



REPLY TO  
ATTENTION OF:

MCXI-DCS

**DEPARTMENT OF THE ARMY**  
CARL R. DARNALL ARMY MEDICAL CENTER  
36000 DARNALL LOOP  
FORT HOOD, TEXAS 76544-4752

17 Mar 2014

MEMORANDUM FOR COMMANDERS

SUBJECT: Warrior Transition Unit (WTU) Referrals

1. In accordance with the Warrior Care and Transition Program (WCTP) Policy Memo 13-006, Entry and Exit Criteria for the Warrior Care and Transition Program, dated 30 August 2013, the following process has been established to review all COMPO 1/AGR Soldiers who meet the eligibility criteria for assignment/attachment to Warrior Transition Unit (WTU), and determine disposition.
2. Soldiers must meet one of the following eligibility criteria:
  - a. Soldier has, or is anticipated to receive, a profile of greater than 6 months duration, with duty limitations that preclude the Soldier from training, deploying or contributing to unit mission accomplishment, and the complexity of the Soldier's condition requires clinical case management.
  - b. Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.
3. Soldiers are **ineligible** for entry to WTU if:
  - a. Only medical condition is pregnancy
  - b. In Initial Entry Training (IET), Advanced Individual Training (AIT), or One Station Unit Training (OSUT) status
  - c. Pending Military Occupational Specialty Administrative Retention Review (MAR2)
  - d. On Temporary Disability Retirement List (TDRL)
  - e. On approved Continuation on Active Duty (COAD) or Continuation on Active Reserve (COAR) status
  - f. Pending or undergoing UCMJ, legal action, investigation, LOD determination, or flagged for **non-transferable** adverse administrative actions.

NOTE: Soldiers above the rank of O-4, CW3 and E-8, require general officer (GO) approval for assignment/attachment to WTU.

MCXI-DCS

SUBJECT: Warrior Transition Unit Referrals

4. If Soldier's command determines that Soldier meets the above stated eligibility criteria, they will submit a WTU packet to the Deputy Commander for Clinical Services (DCCS) at CRDAMC no later than the 3<sup>rd</sup> Tues of each month for the following month's Triad meeting. Samples of the required documents are enclosures to this memorandum. Once packet is reviewed and determination made as approved for entry into WTU, the WTU S-1 will process the Request For Orders (RFO) and establish a report date to WTU.
5. WTU packet consists of the documents contained as enclosures to this memorandum.
6. POC for this memorandum is 254-288-8482.



ROGER A. GALLUP

COL, MC

Deputy Commander for Clinical Services

5 Encls

1. CDRs Referral Memorandum (signed by O-6 CDR)
2. DA Form 4187 (Personnel Action signed by Soldier)
3. DA Form 7652 (CDR's Performance & Functional Stmt)
4. DA Form 3349 (current profile)
5. Medical Provider Statement- to substantiate medical condition (optional)



DEPARTMENT OF THE ARMY  
UNIT  
UNIT ADDRESS  
FORT HOOD, TEXAS 76544

Office Symbol

Date

MEMORANDUM FOR Triad of Leadership, Fort Hood, TX 76544

SUBJECT: Request for Assignment/Attachment to Warrior Transition Unit (WTU) -  
Soldier's Rank, Full Name, Last 4

1. Request the above named Soldier, currently assigned to \_\_\_\_\_, be  
evaluated for assignment/attachment to the WTU.

2. The following information is provided:

a. Present Condition (current diagnosis, treatment plan and prognosis):

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

b. Soldier has, or is anticipated to receive, a profile of more than six months duration, with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, **and/or** Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if they remain in the unit. (Specify which one, or both of these criteria, they meet and attach the substantiating documentation from mental health provider if based solely on latter condition).

c. Complexity of Soldier's condition requires clinical case management.

d. Soldier is/is not currently in the Medical Evaluation Board process.

e. Soldier's MOS is \_\_\_\_\_. This is/is not a shortage MOS in unit. Soldier is/is not within 180 days of ARFORGEN (LAD) cycle. State impact of keeping Soldier in current unit: \_\_\_\_\_

\_\_\_\_\_

Office Symbol

SUBJECT: Request for Assignment/Attachment to WTU- Soldier's rank, name, last 4

f. I verify this Soldier is not undergoing /pending UCMJ or legal action, investigation, LOD determination, or non-transferable administrative action.

g. Soldier's ETS, MRD, RCP, is not anticipated to occur during this period.

