



DEPARTMENT OF THE NAVY
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CNICINST 1740.1
N9
29 Jul 2015

CNIC INSTRUCTION 1740.1

From: Commander, Navy Installations Command

Subj: NAVY WOUNDED WARRIOR-SAFE HARBOR PROGRAM

Ref: (a) DoD Instruction 1300.24 of 1 December 2009
(b) SECNAVINST 1740.5
(c) OPNAVINST 1740.6
(d) DoD Instruction 1341.12 of 31 August 2011
(e) NDAA of 2006, 2008, and 2013
(f) JAGINST 5800.7F
(g) SECNAVINST 1770.3D
(h) OPNAVINST 4001.1F
(i) SECNAVINST 4001.2J
(j) Naval Military Personnel Manual
(k) Joint Federal Travel Regulations, Volume 1
(l) DoD Instruction 1300.18 of 8 January 2008
(m) CNO Memorandum of Agreement 6010 Ser N00/100021 of 1 April 2009
(n) 5 CFR 2635
(o) 10 U.S.C. §2601a
(p) DoD 5500.7-R, Joint Ethics Regulations, November 2011
(q) SECDEF memo of 16 May 2013
(r) USD DTM 14-004 of 17 April 2014
(s) Manual for Courts-Martial, 2012

Encl: (1) Navy Wounded Warrior-Safe Harbor Program Operations Manual

1. Purpose. To provide policy, strategic guidance, and standards, and to assign responsibilities for program management and execution of Navy Wounded Warrior-Safe Harbor (NWW-SH) (N95) under Commander, Navy Installations Command (CNIC), Fleet and Family Readiness (N9), the Navy's supported commander for implementation and execution.

2. Background. References (a) through (d) establish policy and assign responsibilities for the implementation of the Services' recovery coordination programs under direction of reference (e). NWW-SH is the Navy's lead organization for providing non-medical care to seriously wounded, ill, and injured Sailors, Coast Guardsmen, and their families or caregivers. Through proactive leadership, NWW-SH provides individually tailored assistance

designed to optimize the success of our shipmates' recovery, rehabilitation, and reintegration activities.

3. Policy

a. Provisions of this instruction are applicable to all Department of the Navy (DON) Active Duty and Reserve personnel, regular and reserve commands.

b. Enclosure (1) is published under the guidance of references (a) through (s), and applies across the CNIC enterprise.

4. Action

a. In accordance with reference (c), CNIC is assigned all functions and associated resourcing for the NWW-SH Program. Recommendations for changes to NWW-SH Program policy, standards, procedures, and practices shall be coordinated through CNIC Headquarters (CNIC HQ N95). In order to ensure compliance with Congressional guidance contained in reference (e) as well as with DON and Office of the Secretary of Defense policy guidance contained in references (a) through (d), CNIC HQ N95 shall:

(1) Manage and execute the NWW-SH Program in accordance with references (a) through (s).

(2) Provide oversight, training and evaluation of regional NWW-SH Programs.

(3) Allocate resources to maintain enrollee caseload ratios not to exceed those specified in reference (a).

b. Region Commanders (REGCOM) shall:

(1) Ensure allocated funding and manpower resources are solely utilized to execute the regional NWW-SH Program in accordance with specified enrollee caseload ratios as identified in paragraph 4a(3).

(2) Ensure the NWW-SH Program delivers mandated non-medical care for seriously wounded, ill, and injured recovering and transitioning service members, and their families or caregivers assigned to their region.

(3) Promote education and awareness of the NWW-SH Program across their region to facilitate identification of potential enrollees.

c. The Region N9 shall execute the regional NWW-SH Program in accordance with enclosure (1) of this instruction and all pertinent directives.

d. Installation Commanding Officers shall familiarize themselves with the provisions of this instruction and provide support to tenant commands in carrying out duties and responsibilities associated with the NWW-SH Program.

5. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed in accordance with SECNAV M-5210-1 of January 2012.



D. R. SMITH

Vice Admiral, U.S. Navy

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**NAVY WOUNDED WARRIOR-SAFE HARBOR PROGRAM
OPERATIONS MANUAL**

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CHAPTER 1 ORGANIZATION

1. History. Navy Wounded Warrior-Safe Harbor (NWW-SH) was established in 2006 by the National Defense Authorization Act (NDAA) in response to the growing need to provide centralized support to combat-wounded service members. The 2008 NDAA expanded the mission to support all seriously wounded, ill, and injured service members and their families or caregivers. In 2009 the Chief of Naval Operations and the Commandant of the Coast Guard signed a Memorandum of Understanding designating NWW-SH responsibility for US Coast Guard seriously wounded, ill, and injured service members. The 2013 NDAA extended support services to include seriously wounded, ill and injured transitioning service members.

2. Authority and Responsibility. In accordance with reference (c), Commander, Navy Installations Command (CNIC) has overall responsibility for the oversight and management of the NWW-SH Program. The NWW-SH Program shall be managed by the CNIC Headquarters (HQ) Fleet & Family Readiness (N9), working through the CNIC HQ Navy Wounded Warrior-Safe Harbor (NWW-SH) (N95) Director.

3. Applicability. This operations manual applies to all military, civilian and contractor personnel operating or employed under the cognizance of NWW-SH. CNIC HQ N9 shall review this manual at least annually and shall issue such updates as are necessary to ensure this manual accurately reflects any changes in the law or written policy received from higher authority. CNIC HQ N9 is authorized to implement updates that are mandated in the scope of services provided and may also make changes in the processes by which services under this instruction are delivered. CNIC HQ N9 may not make updates to this manual that result in any significant changes to the responsibilities of CNIC Region Commanders.

This operations manual will outline minimum standards to be achieved in the non-medical care of recovering and transitioning service members and is defined as a member of the military Service who is undergoing medical treatment, recuperations, or therapy and is in an inpatient or outpatient; who incurred or aggravated a serious illness or injury in the line of duty; and who may be assigned to a temporary disability retired or permanent disability retired list due to the Department of Defense (DoD)/Veterans Affairs (VA) Integrated Disability Evaluation System (IDES) proceedings.

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4. Program Objectives. The NWW-SH Program provides customized, lifetime support, partnering with medical treatment facilities, to facilitate the non-medical care and management of Recovering Service Members (RSMs) and Transitioning Service Members (TSMs). At a minimum, during the phases of recovery, rehabilitation, and reintegration, the NWW-SH Program shall provide:

- a. Pay, benefits and entitlements support
- b. Family and charitable program assistance
- c. Legal assistance and counsel services
- d. Adaptive sports, reconditioning and recreation opportunities
- e. Transition, education and employment assistance

5. CNIC Headquarters N95 (CNIC HQ N95). CNIC HQ N95 shall:

- a. Manage overarching program policy guidance in accordance with references (a) through (n).
- b. Determine annual program strategic goals and objectives.
- c. Establish metrics and analyze program data to identify trends and areas where efficiencies can be achieved.
- d. Establish criteria and implement regional site inspections to validate program compliance.
- e. Plan, facilitate and execute annual training for all CNIC N95 personnel.
- f. Plan, facilitate and execute an annual Regional Advisory Board (RAB) in coordination with CNIC N9.
- g. Manage enrollment determination and case category assignment.
- h. Develop marketing strategies.
- i. Develop overarching resources planning and programming, and establish annual regional financial controls.

CNIC HEADQUARTERS N95 AND REGIONAL ORGANIZATIONAL CHART

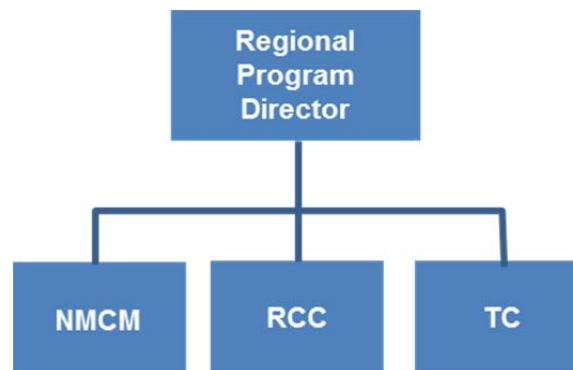
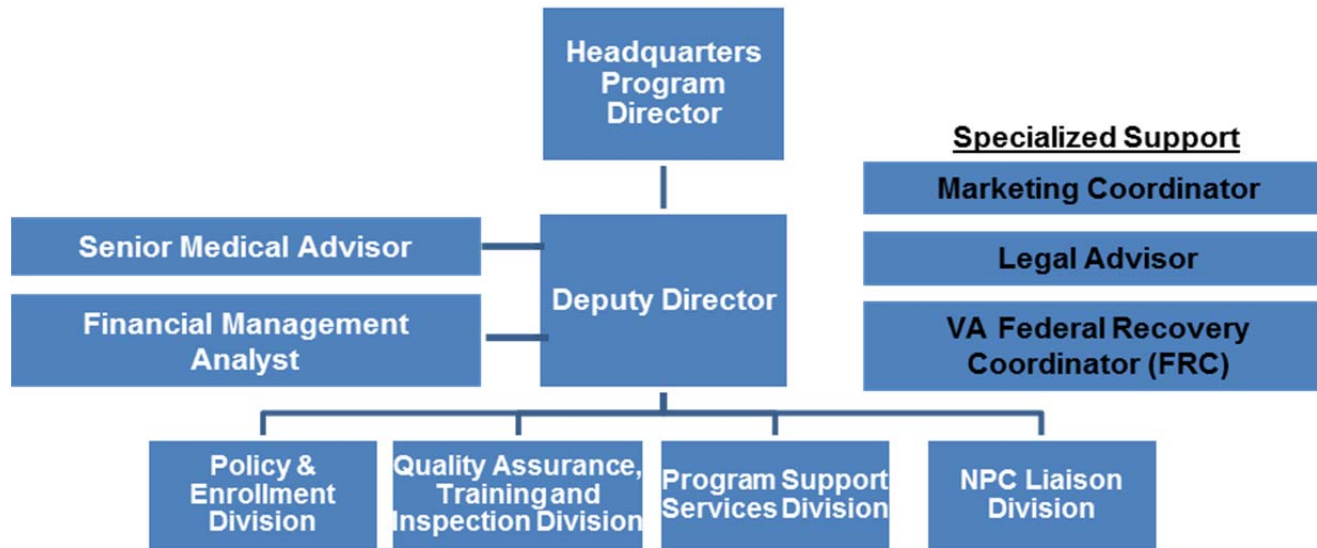


FIGURE 1-1

CHAPTER 2
ROLES AND RESPONSIBILITIES

1. Basic Policy. Region Commanders, Region N9, and N95 Region Directors are responsible for the execution and management of the regional NWW-SH Program, as well as all duties and responsibilities outlined in this instruction.

