



<b>WARRIOR FAMILY COORDINATION USE ONLY:</b> DATE RECEIVED APPLICATION: _____ APPROVED / DISAPPROVED DATE LETTER SENT: _____ TRANSPORTATION REQUESTED: _____ APPROVED Y / N APPROVAL #: _____
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Date of request: \_\_\_\_\_

1. Please provide the name of your organization, a point of contact (telephone number, email, and complete name) and give a brief description of the event below:
  
  
  
  
  
  
  
  
  
  
2. Location of event:
  
  
  
  
  
  
  
  
  
  
3. Date of event:
  
  
  
  
  
  
  
  
  
  
4. Time of event (from – to):
  
  
  
  
  
  
  
  
  
  
5. What type of event, i.e., (Banquet, luncheon, conference, sporting event, gala)
  
  
  
  
  
  
  
  
  
  
6. Dress requirement:
  
  
  
  
  
  
  
  
  
  
7. Will transportation be provided by YOUR organization or Naval Support Activity Bethesda (NSAB)? If you are providing transportation, please indicate the time of pick up at Walter Reed National Military Medical Center Bethesda (WRNMMCB). Departure location for the inpatient environment is WRNMMCB Eagle Building (Bldg. 10) circle and for the outpatient environment is Tranquility Hall (Bldg. 62) circle unless otherwise notified. \*\*\*Please be aware NSAB may or may not be able to provide transportation\*\*\*
  
8. If transportation, other than NSAB conveyances is provided, does it comply with the Americans with Disability Act: Wheel chair lift, tie downs, appropriate lighting? If so, please be prepared to provide make, model, and proof of insurance.
  
9. Is media coverage anticipated? If yes, you MUST obtain clearance from WRNMMCB Office of Public Affairs at 301.295.5727. In accordance with Health Insurance Portability and Accountability Act (HIPAA) at no time will pictures, personal identifying information or personal health information (PII/PHI) appear in any manner in organization literature, internet, or organization website.

10. Please state if alcoholic beverages will be served to the wounded, ill, and injured (WII) service members and/or their families.

11. Please read and acknowledge the following statements referencing the health and welfare of our WII.

a. As Americans, we all greatly appreciate the sacrifice that our WII service members have given for our Nation. It is therefore fitting and proper to show our gratitude for their service and sincere dedication to duty. I therefore have agreed to sponsor one or more WII to enjoy a wholesome activity off-post. \_\_\_\_\_

b. I understand alcoholic beverages may pose an unacceptable risk to the WII whom I am sponsoring due to their medical conditions or the prescribed medications they may be taking. I also understand the Health Insurance Portability and Accountability Act (HIPAA) prevents leadership or healthcare providers from disclosing information about the WII medical conditions or treatment. \_\_\_\_\_

c. During the occasion while I am sponsoring the WII, I will not offer alcoholic beverages assist them with procuring alcoholic beverages, or otherwise encourage them to consume alcoholic beverages. During the course of this activity, I will do my best to safeguard the WII and their family's health and welfare. \_\_\_\_\_

12. Is there any type of fundraiser function conducted at this event? If so, please specify.

13. Please specify if any gifts (anything that has intrinsic value) will be given to the participants. If the answer is yes, please fill out a [donations form](#) and submit with this package. Donations forms may be located at [https://www.bethesda.med.navy.mil/Visitor/Fallen\\_Heroes/Online%20Donation%20Form.pdf](https://www.bethesda.med.navy.mil/Visitor/Fallen_Heroes/Online%20Donation%20Form.pdf)

14. Please specify if any of the events' sponsors is/are a contractor(s) with, or seeking to do business with, the US government and what relationship they have with the US government and/or WRNMMCB (if yes, please clarify).

15. Please specify for WHOM and HOW MANY the event will be provided for: Wounded and/or theater injured of Operation Enduring Freedom, Iraqi Freedom, or New Dawn (OEF/OIF/OND), family members of OEF/OIF/OND wounded. If all are welcome, simply state "ALL."

16. For your planning purposes, please be aware, WRNMMCB policy for WII service member off-site participation will include members of this office and medical support personnel.

**17. The goal is seven (7) business days for the approval process for events submitted thirty (30) days prior. No guarantees are given for any event submitted less than 30 days prior to the event. Further, participation in events is VOLUNTARY. The Warrior Family Coordination Cell will provide information for the event but makes no guarantees of participation.**

**18. Please use the space below for any further information you wish to provide that may aide in the Warrior Family Coordination Cell (WFCC) and WRNMMCB decision.**

**19. By signing below, you are stating you understand and agree to the above requirements.**

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**Signature**

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**Date**

The quality assurance office may be contacted at the following email address [NCRGoldline@med.navy.mil](mailto:NCRGoldline@med.navy.mil) or 855.875.4653

**Please note: In order to support a Patient and Family Centered Care Philosophy of WRNMMC, and privacy considerations for our patients and their families, inpatient visits are limited to a defined population. Accepted donations to our inpatient population will be received by a member of the Warrior Family Coordination Cell and distributed according to the wishes of the benefactor. Acceptance of a donation for our inpatient population does not include permission for the benefactor to distribute or present the gift to the patients.**