

**TAB A (Standardized Entry Packet Checklist)** to APPENDIX 1 (Triad of Leadership/Entry/Exit) to ANNEX C to FRAGORD 3 to OPOD 20-17 (Warrior Care and Transition Program Restructure)

Entry Packet Item	Unit on Installation (AC or AGR Only)	Geo-Dispersed (AC or AGR Only)	ARNG MEDEVAC and USAR Continuous AD Orders >30 Days REFRAD RCMC/RM2 OR SRU	ARNG and USAR Continuous AD Orders >30 Days	ARNG and USAR Not Continuous AD Orders > 30 Days	ARNG and USAR Emergent
<b>INITIAL REQUIRED DOCUMENTS</b>						
ARCP Entry Packet Checklist (this Checklist)	UNIT	UNIT	SRU	COMPO	COMPO	COMPO
DA Form 4187 with Disposition Recommendation	UNIT	UNIT	SRU	COMPO	COMPO	COMPO
ARCP Treatment Plan/Complexity Determination	UNIT	UNIT	SRU	COMPO	COMPO	COMPO
Current Orders or Proof of Qualified Duty Status	UNIT	UNIT	SRU	COMPO	COMPO	COMPO
DA Form 3349 – current condition	UNIT	UNIT	SRU	COMPO	COMPO	
DA Form 7652	UNIT	UNIT		COMPO	COMPO	
Line of Duty Approval Memo or DD 261					COMPO	
DA Form 2173					COMPO	COMPO
<b>ROUTING ADDITIONS TO COMPLETE ENTRY PACKET</b>						
SRU Disposition Recommendation – on DA 4187	SRU	SRU		SRU	SRU	
RC Disposition Recommendation- on DA 4187			COMPO			
TOL Disposition Determination – on DA 4187	TOL	TOL	TOL – FOR SRU PACKET ONLY	TOL- FOR SRU PACKET ONLY	TOL – FOR SRU PACKET ONLY	
TOL Denial Memo	TOL – DENIAL ONLY	TOL- DENIAL ONLY	TOL- DENIAL ONLY	TOL-DENIAL ONLY	TOL-DENIAL ONLY	

# Army Recovery Care Program (ARCP) Treatment Plan and Complexity Determination

Instructions: Part A Soldier is to complete. Part B Provider (Physician, Nurse Practitioner (NP), Physician Assistant (PA)) is to complete. ALL questions must be answered. Part C and boxes with \* in part B the nurse is to complete ONLY if box 18 is marked "no" and Soldier is Reserve or National Guard. Part D a Soldier Recovery Unit (SRU) medical provider/surgeon is to complete.

### Part A Soldier to complete

**IAW Privacy Act of 1974 as amended. Providing information is VOLUNTARY, however failure to provide information may prevent a timely assessment of ARCP Treatment Plan eligibility. Unauthorized disclosure or misuse of this personal information may result in criminal and/or civil penalties.**

1. Soldier Name and Rank:	DoD ID #:	Soldier's email work and home:	Soldier Phone:
2. Soldier's Home of Record (city/state):		MOS/Title:	
3. Physician, NP, PA's name :	Provider office number:	Provider address:	

### Part B PROVIDER (Physician, NP, PA) to complete below through their signature block

1. List radiology tests needed:	2. Key radiology tests already ordered are:
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3. Diagnosis	4. Specialty	5. Frequency of visits	*Miles	*RN or NCM complete miles from home of record to TRICARE covered specialty
6. Behavioral Health Diagnosis	7. Specialty	8. Frequency of visits		

9. Does Soldier pose substantial danger to self or others if remains in parent unit?	<b>Yes</b>	<b>No</b>
10. Has Soldier had suicidal ideation within past 30 days or has attempted suicide in past?	<b>Yes</b>	<b>No</b>
11. Are past or present indicators of alcohol and/or substance abuse present?	<b>Yes</b>	<b>No</b>
12. Has Soldier had behavioral health hospitalization(s) or intensive outpatient program(s)?	<b>Yes</b>	<b>No</b>

13. Indicate services required by filling anticipated frequency. **NOTE: If services not required, place NA in frequency block.**

Service	Frequency	Service	Frequency	Service	Frequency
Physical Therapy		Podiatry		TBI therapy	
Wound Care		Behavioral Health		Optometry	
Prosthetics		Oncology		Audiology	
Brace Shop		Occupational Therapy		Nutrition	
Lab		Radiology scans		Other:	

14. Check daily function(s) Soldier is unable to perform. If function is not listed, add in blank space and check. Occupational Therapist or Physical Therapist may complete this area.