2. Region Commander (REGCOM). The REGCOM shall ensure that Region N95 manpower and resources are properly distributed within their regions to maintain proper enrollee caseload ratios. Non-medical Care Managers (NMCM) should be located within a regional medical treatment or VA facility. Recovery Care Coordinators (RCC), Transition Coordinators (TC), and N95 Region Directors should be co-located if possible, and in all cases in close proximity to a regional medical facility.

3. Region N9. The Region N9 is responsible for ensuring all personnel under their cognizance comply with the provisions of this instruction. In addition to program compliance, the Region N9 shall:

a. Work with supporting Military Treatment Facilities (MTFs), Department of Veterans Affairs (VA) medical facilities, and Region N6 to ensure that assigned regional NWW-SH staff are provided with the appropriate logistical support to execute their mission to include private office space, computer equipment (portable laptop if available), data capable cellular device, scanner and printer access, administrative supplies and government vehicle access.

b. Ensure each regional N95 staff member attends the mandated Deputy Assistant Secretary of Defense for Warrior Care Policy (DASD (WCP)) Recovery Care Coordinator training as outlined in reference (a).

c. Meet Commander, Navy Installations Command Headquarters (CNIC HQ N95) NWW-SH Program annual strategic goals and objectives.

4. N95 Region Director. The N95 Region Director shall operate under the Region N9 and serve as the direct supervisor to regional N95 staff members. In accordance with reference (a), the N95 Region Director shall be of the paygrade of GS-14 or O-5. The N95 Region Director shall:

a. Direct the execution of non-medical care and management of all seriously wounded, ill, and injured Sailors, Coast

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Guardsmen and their families or caregivers within their respective region.

b. Act as the lead representative for the regional NWW-SH Program and serve as the primary liaison for non-medical care needs to regional MTFs and VA and civilian medical facilities.

c. Manage regional financial execution and develop annual budget requirements.

d. Coordinate marketing awareness efforts with the regional public affairs officer and region N9 marketing office.

e. Establish and maintain close coordination with regional Casualty Assistance Calls Officers (CACOs).

f. Manage RCC and NMCM distribution to meet Region case load requirements not to exceed those specified in reference (a).

g. Ensure N95 staff participates in recovery team meetings for each enrollee at least monthly with the enrollee, family members or designated caregiver, and the medical case manager. The goal is close coordination of medical and non-medical care.

h. Ensure all referrals to NWW-SH are properly screened. Initial needs assessments shall be conducted on each referral in accordance with Appendix B-1. The needs assessment shall be conducted in person, and will be completed within five days of notification of a referral.

i. Upon notification of a service member meeting care coordination category 2 or 3 criteria, assign a RCC to work in conjunction with the enrollee, family members or designated caregiver and Care Management Team (CMT) to develop a comprehensive plan identifying the needs, goals and actions. Ensure the plan is reviewed, signed and certified and all needs identified by the enrollee, family members or designated caregiver are properly addressed and closed out.

j. When NWW-SH case management transfer is required, ensure that the transfer of cases from region to region or from the DoD to the VA is coordinated with all appropriate parties necessary to provide the enrollee, family members or designated caregiver a smooth transition and no gaps in coverage. At a minimum, this should include coordination between the Region N95, NMCM and RCC from the corresponding regions with appropriate case notes entered into TWMS using appendix B-2 and B-3.

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k. Ensure appropriate information and resources are provided to all enrollees as needed.

l. Ensure proper preparation, maintenance, confidentiality, and submission of records, reports, and forms in accordance with the Privacy Act of 1974 and the Health Information Portability and Accountability Act (HIPAA).

m. Ensure region N95 staff members facilitate training and briefings to local Navy and Coast Guard commands, and other entities requesting information on the NWW-SH Program.

n. Attend the scheduled annual N95 Regional Advisory Board, or ensure a qualified representative is present. Ensure N95 regional staffs attend the required annual training.

5. Recovery Care Coordinator (RCC). The RCC has primary responsibility for the development and execution of a comprehensive plan for each Recovering Service Member (RSM) and their family members or designated caregiver, and to provide oversight and coordination of the needs identified. For the development of the plan, Appendix B-1 shall be utilized. In accordance with reference (a), the RCC shall be of the minimum paygrade of a GS-12 or equivalent contractor. The RCC shall:

a. Work with the NMCM and CMT to ensure that the RSM and their family members or designated caregiver have access to all medical and non-medical services throughout the continuum of care.

b. Consult and collaborate with the CMT during initial treatment phase and continuing throughout the continuum of care.

c. Maintain oversight of the medical and non-medical services provided to each RSM and their family members or designated caregiver, and ensure the comprehensive plan is properly updated to reflect any changes. The RCC must anticipate future challenges during each phase of the recovery, rehabilitation and reintegration process.

d. Upon significant changes to the comprehensive plan, the RCC shall brief and provide a printed copy to the RSM and their family member or designated caregiver. After receipt of the RSM's or family member's or designated caregiver's signature, the RCC shall upload the signed plan into the database and enter a statement that the plan was reviewed, the RSM understood the plan and that they received a signed copy.

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e. Identify gaps in non-medical services and intervene as necessary to expedite outcomes and assist with the coordination of resources.

f. Initiate and coordinate rehabilitation and transition needs for the RSM as they return to active duty or separate from active service.

g. Collect, maintain, and analyze data for planning and reporting purposes in accordance with program guidance.

6. Non-medical Care Manager (NMCM). The NMCM is responsible for assessing and documenting the needs of Category 1, 2, or 3 RSMs who are identified for assistance by NWW-SH. NMCMs shall be of the paygrade of E-7 through O-4. The NMCM shall:

a. Coordinate with local MTFs, VA and civilian treatment facilities to identify those individuals who potentially meet enrollment criteria for the NWW-SH Program.

b. Conduct bedside initial assessments of potential enrollees utilizing Appendix B-1 to identify non-medical care needs for the potential enrollee, their family members or designated caregiver, medical diagnosis, and prognosis for each potential enrollee.

c. Provide assistance to CAT 1 RSMs and document needs and actions taken in the database. CAT 1 RSMs do not require the development of a comprehensive plan but require follow-up every 7 to 10 days with final assessment or reassessment at 60 days in accordance with the Case Management Flow Chart, (see table 4-1).

d. Document RSM and family members or designated caregiver information in the database along with other pertinent information.

e. Assist the RCC in the development of each CAT 2 or CAT 3 RSM comprehensive plan.

f. Support the RSM's parent command and CACO to assist with bedside travel for family members or designated caregiver when necessary.

g. Coordinate administrative support to RSMs with the RSM's parent command as necessary to include assistance with pay entitlements, orders, housing referrals, evaluations and fitness reports, awards, advancement requirements and navigation through the IDES process. This is not an all-inclusive list, and NMCMs

should identify administrative needs through interview processes and assessments, as appropriate.

h. Work closely with the CMT to coordinate a seamless transition from one medical facility to another.

i. Meet with the RSM at least weekly while in an inpatient status, and contact them at least monthly in an outpatient status to assess and refine needs as stated in the comprehensive plan as outlined in the Case Management Flowchart (see table 4-1). All interaction shall be documented in the database.

7. Transition Coordinator (TC). The TC is responsible for addressing benefits and needs of a TSM. The TC billet shall be of the minimum paygrade of GS-12 or equivalent contractor. The TC shall:

a. Assess needs and manage transitioning assistance services to TSMs, their family members or designated caregiver who are separating or retiring from active or reserve service and or assigned to a temporary disability retired or permanent disability retired list due to the Navy's disability evaluation system proceedings.

b. Refer enrollees to transition resources.

8. Enrollment Committee. The Enrollment Committee is comprised of the CNIC HQ N95 Deputy Director, Senior Medical Advisor, and Division Managers. The Enrollment Committee will review and evaluate all pending cases to determine enrollment eligibility. The committee will brief any recommendations to the CNIC HQ N95 Program Director for final determination when it is found that the service member does not meet the enrollment criteria or unusual circumstances exist.

CHAPTER 3
ELIGIBILITY CRITERIA

1. Basic Policy. Eligibility criteria for enrollment in the NWW-SH Program is primarily based on the long-term prognosis of an illness or injury and potential impact on future functionality (the need for a "new normal"). Per reference (e), the illness or injury had to have occurred after 11 September 2001. Per reference (f), the Service member must be affiliated with the Navy or Coast Guard and the medical issue needs to have occurred while "in the line of duty, not due to the member's own misconduct." Each service member evaluated for enrollment shall have their case screened on an individual basis by the CNIC HQ N95 enrollment committee.

2. Recovering Service Member (RSM). A RSM is any member of the Navy or Coast Guard who is enrolled in the NWW-SH Program undergoing medical treatment, recuperation, or therapy, and meets all of the following criteria:

a. Is an inpatient or outpatient in a MTF, VA treatment center or civilian medical institution.

b. Has incurred or aggravated a serious illness or injury in the line of duty.

c. Has an injury or illness listed under Category 1, 2 or 3 per paragraph 4 below.

3. Transitioning Service Member (TSM). A Category 2 or 3 RSM who is transitioning out of the military due to medical separation or retirement or assigned to a temporary disability retired or permanent disability retired list due to the Navy's disability evaluation system proceedings is referred to as a TSM, and may continue to participate in the NWW-SH Program. The NMCM and RCC should work closely with the TC in order to address remaining transition needs and work to have all pre-separation needs and goals met prior to transition.

4. Categories of Injury or Illness. Per reference (a), service members are evaluated and generally classified into one of three categories as part of consideration for enrollment.

a. Category 1 (CAT 1) criteria:

(1) Has a mild injury or illness; and

(2) Is expected to return to duty within a time specified by his or her medical department as follows:

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(a) Less than 180 days (i.e. no more than one period of limited duty), or

(b) More than 180 days, but has a predicted return to duty of less than 12 months.

(3) Receives short-term inpatient medical treatment or outpatient medical treatment and/or rehabilitation.

b. Category 2 (CAT 2) criteria:

(1) Has a serious injury or illness; and

(2) Is unlikely to return to duty within two periods of limited duty not to exceed 12 months; and

(3) May be medically separated from the military; or

(4) Other cases as determined by the NWW-SH enrollment committee.

c. Category 3 (CAT 3) criteria:

(1) Has a severe or catastrophic injury or illness; and

(2) Is highly unlikely to return to duty; and

(3) Will most likely be medically separated from the military.

5. Enrollment Eligibility. Enrollment eligibility will encompass many factors of a service member's medical status. In general, all CAT 2/3 and select high-risk non-seriously wounded, ill or injured CAT 1 service members will be enrolled. The following is a list of considerations that is not all-inclusive. Final enrollment determination shall reside with the CNIC HQ N95 enrollment committee.

a. Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). PTSD and/or TBI (combat and non-combat) service members with ongoing treatment needs, or those personnel who are referred to the Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB), are eligible for enrollment. This includes PTSD that occurs as the result of accidents, physical assaults and sexual assaults. In relation to sexual assaults, a Service member is eligible for enrollment consideration whether a restricted or unrestricted report for sexual assault has been completed. NMCMS and RCCs are

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considered mandatory reporters under OPNAVINST 1752.1B and if they are informed of a sexual assault that has not been previously addressed they should report it to their Region Sexual Assault Response Coordinator or law enforcement and refer the service member to the appropriate military medical resources or appropriate VA resources as applicable.

b. Other Combat-Related Mental Health Diagnoses. Service members who are diagnosed with other mental health disorders that are documented in the medical record as combat-related and have ongoing treatment needs, or are referred to the MEB/PEB, are eligible for enrollment.

c. Non-combat Mental Health Disorders (excluding PTSD). Service members with mental health disorders such as depression, bipolar, anxiety, adjustment or conversion disorder are generally not enrolled. If there are extenuating circumstances, the case shall be evaluated by the NWW-SH enrollment committee. As a general rule, a Service member who has attempted suicide is to be screened, but the case will be presented to the NWW-SH enrollment committee for review and determination.

d. Cancer. Most service members diagnosed with any form of cancer, or are undergoing treatment for longer than 12 months, are eligible for enrollment. The following exceptions will be considered prior to enrollment determination:

(1) A prognosis that the patient will have a greater than 90 percent cure rate.

(2) Cases that are considered surgically cured (i.e. low grade breast cancer or low grade prostate cancer).

e. Polytrauma. A service member who has suffered from multiple traumatic injuries shall have their case reviewed on a continuing basis. In most instances, a polytrauma patient should be in an outpatient status in order to accurately determine if and when the patient will make a full recovery from their injuries.

f. U.S. Special Operations Command (USSOCOM) Care Coalition. Navy service members who are assigned to the Naval Special Warfare Community or duty with USSOCOM will be evaluated for enrollment, normally by the SOCOM Care Coalition. If the SOCOM Care Coalition assumes accountability for the non-medical care of a service member, a note shall be documented in the database along with any other available information about the service member. For administrative purposes, these cases will be given the appropriate Category designation (i.e. CAT 1, 2, or

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3) and placed under the N95 Regional Director for tracking purposes. The N95 Regional Director will follow up monthly with the appropriate SOCOM Care Coalition advocate for updates on the service member's status, condition and annotate the information in the database. SOCOM Care Coalition will be responsible for reporting any metrics on enrolled service members for which they assume accountability. If the service member elects to affiliate with the NWW-SH Program for non-medical care, then they shall be cared for in the same manner as other service members.

6. Screening of Reservists. In addition to normal screening procedures, Reservists shall be screened for enrollment as follows:

a. Members who are on MedHold, or are receiving Line of Duty (LOD) Reserve benefits, and are subsequently referred to the IDES.

b. Members who have been on MedHold, or are receiving LOD Reserve benefits for more than one year.

7. Misconduct and Line of Duty. Service members can be enrolled in the NWW-SH Program while awaiting final adjudication of a Line of Duty Investigation (LODI). If the injury or illness is found to have occurred "in line of duty, not due to the member's own misconduct," the member remains enrolled. If the LODI determines the member's injury or illness was "not in line of duty, and not due to the member's own misconduct," or "not in line of duty, due to the member's own misconduct," the member shall be dis-enrolled upon receipt of the final adjudication in accordance with reference (f). Enrolled members receiving a punitive discharge (Dismissal, Dishonorable Discharge, or Bad Conduct Discharge) at a General or Special Court-Martial will be dis-enrolled effective on the date of the Convening Authority's Action. Additionally, enrolled members who receive an Other Than Honorable service characterization upon separation will be dis-enrolled effective on the date of discharge on the DD-214. Enrolled members who receive a separation characterization of General (Under Honorable Conditions) will generally be permitted to stay enrolled, but the circumstances of their separation will be reviewed by NWW-SH and their enrollment status will be decided by the NWW-SH Director. Members who are not separated from the service after being held accountable for their misconduct through disciplinary or administrative action, and whose conduct is determined to be to the prejudice of good order and discipline or service discrediting as defined in reference (s) will be dis-enrolled upon final determination by the NWW-SH Director. Disenrollment

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determinations, with justification included, shall be documented in the database.

8. Program Compliance. Service members must remain compliant with recommended medical care and maintain their appointment schedules. Service members who are found to be medically noncompliant, and are deemed mentally competent, may be dis-enrolled. The final determination of enrollment shall be made by the NWW-SH Director and documented in the database with a letter sent to the RSM for dis-enrollment. An RSM who is non-responsive to contact by their NMCM or RCC shall be placed in an inactive case category with appropriate documentation made in the database.

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CHAPTER 4 CASE MANAGEMENT

1. Case Management. The case management flowchart as depicted in Figure 4-1 reflects the standard business processes for the NWW-SH Program. Actions within the flow chart shall be completed in the timeframe shown utilizing calendar days. These standards will be continuously monitored by the N95 Regional Directors and assessed during regional site visits and inspections and adhoc case reviews by CNIC HQ N95.

2. Referral Process. Service members who are seriously wounded, ill, or injured may be referred to the NWW-SH Program via many different mechanisms (i.e. Personnel Casualty Report, NWW-SH N95 regional staff referral, NWW-SH Call Center or self-referral). Upon receiving a referral from any of the various sources and when feasible, a NWW-SH N95 staff member will conduct an in-person assessment, open a case and input appropriate information into the database necessary to assist the NWW-SH enrollment committee in its enrollment determination.

a. All new cases opened in the database shall be assigned the NMCM name of "CASE-ADJUSTMENT". This designation alerts CNIC HQ N95 Policy and Enrollment Division of the creation of a new case.

b. Upon notification of a new case the Policy and Enrollment Division staff will review the case and either:

(1) Contact the appropriate N95 Regional Director if any information is missing; or

(2) Prepare the case for review by the NWW-SH enrollment committee.

3. Initial Assessment. The NMCM is primarily responsible for completing the initial assessment. In the event the NMCM is not available, another qualified member of the regional NWW-SHN95 staff will conduct the initial assessment in the specified time listed in Figure 4-1. The NMCM shall complete the following:

a. Review referral information and contact the service member, and/or point of contact, to coordinate a face-to-face initial assessment.

b. Introduce themselves to the service member and family member or designated caregiver, and provide an overview of the NWW-SH Program and resources available.

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c. Provide and explain the purpose of obtaining a signed Authorization for Disclosure of Medical or Dental Information (DD Form 2870). A signed DD Form 2870 shall be obtained prior to discussion of any medical information. The DD Form 2870 grants the NWW-SH N95 team permission to discuss the service member's medical condition, review medical documents and participate in CMT meetings. In the event the service member is unable to sign the DD Form 2870, a designated legal representative can sign the form allowing release and discussion of the service member's medical information. Once a signed DD Form 2870 is obtained, it should be uploaded into the database.

4. Classification and Enrollment Determination. Classification and enrollment determination can be made by the NWW-SH enrollment committee once the Initial Needs Assessment is obtained and uploaded into the database (See Appendix B-1). The enrollment committee will review the case and make one of the following determinations:

a. Enroll. If a Service member meets enrollment criteria, they will be assigned a Care Coordination Category 1, 2 or 3 in accordance with Chapter 3. In addition, the case status will be changed in the database from Pending to either "Inpatient", "Outpatient" or "Transition" for CAT 2 or 3 and "Assist Open" for CAT 1 cases.

(1) Inpatient. This status corresponds with inpatient or intensive residential outpatient status. This phase of non-medical care requires detailed attention to complete the comprehensive plan, address the immediate needs of the RSM and their family member or designated caregiver. The database shall be updated, to include the plan and notes, at least weekly.

(2) Outpatient. This status corresponds with outpatient status or Permanent Limited Duty (PLD). The RSM may still be receiving treatment, but the condition has stabilized. The database shall be updated, to include the comprehensive plan and notes, at least monthly. RSMs shall be referred to a Transition Coordinator as directed in Chapter 7.

(3) Transitioned. This status applies to an RSM who is transitioning from active duty status. An RSM who is transitioning should have all goals and needs in the comprehensive plan met and closed prior to departure from active duty. Remaining goals and needs in the CRP should be discussed with the RSM and their family member or caregiver, and a thorough turnover of the case to the VA with monitoring by a TC should be conducted.

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b. Assist Open. This status applies to a service member who is categorized as CAT 1. This applies to a service member who requires short term support to manage immediate needs. The case status is changed to Assist in the database and tracked for 60 days at which time the following will occur:

(1) If the identified needs are met, and no other assistance is required from the NWW-SH N95 team, the case shall be closed in the database by the N95 Region Director.

(2) If additional needs are identified and/or the medical condition changes, a reassessment is required and the case status shall be reevaluated for enrollment.

c. Return to Duty. This case status applies to a RSM who is found fit for duty by the MTF or PEB. When this occurs the care manager field in the database is changed to the CNIC HQ N95 Pay and Personnel Analyst.

d. Screened Not Enrolled. This case status occurs if the following occurs:

(1) The service member does not meet enrollment criteria as determined by the NWW-SH enrollment committee.

(2) If the service member expires prior to enrollment determination.

e. Deceased. This case status applies to an enrolled RSM or TSM who has expired.

5. Notification of Enrollment Determination

a. Each service member who meets enrollment criteria shall be notified in writing by the CNIC HQ N9 within 30 days of determination. The enrollment letter will be uploaded into the database.

b. A service member who does not meet enrollment criteria, shall be notified in writing by the CNIC HQ N9 within 30 days of determination.

6. The Comprehensive Plan. At each recovery phase, the RCC will meet with the RSM, and their family member or designated caregiver to review, sign and date the plan with a copy provided to the service member, family member or designated caregiver. This shall occur within 30 days of the beginning of each phase of recovery. Once the plan is signed by all parties, it will be uploaded into the database with an entry in the notes section of

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the database indicating the plan was presented and acknowledged by the RSM, family member or designated caregiver with a signed copy provided. The RCC shall provide an electronic signature and the N95 Regional Director shall provide an electronic certification of the plan in the database.

7. Required Documentation. The following additional documents, if applicable, shall be uploaded into the database:

a. Regional responsibility:

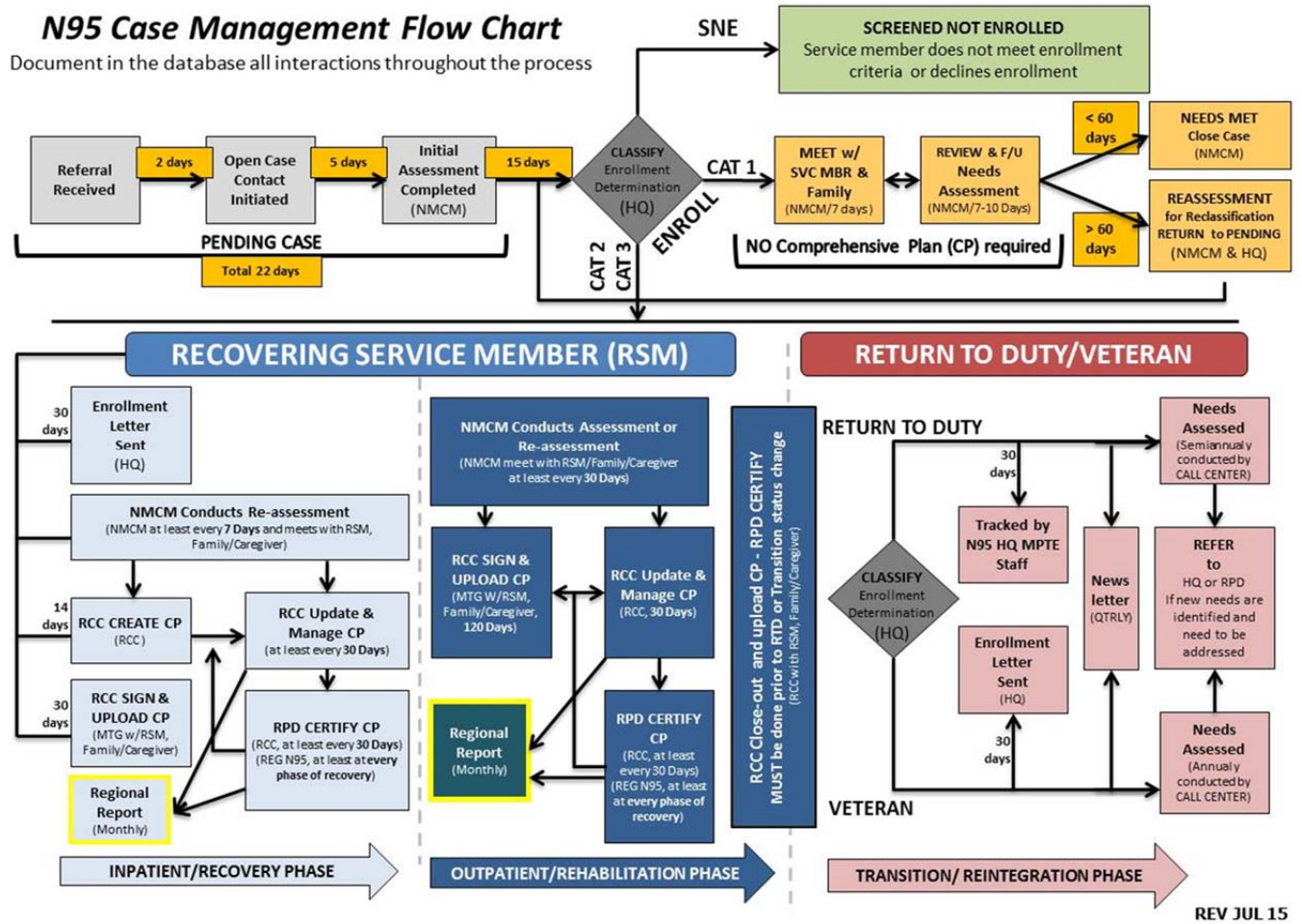
- (1) Current orders and Reserve specific orders
- (2) Combat awards (i.e. Purple Heart, Combat Action Ribbon)
- (3) Power of Attorney
- (4) Benefits documentation (i.e. Special Compensation for Assistance with Activities of Daily Living (SCAADL), Traumatic Service Member's Group Life Insurance (TSGLI), Service Member's Group Life Insurance (SGLI), SGLI Advanced Benefits Option (AB0), SGLI Benefits Extension, Combat Related Special Compensation (CRSC) application, etc.)
- (5) Non-governmental Organization (NGO) requests
- (6) PEB findings, TDRL and PDRL authority
- (7) LODI findings
- (8) DD-214
- (9) Resumes, Adaptive Sports and Anchor Program documents, media waivers and other miscellaneous documents as required.

b. Headquarters responsibility:

- (1) Enrollment and Condolence Letters
- (2) Copy of Personnel Casualty Report (PCR)
- (3) Current NAVPERS 1070/602 Record of Emergency Data (Page Two)
- (4) CRSC approval letter, Post 9/11 G.I. Bill Transfer of Eligibility Benefits (TEB) approval letter

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8. Condolence Letter. Upon notification of the death of an RSM or TSM, the CNIC HQ N95 Director shall send a condolence letter to the primary next of kin at the last known address on file or to a specific individual as designated by the respective Regional N95 team within five working days. N95 Regional Directors are responsible for providing the CNIC HQ N95 Program Director a few sentences about the RSM or TSM to assist with personalizing the condolence letter as well as providing updated address information.



CHAPTER 5
PAY, BENEFITS AND ENTITLEMENTS

1. Introduction. The CNIC HQ N95 Navy Personnel Command (NPC) Liaison Division serves as the Navy benefits issuing authority for Pay and Allowance Continuation (PAC) and Special Compensation for Assistance with Activities of Daily Living (SCAADL). In addition, they are the primary resource for any pay, benefits, and entitlements processing for NWW-SH RSMs and TSMS. The NPC Liaison Division works in a collaborative effort with multiple parties and activities to effect the most favorable execution of pay, benefits and entitlements to include Personnel Support Detachments (PSDs) and Defense Finance and Accounting Services (DFAS).

2. Duties and Responsibilities. The CNIC HQ N95 NPC Liaison Division is responsible for developing highly productive and resourceful working relationships with the Bureau of Naval Personnel (BUPERS) and NPC to develop streamlined processes with the appropriate BUPERS/NPC codes to expedite pay, benefits and entitlements. The CNIC HQ N95 NPC Liaison Division is responsible for the following:

a. Communicate circumstances and needs to appropriate NPC codes and coordinate administrative personnel actions to ensure access to pay, benefits, and entitlements.

b. Communicate significant circumstances with appropriate authorities when a service member's situation warrants consideration for a deviation in policy.

c. Family Travel. Execution of travel for family members is complicated. Funding for the same family members could be provided by three different entities over the course of a service member's recovery. Coordination and intervention of the CNIC HQ N95 NPC Liaison Division is often required to facilitate this process. Coast Guard bedside travel must be funded and processed in accordance with Coast Guard policy. Navy bedside travel should be coordinated with the Region Casualty Office and assigned Courtesy CACO. Reference (j), section 1770-230, and reference (k), U7270, provide an overview of policy and guidance associated with bedside travel for Navy personnel.

d. Hospitalization. Periods of hospitalization and/or outpatient treatment greater than 30 days can impact the pay entitlements of a service member, and should be evaluated and processed expeditiously in accordance with reference (i) to reduce the possibility of undue financial burden. The CNIC HQ

N95 NPC Liaison Division should be consulted to assist with any non-standard situations.

e. Reserve personnel. Reserve member's access to care is determined by their status at the time of the incident causing a medical care requirement. The CNIC HQ N95 NPC Liaison Division will monitor and assist in access to pay, benefits and entitlements as follows:

(1) If a Reservist is on active duty orders greater than 30 days, a request for Medical Evaluation (MEDEVAL) orders should be submitted to NPC (PERS-95). This will normally be initiated and submitted by the Navy Manpower Processing Site (NMPS) for mobilized Reserve members, and the supporting Navy Operational Support Center (NOSC), for those on Active Duty for Special Work (ADSW) or extended Active Duty for Training (ADT) orders. The MEDEVAL orders continue active duty entitlements and are used to determine a treatment plan to return the service member to duty. Once the treatment plan is determined, Medical Hold (MedHold) orders are issued to execute the treatment plan.

(2) If a Reservist is on active duty orders less than 30 days, a request for LOD determination for benefits should be submitted by the NOSC to PERS-95. A LOD allows for treatment of the approved diagnosis, but does not provide medical coverage for dependents. Incapacitation pay requests can be submitted, but the service member must submit documentation to prove a loss of civilian income, and it is paid retroactively.

(3) If a Reservist is not on orders when the need for medical care is identified, a Medical Record Review (MRR) should be submitted to PERS-95 and the Bureau of Naval Medicine and Surgery. The MRR is used to determine the service member's safe drilling status, and allow for excused absence from drill participation during treatment and recovery, as needed. The member can be processed for an MEB while on MedHold, LOD, or MRR, if their medical condition dictates.

f. Pay and Allowance Continuation. PAC allows for continuation of special pay and allowances for those Service members hospitalized for treatment of a wound, injury, or illness incurred or aggravated while serving in a designated hostile fire area. Navy PAC entitlements are certified for payment by the CNIC HQ N95 NPC Liaison Division in accordance with reference (i).

g. Special Compensation for Assistance with Activities of Daily Living. SCAADL is provided to RSMs that have incurred a permanent catastrophic illness or injury. Navy SCAADL

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entitlements are certified for payment by the CNIC HQ N95 NPC Liaison Division in coordination with the CNIC HQ N95 Senior Medical Advisor in accordance with reference (d). The CNIC HQ N95 NPC Liaison Division should be consulted prior to discussing this entitlement with the RSM.

h. Traumatic Service Member's Group Life Insurance (TSGLI). TSGLI allows for a one-time payment for a qualifying loss that is the direct result of a traumatic event. Claims should be reviewed by the CNIC HQ N95 NPC Liaison Division prior to submission.

i. Navy Enlisted Classification (NEC) code assignment. Navy enlisted RSMs will be assigned the NEC 0096 within five days of enrollment by the CNIC HQ N95 NPC Liaison Division. This NEC is used to identify enlisted RSMs.

j. Personnel Assignments. The CNIC HQ N95 NPC Liaison Division shall coordinate with NPC to assist with reassignment of RSMs, as needed.

k. Transfer of Eligibility Benefits (TEB) for Post 9/11 G.I. Bill. This allows eligible RSMs to transfer all, or a portion of, their Post 9/11 G.I. Bill education benefits to eligible dependents. A service member must do this while on active duty. The TEB for RSMs must be coordinated with the CNIC HQ N95 NPC Liaison Division.

l. SGLI Disability Extension (DE). SGLI DE is available to a TSM that is disabled at the time of separation (unable to work) and provides free SGLI coverage for up to two years from the date of separation. At the end of the extension period, they will automatically become eligible for Veteran's Group Life Insurance (VGLI), subject to premium payments. Applications cannot be processed until the TSM is discharged, and shall be coordinated with the CNIC HQ N95 NPC Liaison Division for expedited processing.

m. Combat-Related Special Compensation (CRSC). CRSC provides tax-free monthly compensation to military retirees with military or VA-rated disabilities resulting directly from: training that simulates war, an instrumentality of war, hazardous service or armed conflict. CRSC applications can be submitted for expedited processing by the CNIC HQ N95 NPC Liaison Division and requires a copy of the PEB/VA findings, DD-214, and signed CRSC application.

n. Advanced Benefits Option (ABO). The ABO gives terminally-ill SGLI policyholders access to their death benefits

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before they expire. The service member may receive a portion of the face value of the insurance in a lump sum payment. For a service member to be eligible to receive payment of an ABO, he/she must have a valid written prognosis from a physician of nine months or less to live. Only an insured member may apply for the ABO.

3. Audits and Reports. The CNIC HQ N95 NPC Liaison Division will perform a monthly review of assignment status and pay accounts for RSMs and Return to Duty status cases. Corrective action shall be taken as necessary with a monthly report submitted to CNIC HQ N95.

CHAPTER 6
QUALITY ASSURANCE, TRAINING AND INSPECTION

1. Responsibilities. The Quality Assurance, Training and Inspection Division is responsible for the development and implementation of quality assurance, training standards and regional site inspections. Periodic reviews of RSM cases throughout the continuum of care will be done for accuracy, completeness and consistency to include review of the comprehensive plan for RSM, RCC signature and N95 Regional Director certification. Cases shall be reviewed at enrollment and transition. In addition, a minimum of ten percent of cases per region shall be reviewed each quarter with a report provided to the Region N9. CNIC HQ N95 is responsible for developing the overarching annual training plan but it is the N95 Region Director's responsibility to ensure their staff members receive tailored training.

2. Training. Training is essential to the effective execution of the NWW-SH Program mission. Per reference (a), CNIC HQ N95 will maintain completion certificates on all staff personnel who attended Office of the Secretary of Defense mandated RCC Training, CNIC Headquarters (CNIC HQ N95) Indoctrination training, and annual required Health Insurance Portability and Accountability Act (HIPAA) certification. CNIC HQ N95 will publish Personnel Qualification Standards governing NMCM and RCC indoctrination training. The N95 Region Director shall maintain training records for all mandated training requirements for regional staff personnel.

a. Service Training. N95 regional staff are required to attend a week long formal and comprehensive service training at CNIC HQ N95 including, but not limited to, database management, required program instruction guidance, Program Support Division services, and a site visit to the local MTF. In addition, if the staff member will be assigned to remote duty, they will attend an additional week of indoctrination at the Region N95 HQ. For personnel assigned to Navy Region Hawaii, this will occur at Navy Region Southwest. For military personnel, Permanent Change of Station orders should include an intermediate stop at CNIC HQ N95 and the appropriate Region N95 HQ if applicable. Indoctrination training shall be conducted within 45 days of assignment to the NWW-SH Program for all staff personnel. Service training shall also include the following:

(1) Online privacy training. All NWW-SHN95 staff must recertify HIPAA and PII training annually.

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(2) Complete a personal biography.

b. RCC training requirements. All NWW-SHN95 staff shall attend the Deputy Assistant Secretary of Defense for Warrior Care Policy (DASD (WCP)) Recovery Care Coordinator training.

c. Annual training requirements. Annual training will be planned and coordinated by CNIC HQ N95. This training will be conducted in person with all NWW-SH N95 personnel when possible. The intent of the annual training is to continue to expand on the foundation of knowledge and changing trends on topics not normally available during the monthly training discussions. This will include, but is not limited to, special subjects outside of the NWW-SH Program's expertise (i.e. Social Security, PTSD mental health, etc.) as well as specialized training from CNIC headquarters. This training will also provide an opportunity to share best practices and lessons learned amongst N95 Region Directors, NMCMs, RCCs and TCs across the CNIC regions.

d. Monthly training requirements. CNIC HQ N95 will conduct monthly training for regional staff to update personnel on selected topics. This training will be conducted virtually.

e. Ad hoc training requirements. Training needs that do not fall under monthly training will be scheduled as needed.

f. Region specific training. The N95 Region Director is responsible for ensuring completion of all regional training requirements for their staff, and shall document and retain copies of completion certificates. The N95 Region Director shall ensure newly reporting personnel meet with all local agencies to include: Patient Administration staff, key hospital personnel, nurse case managers, medical board personnel, VA liaisons, Fleet and Family Services, Regional Ombudsman, Navy Operational Support Command (NOSC) leadership, CACO staff, and the transition program coordinator.

3. Regional Site Inspections. CNIC HQ N95 shall conduct annual site inspections. Inspection areas shall include all aspects of non-medical care management, development and maintenance of the comprehensive plan, database management, outreach and awareness, transition coordination, adaptive sports and local non-government organizations and family support initiatives. CNIC HQ N95 will provide clearly defined evaluation criteria to N95 regional staff. During the visit, the CNIC HQ N95 inspection team will meet with RSMs, family members or their designated caregiver to gain insightful feedback and information pertaining

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to their non-medical care and experience with the NWW-SH Program. The Region N95 shall facilitate interviews with at least five family members or caregivers, or 15 percent of the RSM population, whichever is greater. Selected family members or designated caregivers will be asked to complete a survey prior to the interviews being conducted.

a. Notification. CNIC HQ N95 will provide an inspection notification to the Region N9 and N95 a minimum of 30 days prior to conducting an inspection. The CNIC HQ N95 inspection team will inform regional staff of prospective dates, RSM and family member or designated caregiver interview requirements, and inspection criteria.

b. Out-brief. Upon completion of the site inspection, the CNIC HQ N95 Inspection Team will out-brief the Region N9 and N95 Region Director.

c. Inspection Reports. The CNIC HQ N95 inspection team will submit an inspection report to the Region N9 via the N95 Region Director within 30 days of conducting a site visit. The inspection report will include best practices, lessons learned and potential areas of concern. N95 Region Directors shall respond in writing to CNIC HQ N95, via the Region N9, on all open action items and follow-up recommendations within 60 days of inspection results being received. Final reports with corrective actions will be provided to the Commander, CNIC, via the CNIC HQ N9, with a copy provided to the Region N9 for review.

4. Data Collection and Metrics. CNIC HQ N95 will provide weekly and monthly reports to CNIC leadership on program trend analysis and the health and wellness of the NWW-SH Program. Data is collected from the CNIC Regions in order to understand the supporting population, the utilization of current assets, and to project future needs. The N95 Region Director shall submit monthly regional metrics to include number of enrollees, comprehensive plans developed, Return to Duty personnel, Transitioning Service Members, and assigned NMCMS.

5. Program Surveys. As required by reference (a), CNIC HQ N95 is responsible for developing, executing and analyzing surveys on the seriously wounded, ill and injured population. The surveys shall be conducted via a third party and focus on the recovery, rehabilitation and reintegration process. Multiple vehicles may be utilized to execute the surveys to include paper, electronic and telephonic venues. CNIC HQ N95 will provide results to CNIC leadership and the regions. The survey

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results will assist in driving programmatic decisions, achieving goals, and determining future initiatives.

CHAPTER 7
PROGRAM SUPPORT SERVICES

1. Program Services. Program support services consist of call center services, transition support, charitable outreach, family assistance, and adaptive sports that may be delivered across the continuum of care.

2. Navy Wounded Warrior Call Center (NWWCC). The NWWCC is located in Millington, TN, and supports NWW-SH Program efforts in providing 24-hour, 7-days a week service for Sailors, Coast Guardsmen, and their family members or designated caregivers. The NWWCC staff provides quality customer service in accurate, effective and responsible call center operations, while ensuring the ongoing wellbeing of seriously wounded, ill, and injured service members and their families or caregivers. The NWWCC is supervised by the NWW-SH-Navy Personnel Command Liaison Division. The NWWCC operating procedures shall include emergency protocols for callers who are suicidal, depressed or otherwise require immediate response.

a. Incoming Calls. Information from calls is collected and transcribed on an intake form and is either resolved at the NWWCC level or forwarded to CNIC HQ N95 Policy and Enrollment Division for resolution or redirection to the appropriate resource.

b. Outreach. The NWWCC will conduct calls to RSMs and TSMs to verify contact information and provide benefit and event updates. In addition, the NWWCC staff will be used to conduct periodic rapid action telephonic surveys. These surveys typically are quick in nature, simple and concise. Overall, this type of outreach allows N95 leadership the ability to take a quick pulse of our enrollee population and obtain information regarding concerns or needs enrollees may be experiencing.

3. Transition Services Branch (TSB). The TSB supports the TSM, their family members or designated caregivers, by providing information regarding changes in benefits and laws, and certifying completion of the Transition Reintegration Plan (TRP). The TSB is equipped to assist TSMs make a seamless transition into civilian life by taking a proactive approach to addressing immediate concerns and developing intermediate and long term goals.

a. Transferring a case to the TSB. The RSM shall be assigned to a regional TC once their PEB findings have been accepted, or upon separation or retirement notification. A face-to-face transition assessment meeting shall be conducted

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with the RSM, their family member or designated caregiver, NMCM, RCC and TC within ten days of accepting their PEB findings. The RCC shall complete an assessment during the meeting to identify outstanding CRP items to be completed prior to transition.

b. Documentation. The TC manages the identification of needs, completion of goals, and documentation in the database.

c. Outreach. Each TSM shall be contacted monthly during their first year after transition, and then on a semi-annual basis.

d. Anchor Program. The Anchor Program provides peer mentors for CAT 2 or CAT 3 TSMs in their local community. This program facilitates support to the TSM and their family member or designated caregiver during transition and reintegration into the community. The CNIC HQ N95 Anchor Program Coordinator is responsible for developing effective communication and efficient working partnerships with the NMCM, RCC or TC (as applicable) and a host of government and non-government agencies to provide support during the reintegration phase of a TSM. Specific program guidance includes:

(1) Work collaboratively with the NMCM, RCC or TC to ensure CAT 2 or CAT 3 TSMs are briefed on Anchor Program participation opportunities.

(2) Maintain a close relationship with partnering Navy and Coast Guard Reserve and retired personnel, as well as veteran's organizations, to establish a network of potential mentors.

(3) Coordinate the assignment of mentors for each CAT 2 or CAT 3 TSM. Mentors will commit to a minimum of one year with the Anchor Program. Upon assignment of a mentor, the Anchor Program Coordinator shall notify the N95 Region Director, and make a note in the database.

(4) Whenever possible, a mentor should be a peer to the TSM requesting assistance. Mentor contact information shall be collected by the Anchor Program Coordinator and uploaded into the database.

e. Education and Employment Assistance. Provide employment and education information to CAT 2 and CAT 3 enrollees on potential job opportunities, internships, certification programs, and any other academic or vocational resources. Duties and responsibilities include:

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(1) Work with the region N95 staff to identify employment and education needs of CAT 2 and CAT 3 enrollees and their family members or designated caregivers.

(2) Notify each N95 Region Director of any employment or education fairs, conferences or seminars.

(3) Assist in educating the enrollees and N95 regional staff on job search criteria, trends within the hiring process, resume writing and interview techniques.

(4) Establish a directory of government and non-government assets that provide employment and education training, and ensure each N95 region is made aware of these organizations.

(5) Advocate for the enrollee and their family member or designated caregiver in pursuing employment and education opportunities.

4. Non-Governmental Organization Coordinator (NGOC). During a service member's recovery, reintegration, and rehabilitation there may be circumstances that require resources beyond what military and other government organizations can provide. When this occurs, non-governmental charitable organizations may help meet these needs. The CNIC HQ N95 charitable NGOC has the primary responsibility to be aware of charitable resource opportunities that exist for RSMs, TSMs, family members or designated caregivers. The CNIC HQ N95 NGOC maintains a centralized database of charitable non-government organizations that offer financial, education, clinical or any other type of support for RSMs, TSMs, family members and caregivers. The CNIC HQ N95 charitable NGOC is responsible for the following:

a. Identify NGOs and charitable resources that are offered and are available to seriously wounded, ill or injured service members and their family members or designated caregivers. Also, identify and remain cognizant of the unmet needs of seriously wounded, ill or injured service members and their family members or designated caregivers in order to align potentially available charitable resources with appropriate recipients. This coordination reduces redundancy of efforts and improves the financial efficiency of governmental and NGO resources. At no time, however, may any federal employee including the NGOC solicit gifts to the government or seriously wounded, ill or injured service member and their family members or designated caregivers. The NGOC will ensure that NWW-SH personnel and enrollees are aware of Department of the Navy

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ethics and gift acceptance policy requirements to ensure compliance with references (n) through (r).

b. Collect, maintain and manage data on each NGO or charitable organization that has provided resource support to NWW-SH or its enrollees and caregivers and provide metrics reporting as required.

c. Coordinate with legal counsel all actual and potential offers of gifts to the Department of the Navy or to seriously wounded, ill or injured service members and their family members or designated caregivers.

d. Organize participation in special events and programs (i.e. athletic events, concerts, outdoor recreation, family activities or community-based initiatives) for RSMs, TSMs, and their family members or designated caregivers and document in the database enrollee participation.

e. Coordinate the utilization of the NWW-SH Gift Fund. Propose requests for NWW-SH Gift Fund disbursements to satisfy the unmet needs of enrollees, for approval by the NWW-SH Gift Fund Committee chaired by the CNIC HQ N95 Deputy Director and consisting of the CNIC N95 Division Managers. CNIC HQ N9L will participate in an advisory role.

5. Family Support Coordinator (FSC). The FSC strategically oversees overall program support to family members and designated caregivers, identifying trends and national resources. Responsibilities of the FSC include:

a. Develop a highly productive and resourceful working relationship with a broad range of government and non-governmental agencies to identify resources for family members and designated caregivers.

b. Work collaboratively with the N95 regional team to:

(1) Ensure timely communication regarding sources of family assistance including program services, scholarship opportunities, and respite care, to families or designated caregivers through the NWW-SH Family Newsletter, social media outlets, and the NWW-SH website.

(2) Resolve issues or obstacles in obtaining resources for RSMs, TSMs, and their family members or designated caregivers.

(3) Respond to individual requests for specific family or caregiver needs in a timely manner.

c. Participate in ongoing assessments. Work with N95 Region Directors to facilitate an annual family member and caregiver survey of identified needs, services offered and accessed, and satisfaction with the support received from the NWW-SH Program.

d. Develop an annual Family programs calendar to include potential regional family symposium sites and dates as well as other family program support events. Coordinate and oversee regional annual NWW-SH family symposiums. Maintain and update the Family Symposium Tool Kit as necessary.

e. Act as the CNIC HQ N95 liaison to child and youth programs on issues for seriously wounded, ill, or injured service members.

6. Adaptive Sports and Recreation Branch (ASRB). The ASRB provides sporting and recreational opportunities for CAT 2 and CAT 3 enrollees, in an effort to improve physical and mental fitness through a regimen of exercise and activities employing equipment specifically adapted to the needs of the enrollee. The goal of the program is to recruit, motivate and engage CAT 2 and CAT 3 enrollees in a wide range of introductory, competitive and elite recreational and sports activities. Members of the regional N95 teams are responsible for briefing each CAT 2 and CAT 3 enrollee on the benefits and opportunities available through adaptive sports and recreation and notify the ASRB when an enrollee has completed the registration questionnaire and uploaded it into the database. The ASRB is responsible for developing and disseminating a quarterly adaptive sports calendar to include government and non-government organization sponsored events. In addition, the ASRB will disseminate adaptive recreational opportunities to regional N95 staff as they become known.

a. Adaptive Sports Coordinator (ASC). The ASC shall monitor each aspect of the program, and develop and maintain efficient working partnerships with the Region N95 staff, government, and non-government organizations. The ASC is responsible for the following:

(1) Work collaboratively with regional N95 staff to provide information on adaptive sports and recreational opportunities and raise awareness.

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(2) Validate and maintain athlete questionnaire and upload it into the database.

(3) Coordinate travel of athletes for activities and events.

(4) Attend professional conferences and events to maintain close communication and preserve partnerships with U. S. Olympic and Paralympic Committees and other Adaptive Sports Programs throughout the country to maintain situational awareness of opportunities for CAT 2 and CAT 3 enrollees.

(5) Orchestrate and manage adaptive sports coaching staff.

(6) Plan and coordinate training camps for CAT 2 and CAT 3 enrollees, and maintain accurate athlete participation records.

(7) Manage and maintain all N95 sports equipment. The ASC shall ensure the equipment is thoroughly tracked. Any equipment issued to athletes for use in between athletic events will be issued utilizing the Sub-custody Agreement (Appendix B-3). Document this information and upload a copy of the agreement into the database.

(8) Notify the N95 Region Director whenever a CAT 2 or CAT 3 enrollee has applied for and been approved to participate in adaptive sports programs and document this information in the database.

b. DoD Warrior Games. The purpose of the annual DoD Warrior Games is to provide a competitive opportunity across Service branches, as a component of rehabilitation for RSMs and TSMs to demonstrate the results of their ongoing physical activity and training.

(1) There is a rigorous selection process in order to become a member of the Warrior Games Navy Team. The ASB is responsible for this process. The first requirement in the selection process is participation in a NWW-SH sponsored training camp or Paralympics venue. NWW-SH will host a minimum of two all-sport training camps per year in addition to minicamps where individual disciplines are emphasized.

(2) Team selection will occur after the annual Navy Warrior Trials and be based on the recommendation of the coaches who work in conjunction with the NWW-SH ASB looking at the

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athlete's performance over the course of the year and their potential for competition in Warrior Games.

(3) CAT 1 enrollees are not eligible to participate in the DoD Warrior Games. They may be able to participate in local adaptive sports or recreational events on a case-by-case basis.

7. Marketing. An annual marketing and communications plan shall be established by the NWW-SH Marketing Coordinator at CNIC HQ N94. Regional staff play an essential role in the execution of the plan and the dissemination of the program's message.

a. Coordination between N95 Region Directors and Field Marketers. Though marketing capabilities vary by region, the field marketers can accommodate most day-to-day promotional needs. N95 Region Directors are strongly encouraged to collaborate with field marketers to proactively share NWW-SH messaging and materials through local and regional channels. The NWW-SH Marketing Coordinator at CNIC HQ N94 will advise and provide input as needed, and also provide the regions with nationally focused promotional materials and messaging.

b. Coordination between N95 Region Directors and Field Public Affairs Personnel. Should an enrollee or NWW-SH staff member receive a media inquiry - especially one that requires base access - field public affairs personnel should be contacted immediately. Further, any media requests related to an enrollee on active duty should be routed through his/her parent command for approval. The NWW-SH Marketing Coordinator at CNIC HQ N94 will advise and provide input as needed, and also orchestrate national and/or large-scale media outreach efforts.

c. Logo Usage. All regional staff are required to use both the CNIC and NWW-SH logos in all materials they create and distribute on behalf of the NWW-SH Program. All requests from other commands or outside agencies or companies to use these logos shall be routed through CNIC HQ N95 for approval. A NWW-SH branding style guide has been developed that specifically dictates requirements for logo, program name and color usage in marketing materials. The style guide can be retrieved from: http://www.navymwr.org/resources/marketing/navy_wounded_warrior_safe_harbor/Style%20Guide/

d. Responsible use of information. To ensure the full protection of the NWW-SH Program, all enrollees are required to sign two waivers, Appendix B-4 and B-5, to provide general authorization and release of personal information, and authorize consent to use an enrollee's picture and/or voice. Once signed, both waivers must be scanned and uploaded into the database.

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The original waiver shall be maintained locally by region staff, and a copy shall be sent electronically to the NWW-SH Marketing Coordinator at CNIC HQ N94.

e. Marketing Materials. N95 Region Directors should disseminate program information among enrollees and their families or caregivers, internal and external partners, and other key regional contacts to the maximum extent possible. Informational materials can be accessed at:

http://www.navymwr.org/resources/marketing/navy_wounded_warrior_safe_harbor/, or from the CNIC NWW-SH website.

(1) Each regional location has been provided either a hanging banner or a pull-up display. N95 Region Directors shall ensure that these signs are featured at all times in prominent locations within regional facilities. If possible, the N95 Region Director should hang posters and display brochures in high-traffic areas of regional facilities to promote program initiatives. An inventory shall be kept of all informational materials; when supplies run low, he/she must contact the NWW-SH Marketing Coordinator at CNIC HQ N94 for replenishment.

(2) RCCs are responsible for including the informational materials in Welcome Aboard packets for new enrollees. Each packet should include a brochure, all fact sheets and a generic business card.

f. Marketing/Awareness Activities. Regional N95 staff are required to perform and record at least four outreach activities per month. Outreach activities can include, but are not limited to, the following: news articles, press releases, briefings and presentations, event booth hosting, and media interviews. These outreach efforts can be executed by any member of the N95 regional staff.

g. Warrior Care Month. Each November, NWW-SH commemorates Warrior Care Month, an opportunity to shine light on warrior care issues. During the month, NWW-SHN95 regional staff are required to host/deliver at least one informational booth or presentation among key audiences, coordinating with the Region Public Affairs Officer (PAO) and field marketers. N95 Region Directors are also expected to collaborate with field marketers to share messaging through online and print channels, as well as at face-to-face venues, throughout the month.

APPENDIX A
TERMS AND DEFINITIONS

Care Management Team (CMT) - The Care Management Team (CMT) includes individuals who are working together to manage, coordinate, and/or deliver the care, benefits, and services for the RSM and to support the family member (s) or designated caregiver(s). The professionals and individuals who comprise a specific CMT will vary based on the needs of the RSM, family member(s) or designated caregiver(s), but at a minimum will consist of a medical and non-medical case manager.

Charitable Resources - Resources from non-governmental organizations (NGOs) available to an enrollee, their family members or designated caregiver for needs that are not covered by another government program.

Comprehensive Plan - A comprehensive list of short and long-term goals identified during the needs assessment phase of recovery that will serve as the basis for all non-medical care provided to the RSM.

Designated Caregiver - A person designated by the RSM to assist and support them during their period of recovery. The person does not have to be an immediate family member.

Inpatient - A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

Invitational Travel Orders (ITO) - Military travel orders that allow an RSM's family to travel to the bedside of a very seriously wounded, ill, and injured service member.

Limited Duty - A period of recovery for a medical purpose assigned by a Convening Authority within a military medical treatment facility.

Non-Medical Care Manager (NMCM) - Works closely with the RSM and their family or caregiver to assess and oversee the non-medical care management services provided to the RSM.

Outpatient - A patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay, or is a non-resident hospital patient.

Recovering Service Member (RSM) - A member enrolled in the Recovering Service Member Program, and shall encompass any member of the Navy or Coast Guard who is undergoing medical

treatment, recuperation, or therapy for a serious wound, injury or illness.

Recovery Care Coordinator (RCC) - The individual responsible for developing and maintaining the comprehensive plan for an RSM, and ensures the RSM and family or caregiver have access to necessary medical and non-medical services throughout the continuum of care.

Recovery Coordination Program - A program that encompasses both medical and non-medical elements for managing and overseeing the delivery of the Department of the Navy's continuum of care for the wounded warrior population.

Transition Coordinator (TC) - The TC is responsible for assessing the needs and managing transition assistance services to assist enrollees and their families or caregivers who are separating or retiring from active or reserve service.

Transitioning Service Member (TSM) - A member who is enrolled in the recovery coordination program, and is now transitioning from active service.

**APPENDIX B
TEMPLATES AND FORMS**

Navy Wounded Warrior – Safe Harbor (N95) Initial Needs Assessment Checklist			
#	Identified Need/Concern	Category Name (database)	Notes
RECOVERY PHASE			
1	Invitational Travel Orders (ITO)	Family Support	
2	Lodging Arrangements	Family Support	
3	Debit Card Program	Financial	
4	Financial Support from Benevolent Organizations	Charitable Donations	
5	Transportation	Family Support	
6	Courtesy CACO Assignment	Family Support	
7	Pay/Compensation (TSGLI/PAC/CZTE) (only if RSM is out of Theatre)	Benefits or Pay & Allowance	
8	Family/Child Care Needs	Family Support	
9	Legal (Power of Attorney (POA)/Medical Directive)	Legal	
10	Current Orders (if available upload into database)	Admin	
11	DD-2870 (upload into database)	Admin	
12	Spiritual (Pertinent in all phases)	Spiritual	
REHABILITATION PHASE			
1	Re-Enlistment (NA for Officers)	Admin	
2	Awards (PHCAR/Other)	Awards	
3	ID Cards/CAC	Admin	
4	Dual Military (list Branch of service, rank, duty station)	Admin	
5	SGLI/Advanced Benefit Option (ABO)/Page 2	Admin	
6	Command POC	Admin	
7	Advancement Exam (Eligible Y or N) *N/A for Officers	Admin	
8	Retention (Continuation Board Eligible Y or N)	Admin	
9	Social Security Disability Insurance (SSDI)	Benefits	
10	Legal (Living Will/Line of Duty Investigation (LODI)/Guardianship)	Legal	
11	Evaluations/Fitness Report	Admin	
12	Federal Recovery Coordinator (FRC) Referral	Medical	
13	SCAADL Benefit	SCAADL	
14	Household Goods (HHG)/STO Orders	Admin	
15	Adaptive Athletics	Treatment programs	
16	End of Obligated Service (EAOS/EOS)	Admin	
17	LIMDU (indicate # of LIMDU; i.e. 1/2/3)	Admin	
18	MEB	Med Board/PEB	
19	PEB (list IDES Number if available, Reconsideration, Formal)	Med Board/PEB	
REINTEGRATION PHASE			
1	PEB Findings/Disposition/VA Rating (list under "Current Medical Information")	Med Board/PEB	
2	Employment (Resume/Career Fairs/Internships/OWF/E2I/JTEST-AI)	Employment	
3	Education Goals (College, VOC Rehab/E2I)	Education	
4	Transition GPS/DTAP	Separation	
5	Anchor Program	Separation	
6	Post 9/11 GI Bill *Only if RSM has dependents	Separation	
7	DD-214 (if available upload into database)	Separation	
8	VA Caregiver Stipend	Separation	
9	SGLI Extension Benefit	Separation	
10	Pay/Compensation (CRSC/CRDP) *only for combat related injuries	Pay & Allowance	
11	Security Clearance Date	Separation	
12	VA Preparation (Benefits Delivered at Discharge, Home or Auto Grant)	Separation	
13	Health and Dental coverage upon leaving active duty	Separation	

TWMS Initial Needs Assessment, Transition and RTD Note Templates

Initial Needs Assessment Note Template:

INITIAL ASSESSMENT CONDUCTED AT:

Geographic Location City and State (specify in person or over the phone)

Date Conducted: 15 OCT 2014

Parent Command Info:

4th Marine Division,
14th Marine Regiment,
(Stationed in Cincinnati, OH)

Case referred by: MCM, Ms. Jolene Mayberry

Date of Referral: 14 OCT 2014

Diagnosis: TBI, PTSD, disability for leg stated as "gait abnormality combat related."

Prognosis: Long term disability; medically retired. PTSD support documentation pending. NMCM working with MCM to upload into TWMS.

PNOK: Wife: Sally Simple, Home: 999-898-7094, cell: 999-673-1838

SM Contact Information:

Work: 513-000-2370 ext: 122; Cell 999-414-6306; Home is same as cell phone number

Work Email: Joe.r.Sailor@usmc.mil ; Personal email: JoeSailor@Yahoo.com

SYNOPSIS: USN, AD, HMCS, E-8, 47YO, M.

On 15 Feb 2011 Service Member received combat injuries when MRAP was hit with an IED while on patrol in Afghanistan. Member received medical care in theatre and was shortly thereafter sent back home August 2011. Member was with the 101st Airborne. In October of 2011 SM was diagnosed with PTSD and a TBI from the incident as well as member experienced leg issues. Medical facility was at Wright Patterson Air Force Base, OH. In May 2013 SM started his first period of LIMDU (May 13 – Nov 13) and then second period LIMDU (Nov 2013 – May 14). SM was originally found fit for continued service but contested decision and was put in IDES process. Member states he was found at a combined DOD: 80% and VA: 100% Disposition: TDRL. Member has accepted PEB findings and is requesting a January 30th 2015 retirement date.

Facility where receiving treatment/dates and Recovery Team Members:

Current Medical Facility: Wright Patterson Medical Center, Ohio. (Inpt 20 July – 31 July 2014) Outpatient Facility: FHCC Great Lakes, IL

1. PCM: LTCOL Slam Naguru, Neurologist. Work: 123-457-9988

2. CAPT Fred Peters, Psychiatrist. Work: 456-987-2211

3. MCM: Ms. Jolene Mayberry. Work: 555-666-8888

4. PEBLO: Will get info.

NEEDS Addressed:

1. Legal: SM has already updated POA and Will is taken care of. Will request copy of Durable POA for upload.
2. Education: SM currently working on a master's in public health and about halfway through. Navy TA is currently covering costs but is already in contact with VA for VA education grant to pick it up when SM transitions.
3. Employment: Working to obtain a job at the VA in Ohio, Wright Patterson Air Force Base, or at Cardinal Health in Ohio. SM is interested in E2I referral, and resume help.
4. Medical: Current medical facility is Wright Patterson Medical Center, Ohio.
5. Financial: Family is good place. No needs.
6. Benefits: (1) Discussed SSDI. SM does not think applicable right now. (2) CRSC was briefed and SM aware and stated working with someone to apply but may need further assistance. SM interested in WWP contact.
7. VA Post 9/11 GI Bill: GI Bill already transferred to children.
8. Social and Family: SM married to wife for 25 years. Three children: 24yr boy, 23yr boy, and 13yr girl. SM states no issues.
9. Housing: SM owns and is planning to remain in residence through transition. Address 7560 President Abraham Street, Dayton, OH 45410
10. Interests and Hobbies: Hunting, helped coach soccer team, sports, Football and Hockey.
11. Anchor Program: Will discuss pending enrollment decision.
12. DTAP/Transition GPS: Will confirm if attended and date.
13. Combat Awards: Will get confirmation of CAR and if received PH. (if not in TWMS Awards Tab)
14. TRICARE: Prepare Tricare preparation.
15. VA: Prepare VA preparation.
16. DD-214: Get copy of DD-214 and upload.
17. PEB Disposition/Findings: Get copy of and upload.
18. Advancement: N/A
19. EVAL: N/A

RECOMMENDATION: NMCM RECOMMENDS CONFIRMATION OF DX PTSD AND TBI AND IF CONFIRMED ENROLLMENT TO NWW PROGRAM FOR ASSISTANCE WITH TRANSITION PROCESS.

HMCS SLIPPERY
NMCM/REGION X

Enclosure (1)

RPD Cursory Review of Case Prior to Moving Case to Transition or RTD:

1. Ensure CRP Start and End dates are filled in and Reintegration signed CRP is uploaded.
2. Ensure MEB/PEB Section is completed on Main Tab.
3. Ensure Hospital Tab is completed.
4. Ensure Transition Tab E21/VR&E and Anchor Program is completed in addition to top section of PEB Findings and DTAP.
5. Ensure Transition Note is done by NMCM.
6. All Pertinent documents are uploaded: DD-214, Resume, Anchor Application, Adaptive Application, PEB Findings, TDRL/PDRL Message, Signed Reintegration CRP, CRSC, SGLI DE, Post 9/11 GI Bill Transfer confirmation etc.
7. Update Address Section on Main Tab to Retirement Address to include civilian email if not already captured! The Transition Note Example is just that. If other Needs are outstanding please document accordingly.

*If case is a Transfer between Regions please use same format and label "Transfer Note (NDW to NRSE)

NMCM Transition Note Template:

24APR2014: TRANSITION NOTE

SUMMARY:

RSM will transition to the local area in San Diego and desires to seek employment as Sales representative. Education level is HS Diploma but working on AA Degree at local community college. Completed 33 credits towards degree. Informed SM of hand off between region RCC and Transition Analyst in DC at time of Reintegration CRP review and he is looking forward to the phone call.

BACKGROUND PEB FINDINGS:

Informal PEB Rating, 08 Jan 15: DOD: 60% and VA: 70% Disposition: TDRL. TDRL Date: 28 Apr 15

OUTSTANDING CURRENT NEEDS:

1. Employment - RSM indicated that he wanted to seek employment in Sales during Initial interview. RCC connected with RSM to see if this is still his desire and will inform Transition Analyst. SM did not state what type of sales he wanted to get into. Current Resume uploaded for SA.
2. Post 9/11 GI-Bill – At the time of RSM's transition, transfer of benefits have not been verified. Contact Ralph Gallagher for verification.
3. Adaptive Sports – An application to NWW-SH was sent to RSM's email address at the time of his transition but did not get application back.
4. DD214 – At the time of RSM's TDRL date, RCC does not have a copy of RSM's DD214. Will get a copy of DD214 from PSD Naval Station San Diego and upload.
5. TRICARE – Enrollment information regarding TRICARE was given to RSM. Was not able to f/u if applied for TRICARE benefits prior to terminal leave starting.
6. VA Health Benefits – Enrollment to VA Health Benefits was not processed at the time of transition.
7. Life Insurance – Information regarding SGLI DE and VGLI was provided to RSM as he will be unemployed at medical retirement.

Joe Camel
RCC NRSW

Enclosure (1)

N95 CASE TRANSITION CHECKLIST

RSM LAST NAME:		RSM CASE NUMBER:	
NMCM:		RCC:	
REGIONAL N95:			
TRANSITION NEEDS TO REVIEW AT CASE TRANSFER			
Needs	Y/N/NA	PENDING/COMPLETED Comments	
Ensure DD Form 2870 is Uploaded			
Upload PEB Findings/Disposition/VA Rating			
Upload Line of Duty Investigation (LODI) Findings			
Employment Goals:			
Resume			
Career Fairs			
Internship			
Education Goals:			
College			
VOC-Rehab			
TAP/DTAP (GPS) (Schedule when MEB Initiated)			
Anchor Program (Submitted Enrollment Form)			
Transferred Post 9/11 GI Bill (Prior to Separation Date)*			
Uploaded DD-214			
Applied for VA Caregiver Stipend			
Inform SCAADL End Date (90 Days Post Separation)			
SGLI Disability Extension Benefit application uploaded*			
Upload Pay/Compensation (CRSC) Combat Related Special Compensation Application Benefit*			
Current Tab: Ensure all Benefits Drop Downs and MEB/PEB Dates are filled in/cor			
Ensure Retirement Address if known is documented under Current Address			
VA Preparation:			
VA Health Care Benefits			
Benefits Delivered at Discharge (BDD)			
Other Accelerated VA Disability Benefits			
Home Grant			
Auto Grant			
Transition Tab: Ensure the following fields are completed. VAMC/GPS/Retirement Address/Anchor Program/DD-214/Employment/Education Status/VA Rating/Type of Separation			
Ensure Current POA/Guardianship documents are Uploaded			
Ensure TDRL/PDRL Message is Uploaded from PERS			
Need	Y/N/NA	PENDING/COMPLETED Comments	
Ensure Current Resume is Uploaded			
Ensure RSM has VA e-Benefits Account			
Ensure RSM has applied for TRICARE Benefits (Is the RSM moving regions?)			
Briefed on Anchor Program and signed application uploaded			
Briefed and registered for Adaptive Athletics. Application uploaded			
Ensure NMCM or RCC has verbally transferred case to Transition Team Member (Post PEB Findings 4-6 Weeks from Transition Date)			
Ensure all Recovery Team Members are Listed in CRP			
Ensure Comprehensive Care Plan Needs Updated and Closed Out as Completed By RCC			
Validate Comprehensive Care Plan Signed by RSM/Caregiver and uploaded			
Ensure Comprehensive Care Plan Signed by RCC under Certification dropdown			
Ensure Comprehensive Care Plan Signed/Certified by Regional N95 under Certification dropdown			
Ensure NMCM has completed a Transition Transfer Note listing open Needs Regional N95 to complete Case Transfer Note to Transition Team Member			

29 Jul 2015

SAMPLE CONDOLENCE LETTER

November xx, 20xx

Dear Mr./Ms. _____,

On behalf of the Navy Safe Harbor Program, I would like to extend my most heartfelt condolences for the loss of your husband/wife, BM1 (First) (Last).

We all feel a great personal loss with his/her passing. Your husband/wife, through your memories, will never leave you. I only talked to him one time but know that he was dedicated to his family as well as the Navy. (Tailor this paragraph to personalize the NWW-SH relationship with the RSM or TSM and their family member or caregiver).

If I can be of assistance at any time, please contact me at (xxx) 555-1234. I hope that time passed and positive memories will help lessen the burden of your sorrow and that you may draw some measure of comfort knowing that many others share in your loss.

With deepest sympathy,

Davey Jones
Captain, U.S. Navy

Enclosure (1)

**Navy Wounded Warrior-Safe Harbor
Adaptive Sports Sub-custody Agreement**

IN CONSIDERATION of my use of athletic equipment belonging to Commander, Navy Installations Command, Navy Safe Harbor Program, I acknowledge and agree that:

1. The Navy Safe Harbor Program is issuing this equipment to allow me to participate in adaptive athletics and to assist in my recovery.

2. I understand that I will have the equipment in my possession; however, the equipment shall remain the property of Navy Safe Harbor.

3. I agree to exercise reasonable care to prevent damage, destruction, or loss to the piece(s) of equipment issued to me.

4. I hereby certify that I am accepting custody of

Serial # _____

The replacement cost for this piece of equipment is:

_____.

5. I agree to promptly return the above equipment in the same condition that I received it, except for normal wear and tear, at the completion of my adaptive athletic activity, or at the end of the fiscal year (September 30), whichever is sooner. I understand that my use of the equipment may be extended at the discretion of Navy Safe Harbor, and I will be required to sign a new Sub-custody Agreement.

6. I understand that if I fail to exercise reasonable care to maintain the equipment, or fail to return the equipment in a reasonable time, I may be prohibited from participating in the Navy Safe Harbor Program adaptive sports program, and be disenrolled from the Navy Safe Harbor Program. If I am an active duty or reserve service member, my failure to comply with this agreement may result in disciplinary action under the Uniform Code of Military Justice.

Participant's Signature: _____

Participant's Name (Printed): _____

Date: _____

Enclosure (1)

General Authorization and Release

AUTHORIZATION AND RELEASE

I, _____, hereby authorize and grant permission to the Department of the Navy, including staff members of Navy Safe Harbor, to obtain and to access information concerning my naval career, including, but not limited to, personnel and administrative issues, pay and allowances, benefits entitlement, medical condition and treatment ("Personal Navy Information") and current status with third parties, both federal and non-federal entities ("Third Parties"). Likewise, as deemed necessary by Navy Safe Harbor, I hereby authorize Navy Safe Harbor to discuss, to disclose and to release my Personal Navy Information with government agencies, charitable organizations, and the media.

This authorization is provided so that Navy Safe Harbor (1) can better assist with my non-medical care management and any related issues; (2) may ensure that issues are resolved related to my recovery, rehabilitation and reintegration; and (3) is able to promote the mission of Navy Safe Harbor by detailing the actions taken by the Department of the Navy with my enrollment in Navy Safe Harbor. I provide this authorization freely and without duress or coercion.

I hereby hold harmless, release and forever discharge the Department of the Navy, Navy Safe Harbor, its agents, employees, assigns and any other components from any and all claims, demands and liabilities of any kind in conjunction with this Authorization and Release. I understand that I will not receive specific consideration for this authorization and release, but I provide this release for the purposes detailed above.

Signed on this _____ day of _____, 20____.

I.M. SAILOR

I do not authorize and grant permission to the Department of the Navy, including staff members of Navy Safe Harbor, to obtain, access, and share my Personal Navy Information.

Signed on this _____ day of _____, 20____.

I.M. SAILOR

Voluntary Consent for Use of Picture and/or Voice for Enrollees,
Family Members, or Caregivers

NAVY WOUNDED WARRIOR-SAFE HARBOR
VOLUNTARY CONSENT FOR USE OF PICTURE AND/OR VOICE

Initial to the left of the applicable paragraph(s):

_____ I, _____, voluntarily and without compensation consent to the Department of the Navy, including the Navy Wounded Warrior - Safe Harbor Program Office, its staff, agents or contractors to use my likeness, voice recording and biographical information to support or promote the NWW-SH program and its events through governmental or commercial publication in any media including print, broadcast and the internet.

_____ I further voluntarily consent to Navy Wounded Warrior - Safe Harbor Program Office, its staff, agents or contractors, to use the likeness or voice recording of my minor child, _____, to support or promote the NWW-SH program and its events through governmental or commercial publication in any media including print, broadcast and the internet.

_____ I understand that no royalty, fee or other compensation of any character shall become payable to me or my minor child by the United States or the Department of the Navy for such use.

(Signature of media subject or parent/legal guardian of the subject named above)(Date)

(Print or type photo subject's name or minor's parent/legal guardian)

Denial of Consent

Initial to the left of the paragraph:

_____ I, _____, do not provide consent to Navy Wounded Warrior-Safe Harbor to use my picture and/or voice, or that of the child within my custody, _____.

(Signature of media subject or parent/legal guardian of the subject named above)(Date)

(Print or type photo subject's name or minor's parent/legal guardian)

NOTE: The information requested on this form is solicited under the authority of title 10, Unites States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the Department of the Navy for authorized purposes, such as to demonstrate and promote the mission of Navy Safe Harbor. It may also be disclosed outside the Department of the Navy as permitted by law. If the material is part of a Department of Navy system of records, it may be disclosed outside the Department of the Navy as stated in the 'Routine Uses' in the "Department of Navy Systems of Records" published in the Federal Register. A copy of 'Routine Uses' is available upon request to the Department of the Navy Privacy Office. You do not have to consent to have a photograph, voice or likeness taken, recorded or used. Your refusal to grant consent will have no effect on any non-medical care management and assistance being provided by Navy Safe Harbor.