting a FLO should be based on both objective and subjective criteria. The overarching consideration for selecting a FLO should be on the basis of the individual's capacity to assist an Airman or family in need. Guidelines for FLO selection include:

- 5.4.1. The seriously wounded, ill or injured Airman or family's request and preference.
- 5.4.2. The potential FLO's rank or civilian grade. FLOs should hold the military rank of E-7 or higher and civilians should be GS-9 or higher.
  - 5.4.2.1. A lower ranking individual may only be appointed when the commander is confident of the individual's maturity and abilities.
- 5.4.3. The unit's mission and composition, and the potential FLO's frequency of deployments or off-station TDYs.
- 5.4.4. The potential FLO's career field; whenever possible, the FLO should hold the same AFSC and type of job as the seriously wounded, ill, or injured Airman.
- 5.4.5. Only volunteers should serve as FLOs, however, FLOs will be appointed if sufficient volunteers cannot be found.
- 5.4.6. Commanders and First Sergeants should not serve as FLOs as their responsibility is to the unit as a whole.

5.4.7. Potential FLOs should be able to be released from regular job duties in order to perform FLO duties full-time. FLOs often assist Airmen and families outside the normal duty day and as such, should be able to make the appropriate time commitment.

**5.5. Training Requirements.** Training is divided into two categories; AFSAP Awareness training and FLO training. All training will be conducted in accordance with this instruction as follows:

5.5.1. Prospective wing and group commanders receive AFSAP Awareness training from the Ira C. Eaker College for Professional Development prior to taking command; MAJCOMs supplement that training as needed. Air Force Warrior and Survivor Care prepares course content and provides trainers.

5.5.2. AFSAP Awareness training for unit/squadron commanders is conducted by MAJCOMs in conjunction with other training conducted prior to taking command. (Exception: ARC Commanders may receive training after taking command).

5.5.3. Force Support Squadrons will facilitate annual AFSAP Awareness training for wing, group and squadron commanders, First Sergeants and other responsible individuals.

5.5.3.1. Each unit on the installation and in the geographic area of the installation must have an individual in a leadership or supervisory position in the military grade of E-7 or GS-9 or higher, trained or retrained annually.

5.5.3.2. Force Support Squadrons should offer AFSAP Awareness training at least twice annually to reach the widest possible audience.

5.5.3.3. Initial AFSAP Awareness training must be classroom or lecture format but refresher training may be completed via the computer based training method of instruction.

5.5.4. FLOs receive “just-in-time” training.

5.5.4.1. For seriously ill or injured Airmen who are being treated away from their home station, or wounded, ill or injured Airmen medically evacuated from a theater of operations, the AFSAP will notify the MAJCOM who will in turn advise the Force Support Squadron at the installation nearest to or owning the treatment locale to appoint a FLO, conduct the training and arrange additional training from other support agencies.

**5.6. Content of Training.** Air Force Warrior and Survivor Care and the Ira C. Eaker College for Professional Development develop appropriate modules for wing and group commander training. MAJCOMs, in conjunction with Air Force Warrior and Survivor Care and the Air Force Mortuary Affairs Operations Center (AFMAO), develop lesson plans for awareness training and FLO training. It is important that awareness training include all aspects of Air Force Warrior and Survivor Care. All formal training and self-study in the provisions of this instruction should emphasize three themes: 1) Timely and compassionate information flow; 2) Information about the benefits and support activities available to wounded, ill and injured Airmen and the families of those who have died; and 3) Any other information the Airman or family considers important.

**5.7. Duties and Responsibilities of the FLO.** FLOs must understand the nature of the expertise that the various functional specialists can bring to families without trying to become experts themselves and to seek out the right experts for thorough answers to any specific questions

families might raise or assistance they might need. A sample FLO Checklist can be found at [Attachment 3](#).

5.7.1. Below is a non-inclusive listing of common duties and responsibilities of a FLO:

5.7.1.1. Maintain logs that are sent at least weekly to Air Force Warrior and Survivor Care. Frequency will depend on the complexity of the wounded, ill or injured Airman's situation.

5.7.1.2. Familiarize oneself with the patient's FLOs at other treatment locations (to ensure successful hand-off), members of the Recovery Team to include medical liaisons, RCC, AFW2 Care Manager (for combat related illness or injury) and other personnel such as the hospital social worker and leadership at the member's home unit.

5.7.1.3. Meet the Airman and family members at the medical evacuation arrival location or civilian airport.

5.7.1.4. Assist the family in securing lodging and transportation.

5.7.1.5. Assist the family in arranging childcare.

5.7.1.6. Assist the family in arranging other services such as housekeeping or coordinating meals.

5.7.1.7. Assist the Airman and family in coordinating any entitlements, special pay or benefits available to them by ensuring they are connected with the appropriate agencies.