3. POC for this action is (Name and phone number)\_\_\_\_\_.

FIRST & LAST NAME  
RANK, BR (O-6 Level CDR)  
Commanding

4 Encls

1. DA Form 4187, Personnel Action (signed by Soldier)
2. DA Form 7652, CDR Performance/Functional Stmt
3. DA Form 3349, Profile
4. Medical Provider Statement (optional)

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

|   |  |   |
|---|--|---|
| 1. THRU (Include ZIP Code)<br>O-6 Command | 2. TO (Include ZIP Code)<br>Warrior Transition Bde<br>Ft. Hood, TX 76544 | 3. FROM (Include ZIP Code)<br>O-5 Command |
|---|--|---|

**SECTION I - PERSONAL IDENTIFICATION**

|  |                                  |  |
|--|----------------------------------|--|
| 4. NAME (Last, First, MI)<br>Doe, John | 5. GRADE OR RANK/PMOS/AOC<br>SPC | 6. SOCIAL SECURITY NUMBER<br>000-00-0000 |
|--|----------------------------------|--|

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Service School (Enl only)            | <input type="checkbox"/> Special Forces Training/Assignment            | <input type="checkbox"/> Identification Card                                    |
| <input type="checkbox"/> ROTC or Reserve Component Duty       | <input type="checkbox"/> On-the-Job Training (Enl only)                | <input type="checkbox"/> Identification Tags                                    |
| <input type="checkbox"/> Volunteering For Oversea Service     | <input type="checkbox"/> Retesting in Army Personnel Tests             | <input type="checkbox"/> Separate Rations                                       |
| <input type="checkbox"/> Ranger Training                      | <input type="checkbox"/> Reassignment Married Army Couples             | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS                   |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reclassification                              | <input type="checkbox"/> Change of Name/SSN/DOB                                 |
| <input type="checkbox"/> Exchange Reassignment (Enl only)     | <input type="checkbox"/> Officer Candidate School                      | <input checked="" type="checkbox"/> Other (Specify)<br>Attach/Assignment to WTB |
| <input type="checkbox"/> Airborne Training                    | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members |   |

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request attachment/assignment to WTB based on entry criteria for the WCTP IAW Memo 13-006. See attached documentation.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

 HAS BEEN VERIFIED   
 RECOMMEND APPROVAL   
 RECOMMEND DISAPPROVAL   
 IS APPROVED   
 IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

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

For use of this form see HQDA Letter 635-08-1; The proponent agency is DCS, G-1.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC chapter 61 and 5 USC 301  
**PURPOSE:** To provide information to the PEB on the impact of a medical impairment on a Soldier's ability to perform duties and to provide administrative information that impacts disability adjudication and/or benefits if the Soldier is determined unfit.  
**ROUTINE USES:** See Purpose  
**DISCLOSURE:** Information is required in order to properly adjudicate the Soldier's case in the best interests of the Soldier and the Army.

**SECTION I: SOLDIER DEMOGRAPHIC INFORMATION**

|                    |               |                          |                 |                       |
|--------------------|---------------|--------------------------|-----------------|-----------------------|
| 1. DATE (YYYYMMDD) | 2a. LAST NAME | 2b. FIRST NAME           | 2c. MIDDLE NAME | 3. PMOS               |
| 4. BASD            | 5. COMPONENT  | 6a. BIRTHDATE (YYYYMMDD) | 6b. AGE         | 7. UNIT OF ASSIGNMENT |

**SECTION II: ADMINISTRATIVE INFORMATION**

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

| DATA ITEM   | Yes                      | No                       |   |
|---|--------------------------|--------------------------|---|
| 1. Is Soldier charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2. Is Soldier pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer)?<br>Chapter _____, Para _____   | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, specify the chapter and paragraph.  |
| 3. Does Soldier have an approved voluntary retirement?<br>Date retirement approved: _____   | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list date retirement was approved.  |
| 4. Is officer within 12 months of mandatory retirement for age or years of service or approved for Selective Early Retirement?<br>Date of officer's mandatory retirement: _____   | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list mandatory retirement date.   |
| 5. REGULAR COMPONENT SOLDIERS ONLY: Does Soldier have prior service in the Selected or Individual Ready Reserve?  | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, specify type of service. Ex: Served as a member of the ARNG or a USAR Troop Program Unit. |
| 6. RESERVE COMPONENT SOLDIERS ONLY: Is Soldier within 12 months of his or her mandatory removal date?<br>Mandatory Removal Date: _____  | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list mandatory removal date.  |
| 7. RESERVE COMPONENT SOLDIERS ONLY.<br>If the answer to question 13 is yes, will Soldier have 20 qualifying years of service at time of his or her mandatory removal date for purposes of eligibility for non regular retirement? | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 8. ACTIVE COMPONENT ONLY. Is Soldier within 12 months of his or her Retention Control Point (RCP) and will Soldier be eligible for length of service retirement at the RCP?<br>RCP date: _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list RCP date.  |
| 9. Was Soldier's retirement for length of service delayed by Stop Loss?<br>MILPER MESSAGE _____   | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list the applicable MILPER Stop Loss message.   |
| 10. If an enlisted Soldier, is the Soldier due an automatic advancement? (See AR 600-8-19 concerning promotable status of enlisted Soldiers in the PDES.)<br>Date due automatic promotion: _____                                  | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list date Soldier due next automatic advancement.   |
| 11. If an enlisted Soldier, is the Soldier on a semi-centralized or centralized promotion list?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 12. If an officer, is the Soldier on an approved promotion list?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 13. Has Soldier previously held higher rank?<br>Highest rank held: _____  | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, list rank and explain the reason Soldier is not serving in highest rank previously held.  |

| DATA ITEM (Continued)   | Yes                      | No                       |  |
|---|--------------------------|--------------------------|--|
| 14. Was Soldier on 24 September 1978, a member of the Armed Forces, to include the Reserve components, the National Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or under a binding written agreement to become such a member? (NOTE: A Soldier who was a contracted cadet of a U.S. Service Academy or a contracted ROTC cadet or a member of an Armed Force of another country on that date is included in the meaning of Armed Forces.) | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 15. Was Soldier's current referral to MEB/PEB the result of evaluation by an MOS/Medical Retention Board (MMRB)?  | <input type="checkbox"/> | <input type="checkbox"/> | If answer is YES, attach MMRB results. |

**SECTION III. PERFORMANCE INFORMATION**

You are entering information into a performance-based system. Focus your comments on chronic conditions. The PEB must understand the impact of your Soldier's conditions on his/her ability to perform duties in the primary MOS. Severe, acute physical conditions generally need little performance discussion because the PEB members easily understand the limitations.

Should the PEB determine the Soldier is not fit for either a mental disorder or residuals of a Traumatic Brain Injury (TBI), the PEB must gauge the Soldier's capacity to perform in the civilian sector. For these conditions, the PEB looks at the Soldier's current functioning in the military, without regard to whether the Soldier is performing in his/her PMOS.

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

**SECTION III A. For each Soldier, regardless of condition(s).**

For each item, mark Yes, No, or N/Obs (not observed). In Section III D: fully explain every 'No.'

| #  | ITEM  | Yes                      | No                       | N/Obs                    |
|----|---|--------------------------|--------------------------|--------------------------|
| 1. | Soldier performs duties in MOS (to include assigned MOS duties in unit).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Soldier in appropriate TO&A or TDA position for grade and MOS.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Soldier's medical conditions/limitations affect unit accomplishing <i>If Yes, fully explain in Section III D.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | I recommend retaining this Soldier.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION III B. For each Soldier with a mental disorder (including Post Traumatic Stress Disorder (PTSD), major depressive disorder, anxiety disorder, bipolar disorder, etc.).**

Consider Soldier's performance over the past several months. Indicate whether performance seems to be improving, worsening, or static. For example, where Soldier demonstrated periods of not completing tasks to time and quality standards, but is now completing tasks to standards indicate Soldier had issues but is now performing normally.

**SECTION III B (Continued)**

Use Section III D if additional space required and to provide additional discussion.

|   |  |
|---|--|
| 1 | Describe/list <i>discrete, specific</i> duties/tasks Soldier can complete to standard (time and quality).  |
|   | A  |
|   | B  |
|   | C  |
|   | D  |
|   | E <input type="checkbox"/> No difficulties.  |
|   | F <input type="checkbox"/> Not observed.   |
| 2 | Describe <i>types of duties</i> Soldier does not complete to standard (time and quality).  |
|   | A  |
|   | B  |
|   | C  |
|   | D  |
|   | E <input type="checkbox"/> No difficulties.  |
|   | F <input type="checkbox"/> Not observed.   |
| 3 | Indicate whether performance issues are due to (choose all that apply):  |
|   | A <input type="checkbox"/> Soldier needs more time for each task;  |
|   | B <input type="checkbox"/> Soldier performs duties/tasks with errors or incompletely.  |
|   | C <input type="checkbox"/> Soldier does not complete the duties/tasks.   |
|   | D <input type="checkbox"/> Soldier unable to complete 8 hour duty day.   |
|   | E <input type="checkbox"/> No difficulties.  |
|   | F <input type="checkbox"/> Not observed.   |
| 4 | Considering 1-3 above, and Soldier's work performance during the time you have observed Soldier, choose most accurate description of Soldier's performance:  |
|   | A <input type="checkbox"/> Periods of diminished attention or performance only when significantly stressed. If known, indicate type of stress eliciting performance issues. Indicate frequency (for example: once two months ago for two days before court appearance). Describe performance during this time. |
|   | B <input type="checkbox"/> Occasional decrease in work efficiency (performs more slowly and/or with more errors).  |
|   | C <input type="checkbox"/> Intermittent periods where Soldier unable to perform occupational tasks.  |
|   | D <input type="checkbox"/> Occasional difficulties with reduced reliability and productivity.  |
|   | E <input type="checkbox"/> Not observed.   |
| 5 | Effective work relationships with supervisors and/or co-workers.   |
|   | A <input type="checkbox"/> Has effective work relationships with both supervisors and co-workers.  |
|   | B <input type="checkbox"/> Difficulty establishing and/or maintaining effective work relationships with supervisors and/or co-workers. Discuss.  |
|   | C <input type="checkbox"/> Does not establish and/or does not maintain effective relationships with supervisors and/or co-workers. Discuss.  |
|   | D <input type="checkbox"/> Not observed.   |

**SECTION III C. If Soldier has a diagnosis of Traumatic Brain Injury (TBI), assess Soldier's performance.**

Use Section III D to provide additional discussion.

1. Task/duty completion (functional capacity).

|  |   |
|--|---|
|  | Completing tasks/duties to standard.  |
|  | A <input type="checkbox"/> Performs tasks/duties to standards.                                  |
|  | B <input type="checkbox"/> Mild difficulties completing tasks/duties to standards. Discuss.     |
|  | C <input type="checkbox"/> Moderate difficulties completing tasks/duties to standards. Discuss. |
|  | D <input type="checkbox"/> Severe difficulties completing tasks/duties to standards. Discuss.   |
|  | E <input type="checkbox"/> Not observed.  |

2. Decision Making.

Based on your observations of Soldier's performance, can you gauge the quality of Soldier's decisions? If so, indicate whether Soldier:

- A  Makes reasonable decisions, including complex or unfamiliar ones. Discuss and include examples of Soldier's reasonable decisions.
- B  Makes reasonable decisions; occasionally makes (or avoids making) unreasonable complex or unfamiliar decisions. Discuss and include examples.
- C  Makes simple decisions but usually not complex or unfamiliar decisions. Discuss and include examples.
- D  Not observed.

3. Social Interactions.

Social interaction. Describe whether Soldier displays inappropriate social interactions. Discuss.

- A  Describe behaviors and indicate frequency (occasionally, frequently, most of the time; or you can indicate in %s.) Discuss.
- B  Not observed.

4. Performance issues due to Soldier's complaints of TBI residuals.

Where you have observed negative performance issues and Soldier attributes these performance issues to physical symptoms (e.g., headache; dizziness; insomnia, hypersensitive to sound or light) indicate the impact on Soldier's performance.

- A  Mild interference, e.g., able to complete with more time or completes work with more than the normal frequency of errors.
- B  Moderate interference, e.g., the result is the equivalent to missing work several hours a day. An example of the impact on performance and the frequency of this impact is: "headaches requiring rest period during most days."
- C  Not observed.

5. Workplace Interactions.

Does Soldier appear: irritable; impulsive; unpredictable; unmotivated; verbally aggressive; physically aggressive; belligerent; apathetic; moody; uncooperative; inflexible; unfeeling; or unaware of condition? If so, indicate how these characteristics appear to impact Soldier's workplace interactions:

- A  Do not interfere with workplace interaction. Discuss.
- B  Occasionally interfere with workplace interaction. Discuss.
- C  Frequently interfere with workplace interaction. Discuss.
- D  Interfere or preclude workplace interaction on most days. Discuss.
- E  Occasionally requires supervision (for safety of self or others.) Discuss.
- F  Not observed.

**SECTION III D. COMMENT SECTION**

**INSTRUCTIONS:**

Whenever possible, include more than "Soldier not performing because of profile limitations." Indicate specific duties Soldier currently performs and hours per week Soldier performs duties other than those within Soldier's PMOS. Describe Soldier's performance.

For III A, B, and C above, reference item # and provide additional detail/discussion, as required. Use additional pages as required.

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

|                 |                   |                 |           |                |
|-----------------|-------------------|-----------------|-----------|----------------|
| 1. PRINTED NAME |                   | 2. RANK         | 3. BRANCH | 4. TITLE       |
| 5. SIGNATURE    |                   | 6. UNIT ADDRESS |           |                |
| 7. PHONE NUMBER | 8. E-MAIL ADDRESS | 9. DSN          |           | 10. FAX NUMBER |



PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 8)