Shower/bathe	Drive	Use Toilet/Commode	Feed self	Manage tasks/appts	Dress self
Go up stairs	Walk	Maintain hygiene	Talk	Transfer to sit/stand/lay	

15. Is Soldier on IM or IV medication for treatment?	<b>Yes</b>	<b>No</b>
16. Is the profile or recovery expected to last longer than 6 months?	<b>Yes</b>	<b>No</b>
17. Can Soldier perform military specialty job within next 6 months?	<b>Yes</b>	<b>No</b>

## Army Recovery Care Program Treatment Plan and Complexity Determination

<b>18. Does Soldier meet the criteria listed below for complex care?</b>	<b>YES</b>	<b>NO</b>
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Complex care as defined by the Surgeon General of the Army as: "A medical professional's aggregate assessment based upon the severity of illness, degree of impairment, required level of comprehensive care management, commitments of time and resources." This definition allows medical professionals to make assessments based on each Soldier's overall medical situation, treatment needs, and the availability of care in geographically dispersed locations.

<b>19. Provide treatment plan summary and provider recommendation for level of care needed (complex or non-complex)</b>
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If necessary, attach medical documentation to support complexity determination.

Provider Name:		
Provider Signature:		Date:

**Part C. RN or NCM validate and answer below. Must be completed only if box #18 marked "no."**

1. Does Soldier have a consistent ride to appointments?	YES	NO
2. Does Soldier have a safe and supportive home environment?	YES	NO
3. RN: Does Soldier have specialty care visit too far away (frequently out of 50 mile radius)?	YES	NO
4. Justification for complex care management when Provider determines medical condition is non-complex:		

5. Is the Soldier complex due to location of appointments or lack of support system at home?	YES	NO
Nurse/NCM Name:		
Nurse/NCM Signature:		Date:

**Part D. Soldier Recovery Unit (SRU) Surgeon or Medical Provider Answer and Recommend Below**

Does Soldier have a P3 or P4 or have they started DES? If yes, then SRU entry must be exception to policy.		YES	NO
	SRU Resident at:		
	RM2 at:		
	RCMC (ARNG MEDEVAC Only):		
Name:	REFRAD:		
Signature:	Date:		

*Confidentiality Notice: The information contained in this referral tool is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This referral is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this referral is strictly prohibited and may subject you to criminal or civil penalties. If you have received this referral in error, please contact the sender immediately and delete this worksheet from any computer. This information is For Official Use Only which must be protected under the Freedom of Information Act of 1996 and Privacy Act of 1974 as amended. Unauthorized disclosure or misuse of this personal information may result in criminal and/or civil penalties.*

# COMMANDERS STATEMENT

**DISABILITY EVALUATION SYSTEM (DES)  
COMMANDER'S PERFORMANCE AND FUNCTIONAL STATEMENT**

For use of this form see AR 635-40; The proponent agency is DCS, G-1.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** U.S.C. chapter 61, Retirement or Separation for Physical Disability; and 5; AR 635-40, Disability Evaluation for Retention, Retirement, or Separation.

**PURPOSE:** To provide information to the Physical Evaluation Board (PEB) on the impact of a medical impairment on a Soldier's ability to perform duties and to provide Administrative information that impacts disability adjudication and/or benefits if the Soldier is determined unfit. For additional information see the System System of Records Notice A0040-3b DASG Medical Evaluation Files <https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569965/a0040-3b-dasg.aspx>

**ROUTINE USES:** **There a no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above**

**DISCLOSURE:** Voluntary, however failure to provide the information will interfere with the proper adjudication of the Soldier's case in the best interest of the Soldier and the Army.

**SECTION I: SOLDIER DEMOGRAPHIC INFORMATION**

<b>1. DATE (YYYYMMDD)</b>	<b>2. SOLDIER'S NAME (Last, First, MI)</b>	<b>3. GRADE</b>	<b>4. PMOS</b>
<b>5. DATE OF BIRTH</b>	<b>6. COMPONENT</b>	<b>7. ETS/MRD</b>	<b>8. DOD E-MAIL</b>
<b>9. HOME/CELL PHONE</b>	<b>10. DOD NUMBER</b>	<b>11. UNIT IDENTIFICATION CODE (UIC)</b>	<b>9. ORGANIZATION NAME, ADDRESS, PHONE NUMBER</b>

**SECTION II: ADMINISTRATIVE INFORMATION**

Instructions: The information in this section should be confirmed by the appropriate personnel activity and with the Soldier.

<b>DATA ITEM</b>	<b>YES</b>	<b>NO</b>	<b>REMARK</b>
1. Is Soldier charged or under investigation for an offense chargeable under the Uniform Code of Military Justice, which could result in dismissal or punitive discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is Soldier pending voluntary or involuntary administrative separation under AR 635-200 or AR 135-178 (enlisted) or AR 600-8-24 or AR 135-175 (officer)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, specify Chapter/paragraph.
3. Does Soldier have an approved voluntary retirement?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, list date retirement was approved.
4. ACTIVE COMPONENT OFFICERS: Is officer within 12 months of mandatory retirement for age or years of service or approved for Selective Early Retirement?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, list mandatory retirement date.
5. ACTIVE COMPONENT SOLDIERS ONLY: Does Soldier have prior service in the Selected or Individual Ready Reserve?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, specify type of service.
6. RESERVE COMPONENT OFFICERS ONLY: Is officer within 12 months of mandatory removal date?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, list mandatory removal date.
7. RESERVE COMPONENT OFFICERS ONLY: If block 6 is 'YES', will officer have 20 qualifying years of service at time of his or her mandatory removal date for purposes of non regular retirement?	<input type="checkbox"/>	<input type="checkbox"/>	
8. ACTIVE or RESERVE COMPONENT ENLISTED SOLDIERS ONLY: Is enlisted Soldier within 12 months of his/her Retention Control Point (RCP) and will qualify for a regular retirement at RCP or, if a member of the Reserves will qualify for a 20-year letter at RCP?	<input type="checkbox"/>	<input type="checkbox"/>	Indicate whether the Active Component member's qualification for retirement is under.
9. If an enlisted Soldier, is the Soldier due an automatic advancement? (See AR 600-8-19 concerning promotable status of enlisted Soldiers in the DES.)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, list date Soldier due next automatic advancement.
10. If an enlisted Soldier, is the Soldier on a semi-centralized or centralized promotion list?	<input type="checkbox"/>	<input type="checkbox"/>	
11. If an officer, is the Soldier on an approved promotion list?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has Soldier previously held higher rank?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, list highest rank held. Choose an item. List reason Soldier is not serving in highest rank previously held.
13. Was Soldier's current referral to MEB/PEB the result of a MOS Administrative Retention Review (MAR2)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, list date completed and attach MAR2 results.

14. Is the Soldier flagged IAW any provision of AR 600-8-2?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, specify the reason and date of the flag.
15. Is the Soldier assigned a Warrior Transition Unit or other medical type hold type unit?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, attach the commander's memorandum used to refer the Soldier to this unit with this form.
16. If a drilling USAR or ARNG Soldier (and not on active duty), did the Soldier accept the Career Status Bonus?	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION III: COMMANDER'S PERFORMANCE INFORMATION**

This form is a critical document in determining the effects the Soldier's medical condition(s) (both physical and/or mental) have on their military performance. It is essential to provide accurate information, whether it is from the current or former commanders, NCO leadership, immediate supervisor, or peers. The Commander's Performance and Functional Statement must be complete and provide an accurate picture of the Soldier's actual functional limitations and duty performance. The Soldier's commander and leadership team are in a unique position to provide this information. Even if this statement is difficult to obtain, (e.g., the Soldier or Commander is new to the unit, the Soldier's condition prevents drill attendance, etc.) the statement must be completed to the maximum extent possible.

You are entering information into a performance-based system. Describe how the Soldier's medical condition(s) (both physical and/or mental) affects his or her ability to perform basic Soldier skills; the skills and duties of the primary military occupational specialty (PMOS); and how the Soldier's condition impacts or affects unit mission readiness. (Note: Performance information is of greater significance for Soldiers with chronic conditions. Severe, acute physical conditions generally need little performance discussion because the PEB members easily understand the limitations posed by such impairments.) If a condition prevents the Soldier from executing a task(s) that is required by his/her MOS, please specify what MOS task(s) cannot be executed in Section III C.

In all cases of Medical Corps officers with a clinical specialty area of concentration and assigned to a clinical position, Sections III and V will be completed by the officer's first line clinical supervisor. In all cases of officers of the Judge Advocate General Corps (JAG), Sections III and V will be completed by the officer's Staff Judge Advocate, Command Judge Advocate, or agency/section legal supervisor.

**All sections must be completed**

**SECTION III A**

Choose the answer that most accurately describes the impact of the Soldier's medical condition in completion of physical tasks/duty completion; decision making; and work relationships.

1. Physical Task/duty completion: Based on your knowledge and/or understanding of this Soldier's performance of physical duties both within and outside their MOS, this Soldier:

A	<input type="checkbox"/> Performs tasks and/or duties to standards.
B	<input type="checkbox"/> Has difficulties completing tasks and/or duties to standards.
C	<input type="checkbox"/> Is unable to complete task and or duties to standards.
D	<input type="checkbox"/> Do you believe the member's condition(s) will prevent him/her from serving in their primary MOS/AOC in future assignments? If so, how?
E	<input type="checkbox"/> Has the member's duty schedule been modified due to his/her medical condition(s) (i.e., limited duty, half days, no shift work, etc.)? If so, how and for how long?
F	<input type="checkbox"/> Other than medical appointments, approximately how many days of work has the member missed over the past 90-360 days due to this condition?
G	<input type="checkbox"/> Is the commander/first line supervisor aware of the Soldier's medical condition? If YES, what job tasks does the medical condition prevent the Soldier from adequately performing? If NO, please explain.
	If the medical condition is due to an injury, was the injury due to a vehicle accident or other incident requiring a line of duty? If so, was a line of duty completed (attach the completed LOD or initiate one if not completed)?

**SECTION III A (Continued)**

2. Decision Making: Based on your knowledge and/or understanding of the Soldier, he/she:

- A  Makes reasonable decisions, including complex or unfamiliar ones.
- B  Makes reasonable decisions; occasionally makes (or avoids making) unreasonable complex or unfamiliar decisions; makes occasional decision making mistakes.
- C  Makes simple decisions but usually not complex or unfamiliar decisions; *does not* make frequent decision-making mistakes when making simple decisions.
- D  Do you believe the member's condition(s) will prevent him/her from serving in their primary MOS/AOC in future assignments? If so, how?

3. Work Relationships: Based on your knowledge and/or understanding of this Soldier's interactions with supervisors and co-workers, he/she:

- A  Has effective work relationships with both supervisors and co-workers.
- B  Has difficulty with work relationships, and may be disruptive or cause problems with tasks performance and/or completion.
- C  Is unable to maintain effective work relationships.

4. Performance: Considering Section III A, questions 1-3 above and based on your knowledge and/or understanding of this Soldier's work performance, choose the most accurate description of the Soldier's medical condition(s) affect(s) on their performance:

- A  Soldier performs well and the medical condition(s) do not appear to have any negative affects on the performance of his/her duties; medical conditions do not affect the unit's mission.
- B  Soldier's performance is **adequate** but it appears that the medical condition(s) may have negative affects on the performance of his/her duties; medical conditions do not affect the unit's mission.
- C  Soldier's performance is **inadequate** and it appears that the medical condition(s) have negative affects on the performance of his/her duties; medical conditions negatively affect the unit's mission
- D  Soldier is unable to perform any significant military tasks or duties because of their medical condition(s); unable to contribute to the unit's mission.

**SECTION III B**

Choose the answer that most accurately describes the Soldiers ability to deploy. When "No" is chosen, the commander will elaborate in Section III C.

- Yes  No  Can the service member be assigned against a deployable billet?
- Yes  No  Do you believe the service member could perform his/her duties in an OCONUS deployed environment without restrictions, limitations, or work-arounds?

**SECTION III C**

After reviewing Sections II and III A, further clarify an item and/or the selections you have made above and add any additional comments. Please include examples of the Soldier's general and/or MOS/AOC specific task limitation(s) due to their medical condition(s) (both physical and/or mental).

**SECTION IV: BATTALION COMMANDER'S CONTACT INFORMATION**

<b>1. NAME (Last, First, MI)</b>		<b>2. UNIT</b>	<b>3. PHONE</b>
<b>4. DOD E-MAIL</b>	<b>5. GRADE</b>	<b>6. COMPONENT</b>	

**SECTION V: COMMANDER'S VALIDATION AND SIGNATURE**

<b>1. NAME (Last, First, MI)</b>		<b>2. SIGNATURE</b>	<b>3. DATE</b>
<b>4. DOD E-MAIL</b>	<b>5. PHONE</b>	<b>6. COMPONENT</b>	<b>7. GRADE</b>

**Profile DA 3349**



**LOD DA 2173**

# Providers Treatment Plan

# Verification of Duty Status- Orders

# DA 4187

MUST BE SIGNED BY THEM AND UNIT  
COMMANDER. MUST HAVE UIC, UNIT POC WITH  
CURRENT PHONE NUMBER AND EMAIL, SM  
CONTACT INFORMATION TO INCLUDE ADDRESS