5.7.2. FLOs should *not* be responsible for personally performing the following types of assistance:

5.7.2.1. Grief, bereavement or other types of counseling. Rather, the FLO should alert the appropriate agency that such care is needed.

5.7.2.2. Housekeeping, cleaning, babysitting, cooking or other household chores. The FLO should coordinate assistance from unit volunteers or support agencies to meet these needs.

5.7.2.3. Personal or medical services such as helping the wounded, ill or injured Airman dress, wash or change bandages.

5.7.2.4. Provide transportation in their privately owned vehicles other than meeting the Airman or family member at the airport or infrequent trips to military offices. If transportation becomes a recurrent issue, address this need with the appropriate helping agency.

**5.8. When the FLO Should Seek Assistance.** The FLO is not expected to be the expert, but rather to help the Airman and family navigate the various agencies involved during a difficult time. There are numerous situations that may arise that the FLO is not able to adequately address. For example, the FLO may not be able to ascertain the appropriate agency responsible for providing entitlements or benefits; the needs of the Airman or family become too great to address without assistance; or unforeseen situations arise which prevent the FLO from adequately continuing their duties and responsibilities. In such cases, the FLO should contact their commander, or Air Force Warrior and Survivor Care for guidance.

DARRELL D. JONES, Lt Gen, USAF  
Director, Manpower, Personnel and Services

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

National Defense Authorization Act of 2008

AFPD 34-11, *Warrior and Survivor Care*, 18 May 2012

AFPD 36-31, *Personal Affairs*, 2 April 2012

AFI 34-242, *Mortuary Affairs Program*, 2 April 2008

AFI 36-3002, *Casualty Services*, 22 February 2011

AFI 36-2501, *Officer Promotion and Selective Continuation*, 16 June 2004

AFI 36-2502, *Airman Promotion/Demotion Programs*, 31 December 2009

AFI 36-2910, *Line of Duty (Misconduct) Determination*, 4 October 2002

AFI 36-3009, *Airman and Family Readiness Centers*, 18 January 2008

AFI 52-101, *Planning and Organizing*, 10 May 2005

AFI 52-104, *Chaplain Service Readiness*, 26 April 2006

ANGI 36-2502, *Promotion of Airmen*, 17 June 2010

ANGI 36-3001, *Air National Guard Incapacitation Benefits*, 31 May 1996

AFMAN 33-363, *Management of Records*, 1 March 2008

DoDI 1300.24, *Recovery Coordination Program (RCP)*, 1 December 2009

TSGLI Website: <http://www.insurance.va.gov/Sglisite/TSGLI/TSGLI.htm>

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*

AF Form 77, *Letters of Evaluation (LOE)*

DoD Form 2648, *Preseparation Counseling Checklist for Active Component Service Members*

DoD Form 2648-1, *Preseparation Counseling Checklist for Reserve Component Service Members*

***Abbreviations and Acronyms***

**AFAS**—Air Force Aid Society

**AFMAN**—Air Force Manual

**AFMAO**—Air Force Mortuary Affairs Operations

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AFRC**—Air Force Reserve Command

**AFSAP**—Air Force Survivor Assistance Program  
**AFSC**—Air Force Specialty Code  
**AFWIICMS**—Air Force Wounded, Ill and Injured Care Management System  
**AFW2**—Air Force Wounded Warrior  
**AGR**—Active Guard Reserve  
**ANG**—Air National Guard  
**ANGI**—Air National Guard Instruction  
**ARC**—America Red Cross  
**CAR**—Casualty Assistance Representative  
**CPS**—Civilian Personnel Section  
**CRP**—Comprehensive Recovery Plan  
**CSA**—Career Summary Account  
**DFAS**—Defense Finance and Accounting System  
**DoD**—Department of Defense  
**DoDI**—Department of Defense Instruction  
**EFMT**—Emergency Family Member Travel  
**EPR**—Enlisted Performance Report  
**FLO**—Family Liaison Officer  
**FRC**—Federal Recovery Coordinator  
**HQ**—Headquarters  
**IDES**—Integrated Disability Evaluation System  
**LAS**—Limited Assignment Status  
**LOE**—Letters of Evaluation  
**MAJCOM**—Major Command  
**MCCM**—Medical Care Case Manager  
**MEB**—Medical Evaluation Board  
**NDAA**—National Defense Authorization Act  
**NMCM**—Non-medical Care Manager  
**NOK**—Next-of-Kin  
**NRD**—National Resource Directory  
**OPR**—Office of Primary Responsibility  
**OPR**—Officer Performance Report

