

1700
CO

Date

From: Commanding Officer, _____
To: Commanding Officer, Wounded Warrior Regiment, 1998 Hill Avenue,
Quantico, VA 22134

Subj: REQUEST ASSISTANCE WITH A MARINE IDENTIFIED AT CAPSTONE AS REQUIRING
ADDITIONAL TRANSITION SUPPORT CASE OF RANK, LNAME, FNAME, MI.
EDPI/MOS USMC/R EAS

Ref: A MCO 1700.31 of 30 Dec 2015
B MARADMIN 503/16

1. _____ has been identified during the CAPSTONE interview to potentially require assessment by the Wounded Warrior Regiment (WWR) for additional transition support beyond the normal Transition Readiness Seminar capabilities due to wound, illness or injury.

2. Per the references, CAPSTONE is the culmination of the transition process that occurs NLT 90 days preceding anticipated separation, retirement, demobilization or deactivation. Using the DD Form 2958, the CO (or designee), as scheduled by their UTC, personally interviews each separating Marine to determine if the Marine has met CRS, has a viable plan to transition from military to civilian life, and has been extended the opportunity to connect with appropriate external agencies.

3. The following information is provided to substantiate this request:

Conditions or circumstances prompting this referral:

- Medical
- Mental/Behavioral health
- Legal
- Family/relationships
- Transition/Employment
- Financial

Did Marine process through the Disability Evaluation System/IDES? Yes No

What are current physical or psychological conditions or limitations?

Is Marine currently working out of their MOS because of current limitations?
Yes No

Does Marine have a history of substance use disorder, including alcohol related incidents or alcohol dependency?
Yes No if yes, explain

Does Marine have history of suicide ideation or attempts? Yes No

Homicidal ideations? Yes No

Has Marine been receiving mental health or behavioral health treatment, to include Marine Intercept Program? Yes No, if yes explain

Is Marine complying with current treatment plans? Yes No

Is Marine pending disciplinary action or involuntary administrative separation for Military or Civilian offenses? Yes No if yes, explain.

Has medical evaluation for potentially disabling (PEB) conditions contributing to misconduct been completed per Ref B? Yes No if No/explain

Marital Status: Single Married Divorced

Name, relationships and location of dependents:

Are there relationship stressors? _____

Has Marine enrolled online with the Department of Veterans Affairs for Benefits and Health Care? Yes No

Address where Marine will reside after EAS:

Street: _____ City: _____ State: _____

Marine's Cell Phone and Email Address:

Cell Phone: _____ Email: _____

Emergency Contact Name and Phone Number: _____

2. Commanding Officer's comments: explain in your own opinion, why the Marine requires assessment of needs by the WWR. Please list any additional information or concerns that may be relevant.

3. Point of contact at this command is _____, _____, at _____.

COMMANDER: