

**SAMPLE COMMANDER'S ACTION ON APPLICATION FORM FOR  
PURPOSES OF SPECIAL COMPENSATION FOR ASSISTANCE WITH  
ACTIVITIES OF DAILY LIVING (SCAADL)**

Name of Soldier: \_\_\_\_\_

1. The Soldier has a permanent catastrophic injury or illness.

Attach certification from a licensed Department of Defense (DoD) military or civilian physician. DoD contract physicians or physicians outside DoD are not eligible to certify that the Soldier has a permanent catastrophic injury or illness.

2. The Soldier needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and, in the absence of such care, would require hospitalization, nursing home care, or other residential institutional care.

Attach certification from a licensed DoD military or civilian physician or a licensed U.S. Department of Veterans Affairs (VA) physician. DoD or VA contract physicians or physicians outside DoD are not eligible to make the required certification.

3. The Soldier's permanent catastrophic injury(ies) or illness(es) were incurred or aggravated in the line of duty.

Attach line of duty determination, if applicable.

4. The Soldier is an outpatient and no longer an inpatient at a military treatment facility, VA medical center, civilian hospital, nursing home or other residential institutional care facility.

Source of information: \_\_\_\_\_

5. The Soldier has designated a primary caregiver, who not a military member, to provide nonmedical care, support and assistance.

Caregiver's name: \_\_\_\_\_

Caregiver address: \_\_\_\_\_

Caregiver telephone: \_\_\_\_\_ Caregiver e-mail: \_\_\_\_\_

- 6. The Soldier is not receiving outpatient or in-home services from another Federal agency to assist with activities of daily living or supervision to avoid harm to self or others.

Source of information: \_\_\_\_\_

- 7. The Soldier's primary caregiver is not receiving a monthly caregiver stipend from the VA.

Source of information: \_\_\_\_\_

- 8. The Soldier is not accepting in-home assistance with activities of daily living (custodial care) paid with supplemental health care program funds and provided by a TRICARE-authorized home health agency.

Source of information: \_\_\_\_\_

- 9. Either a licensed DoD military or civilian physician or a licensed VA civilian physician has certified the DD Form 2948. Contract DoD or VA physicians or physicians outside DoD or VA are not eligible to certify the DD Form 2948.

Name of physician, including rank if applicable: \_\_\_\_\_

Title and DoD or VA Department: \_\_\_\_\_

Physician address: \_\_\_\_\_

Physician telephone: \_\_\_\_\_ Physician e-mail: \_\_\_\_\_

Attach the certified DD Form 2948.

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**INITIAL ACTION**

I \_\_\_\_\_ recommend approval of/ \_\_\_\_\_ do not approve the Soldier’s application for SCAADL.

**ACTION ON REDETERMINATION**

NOTE: formal redetermination must be conducted every 180 days. Ad hoc redetermination must be conducted whenever the Soldier’s circumstances change.

Effective the date below:

\_\_\_\_\_ I recommend that the Soldier remain eligible for SCAADL;

\_\_\_\_\_ The Soldier is no longer eligible for SCAADL;

\_\_\_\_\_ I recommend that the Soldier remain eligible for SCAADL, subject to the following modifications:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
WTU/CBWTU Commander Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WTU/CBWTU Commander’s Printed Name

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**PRIVACY ACT STATEMENT**

**Authority:** 10 U.S.C. 3013; 37 U.S.C. 439

**Principal purposes:** This information will be used for the following purposes: to determine a Soldier’s eligibility for SCAADL payments and the amount of payment to which a Soldier is entitled. To contact Soldiers, Primary Care Managers or other physicians and primary caregivers for official business, medical or personal care purposes.

**Routine Uses:** The DoD “Blanket Routine Uses” apply to this system. The “Blanket Routine Uses” are set forth at the beginning of the DoD Compilation of System of Records Notices, available at <http://www.defenselink.mil/privacy/>.

**Disclosure:** Disclosure is voluntary, however, failure to provide the requested information may result in a delay or inability to process and take action on a Soldier’s application for SCAADL

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<sup>1</sup> WTU.CBWTU = Warrior Transition Unit/Community Based Warrior Transition Unit