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

**PDS**—Personnel Data System

**PEB**—Physical Evaluation Board

**PEBLO**—Physical Evaluation Board Liaison Officer

**RCC**—Recovery Care Coordinator

**RCP**—Recovery Care Program

**RCP**—SS – Recovery Care Plan-Support Solution

**RI**—Reporting Identifier

**RPA**—Request for Personnel Action

**RSM**—Recovering Service Member

**SAP**—Survivor Assistance Program

**SI**—Seriously Ill/Injured

**SJA**—Staff Judge Advocate

**TIG**—Time-in-Grade

**TIS**—Time-in-Service

**TSGLI**—Servicemember's Group Life Insurance Traumatic Injury Protection Program

**US**—United States

**VA**—Veterans Affairs

**VSI**—Very Seriously Ill/Injured

### *Terms*

**Air Force Survivor Assistance Program (AFSAP)**— designed to marshal all available resources in support of family needs when an Airman becomes seriously wounded, ill or injured, or when an Airman dies while on active duty. AFSAP also provides a systematic structure through which offers of assistance, information and support are made available on the family's terms. Families have different needs, so each case must be considered and handled on an individual basis.

**Air Force Wounded Warrior (AFW2)**— an Airman that has a combat-related injury or illness requiring long-term care that will require an MEB and PEB to determine fitness for duty

**Airman/Airmen**— As used in this document refers to uniformed members of the active Air Force, Air National Guard, AF Reserves, and those individuals who are retired or medically separated due to an illness or injury incurred or exacerbated while serving in any component of the USAF.

**Family Liaison Officer (FLO)**— FLOs are appointed to assist seriously wounded, ill and injured Airmen and their families and the families of Airmen who die while on active duty. FLOs help families of wounded, ill and injured Airmen navigate the various agencies involved in recovery, rehabilitation and reintegration. In the case of Airmen who die while on active duty,

FLOs may assist the family with navigating the various organizations necessary to receive entitlements and benefits. FLOs remain engaged as long as the family needs assistance.

**Recovery Care Coordinator (RCC)**— The ultimate purpose of the RCC is to ensure that recovering Airmen and families understand the likely path of the member's recovery, the types of care and services that will be needed and provided, and how much time recovery may take. RCCs oversee the development and implementation of the CRP and work with the MCCM involved in various aspects of care for the recovering Airman and advocate for the Airman across locations and agencies.

## Attachment 2

## SAMPLE FAMILY LIAISON OFFICER (FLO) APPOINTMENT LETTER

Figure A2.1. Sample Family Liaison Officer Appointment Letter

DEPARTMENT OF THE AIR FORCE

XX SQUADRON (MAJCOM)

XXXX AIR FORCE BASE, ANY STATE XXXXX-XXXX

SPECIAL ORDER

Date

MARY A. JONES, SSN, RANK, USAF, XX FLIGHT, XX SQUADRON, XXXXX AIR FORCE BASE, ANY STATE XXXXX-XXXX, IS APPOINTED AS THE FAMILY LIAISON OFFICER FOR THE FAMILY OF THE DECEASED, MAJOR JOHN DOE, LAST FOUR OF SSN, AUTHORITY: 34-1101.

APPROVING OFFICIAL

JOE E. SMITH

COLONEL, USAF

COMMANDER ,XX SQUADRON, XX WING

DISTRIBUTION "D"

## Attachment 3

**SAMPLE FAMILY LIAISON OFFICER (FLO) CHECKLIST (FOR WOUNDED, ILL & INJURED AIRMEN)****Table A3.1. Sample Family Liaison Officer (FLO) Checklist**

<b>CHECKLIST</b>	Date	Contact
Keep a detailed log of events; for wounded, ill or injured Airmen, forward updates daily to MAJCOM/A1SS and AF/A1SZ at USAFHELP@pentagon.af.mil.		
Make contact with the overseas FLO, if applicable, and obtain the status of the member. Talk to the member if possible and obtain any background information you may need.		
Be sure you introduce yourself to the Air Force Patient Liaison and Recovery Care Coordinator assigned to the medical facility and to the member's attending physician and social worker. Explain your role as a FLO and let them know to contact you for any issues that need to be resolved.		
Check arrival time of the member to medical facility; make arrangements to meet the member when they arrive, if possible.		
Check the travel status of family members; make arrangements to provide transportation from the airport to their accommodations as needed.		
Check lodging requirements for family members; make reservations as needed (Try the Fisher House if there is one located at the member's destination medical treatment facility). Check with Air Force Liaison for alternate lodging options if needed.		
Check with the local Air Force Casualty office on the status of Emergency Family Member Travel Orders (EFMTs). Be sure the casualty office is aware of the member's arrival times and the travel plans of family members. Provide family contact information to the Casualty Office as needed. The toll-free number to Air Force Casualty is 800-433-0048.		
Check with the family members to find out if they have any special circumstances that may require special accommodations		
If the family has children between the ages of 4wks - 12 years who require child care, contact the Family Member Programs Flight Chief (Airman and Family Services Flight Chief). Remind families to bring a copy of the child's most recent shot records, and any special needs information that would help the program provide the best care for their child (IEP, IDP, dietary restrictions, etc).		

Explain to the family any unusual conditions in the area they are traveling to when they see their loved one. (High costs, traffic, and parking costs in Washington DC, for example).		
Verify the Casualty office explained the reimbursements allowed to family members.		
Meet the member when they arrive, if possible. After your first meeting, send a report to USAFHelp@pentagon.af.mil. Indicate the member's condition, any questions he or she has that are unanswered, requests the member made, general attitude, and any other information you deem necessary. There are no small issues so be sure to listen attentively and pass along what you hear.		
If the member meets the criteria for being medically evacuated from the AOR, ensure he/she has received the \$250 clothing allowance authorized by the 2005 NDAA.		
Make arrangements to get family members to the hospital and get them in touch with the hospital social worker (available in all major military hospitals).		
Ensure the family is aware of places to eat in the local area, both on and off base. Have a map available, if possible, and phone numbers for local restaurants. Ensure member/family received patient handbook from AF Patient liaison. This handbook has pertinent information and guidance for member and family while staying at Walter Reed or Bethesda medical centers, if applicable.		
Serve as a liaison between the member and family and the Casualty Affairs Office, Hospital and any other agencies that support the member.		
Contact the member's home unit and provide a progress report. If the member needs any assistance from the home unit, be sure to pass that information along.		
If the wounded member agrees, obtain authorization by consent letter to notify members of Congress of hospitalization of a Wounded Airman. *This may have already been accomplished on night of arrival by Air Force Patient Liaison. <b>Note:</b> See attachment 5C Privacy Act consent letter. Fax letter to 703-604-0323 or DSN 664-0323. This should be done as soon as practical.		
If the member has a traumatic injury, check with the casualty office on the applicability of TSGLI; the casualty office will have the qualifying injuries for this benefit and should be able to guide you. One of your main concerns as a FLO is ensuring the member and family are in contact with the right offices for benefits. The Air Force Patient Liaison will facilitate the completion of the application for TSGLI by member and physician and will send completed application and copy of records to AFPC for processing. All service members to include Air National guard and AF Reserves who		

are covered under SGLI are automatically covered under TSGLI and may qualify for payment based on a qualifying loss.		
Find out if the family needs cash. If so, arrange with the local finance office (Bolling AFB) to provide a cash advance once EFMT orders are available. Take the family members to the finance office for the cash advance.		
If the member is being treated on a military installation, check the requirements for the family to drive their POV on the installation and assist in getting them the required authorization.		
Ensure the member and/or family is aware of pay and entitlements for wounded warriors. Here is a link to a printable handbook: <a href="http://www.dfas.mil/army2/woundedinaction/WWEHandbook_Web_062607.pdf">http://www.dfas.mil/army2/woundedinaction/WWEHandbook_Web_062607.pdf</a>		
Ensure the member and/or family is aware of pay and entitlements available for wounded ANG members who incur or aggravate an injury, illness, or disease or who demonstrate a loss of earned income, due to a condition incurred or aggravated IAW AFI 36-2910, <i>Line of Duty (Misconduct) Determination</i> , as provided in ANGI 36-3001, <i>Air National Guard Incapacitation Benefits</i> .		
Contact the Air Force Wounded Warrior representative assigned to the case and pass among any information needed along with obtaining benefits information for the wounded member.		
For wounded warriors at Walter Reed National Medical Center or Brooke Army Medical Center, please be sure they are aware of the Wounded Warrior Clothing Support Program. Nurse case managers can complete the request to have uniforms modified.		
There are many organizations that assist the wounded. Most Military Treatment Facilities have an office that is aware of these organizations and what benefits they offer. Walter Reed, for example, has the Medical Family Assistance Office. The social worker assigned to the service member should be able to guide you to resources. There are also several web sites that can assist with finding benefits information. First-Gov provides a list of many agencies that deal with available benefits:  <a href="http://usasearch.gov/search?input-form=simple-firstgov&amp;v%3Aproject=firstgovweb&amp;query=Wounded+Veterans+Benefits&amp;x=21&amp;y=6">http://usasearch.gov/search?input-form=simple-firstgov&amp;v%3Aproject=firstgovweb&amp;query=Wounded+Veterans+Benefits&amp;x=21&amp;y=6</a>		