



Keeping it all together

For wounded, ill, and injured
service members and their families



Military OneSource
24/7 family support
800-342-9647

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This notebook contains private information.

Please return it to _____

Telephone _____

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Keeping It All Together

You have arrived at the military treatment facility where your loved one is receiving care. No matter what the circumstances are that brought you here, questions and concerns are probably rushing through your mind.

This notebook can make things easier. It is a place to document and organize your service member's journey through treatment and recovery. It has these sections:

- *Medical Journal.* This is a place to record information about admissions and discharges, caregivers, medical procedures, and medications. It has places to write down questions you want to ask, and for keeping notes about plans and care.
- *Support/Resources.* This information will help you understand the recovery process and what different medical providers do, and learn about the many resources available to your service member.
- *Travel/Lodging.* This section provides information about Invitational Travel Orders and places to stay during your service member's recovery.

At the end of the notebook there are plastic sleeves designed to hold the many business cards you are likely to receive.

This notebook contains confidential medical information.

Please return it to:

Service member's name _____

Family member's/caregiver's name _____

Phone _____

Email _____

Mailing address _____

Hospital room number _____

First Questions and Answers

What should I do first?

Focus on your basic needs first—food, lodging, money, child care. Do whatever is needed for your service member's comfort and well-being. Let your family members and friends know that you have arrived safely. Then begin to find your way around the hospital and learn where you can go with questions. Take care of these basics, then come back to this notebook and learn more about the recovery process ahead.

When can I see my service member?

Every medical situation is different. Maybe you and your service member have already been together, or maybe you have been told that you need to wait until a surgery or treatment is finished. The doctors, nurses, and other care providers taking care of your loved one will let you know when the time is right—which will be as soon as it's medically possible.

In the meantime, remember that *you are needed here*. You were invited because doctors determined that your presence is important to your service member's recovery. You are a very important part of this process.

Where should I stay?

The person who gave you this book or someone else from the hospital can explain lodging options to you. In some cases you may be able to sleep temporarily in the room with your service member. Or the military treatment facility (MTF) where your service member is receiving care may have separate lodging for families.

Fisher Houses, available at many MTFs in the United States, can also be an excellent option.

Fisher Houses are large homes with private suites, built and sponsored by a nonprofit organization that supports families of wounded, ill, and injured service members. Depending on the space available, families may stay in Fisher Houses (at little cost) during their loved one's hospitalization. Someone in the social work department at your service member's MTF can tell you more and make reservations for you.

If these options aren't available or if you choose to stay at a nearby hotel, you can receive reimbursement for some of these expenses.

How will I pay for this?

Travel, food, and lodging are expensive. The government helps many families of wounded, ill, and injured service members cover costs during the process of recovery through “Invitational Travel Orders” (ITOs).

ITOs are issued when doctors determine that the presence of a family member will help a wounded, ill, or injured service member. When you receive ITOs, you are eligible to receive money for travel, lodging, and daily food expenses. This daily expense reimbursement is called a “per diem.”

The length of ITOs varies depending on the service member’s needs. The amount of the per diem varies depending on the cost of living near the MTF. Someone from the MTF’s finance office can help you with this and answer your questions about the amounts and duration of your per diem as well as about the reimbursement process. Keep in mind that it is necessary for you to save receipts for reimbursement and to file paperwork at appropriate times.

In addition, the service-branch Wounded Warrior programs are associated with many nonprofit organizations that can help with financial concerns.

What about the children?

If you brought your child or children, you will probably need child care. In some situations, children may not be allowed in hospital rooms. At other times you may simply need a break from caring for them yourself. Because so many families have this need, most MTFs provide child care during certain hours for children within a certain age range. The person who gave you this notebook or your service-branch Wounded Warrior program representative can tell you more about the child care center or other options in the area.

For military child care, you must have proof of immunization for each child. If you didn’t bring this with you, contact your pediatrician’s office or someone else at home and ask them to send it to you.

Where can I go for help?

Each MTF facility has a “family center” (or a room with a similar name). It will probably have computers that you can use to send email or to research the Internet, plus phones you can use to stay in touch with loved ones. Most important, there will be people in the center to answer your questions.

In many MTFs or hospitals there are groups of people called “Patient Affairs Teams.” For Marines and their families there are Marine Corps Liaisons at Navy facilities to provide nonmedical care services. At Army facilities there are “Soldier Family Assistance Centers” (SFACs) with people who provide support and information.

When you have some time, you can also look at www.nationalresourcedirectory.gov, an online partnership for wounded, ill, and injured service members, veterans, and their families.

What is a Recovery Team?

A “Recovery Team” is the team of professionals that support a recovering service member and the service member’s family. It is important to build strong relationships with them and take advantage of their help. In addition to the people listed below, it includes doctors, therapists, and other medical and non-medical professionals who provide care, support, and benefits to your loved one. Depending on your service member’s condition and needs, some or all of these people may be part of your service member’s team:

Recovering Service Member (RSM)

Your wounded, ill, or injured service member.

Recovery Care Coordinator (RCC)

RCCs are employed by your loved one’s service branch, and are assigned to RSMs with *serious* wounds, illnesses, and injuries. An RCC is a trained professional assigned to provide oversight and assistance to your recovering service member. The RCC will identify your service member’s personal and professional needs and goals and compile them into a Comprehensive Recovery Plan (CRP).

Federal Recovery Coordinator (FRC)

FRCs perform the same tasks as RCCs, but are employed by the Department of Veterans Affairs and assigned to RSMs with severe wounds, illnesses, and injuries who will likely retire from military service.

Medical Care Case Manager (MCCM)

A trained professional with a medical background, often as a nurse case manager, assigned to help RSMs understand their condition and treatment and to make sure they receive necessary health care.

Non-Medical Care Manager (NMCM)

A trained professional, probably a social worker, assigned to help RSMs and their families obtain the non-medical support they need, including assistance with financial, administrative, personnel, transitional, and other matters.

You, the family and friends

You are a very important part of your loved one's team. Your informed involvement and communication with other team members can lead to better treatment results for your recovering service member.

The Recovery Process

While your service member is recovering, you will often hear people talk about the three phases of healing:

Recovery → Rehabilitation → Reintegration

Recovery

The Recovery phase begins at the time of injury or diagnosis and ends with release from acute inpatient care—that is, when your service member is discharged from the hospital.

Key events in this phase may include:

- Service member's arrival at a military treatment facility in the United States
- Notification of family members
- Family or other caregiver receives Invitational Travel Orders (ITOs) to travel to hospital bedside
- Treatments begin in hospital setting
- Medical assessment by team of physicians and determination of category rating of the injury
- Assignment of a Recovery Care Coordinator (RCC), case managers, and a team of experts, as needed
- Non-medical needs assessment to determine the service member's and family's financial and other needs
- Development of a Comprehensive Recovery Plan (CRP), including targets and goals to serve as a road map through recovery

The Recovery phase may be a time of great pain and stress for your service member and family. Your service member's medical treatment will be the top priority at this time, and it may feel as though the rest of your life is on hold. You may have to hold down the fort by keeping track of finances, child care, employment, and all the other aspects of your family life while your service member focuses on recovery.

This will be a time to work toward manageable, short-term goals like getting through a surgery, following medical instructions, beginning to smile again, and staying in touch with family and others who are close to you. Be sure to take advantage of all the help you can get during this difficult time, including emotional help such as counseling, which is available to both families and service members. Recovery Care Coordinators can give you information on programs and services to support both you and your service member.

Rehabilitation

The Rehabilitation phase usually begins when your service member checks out of the hospital and continues through the tapering off of treatments such as physical therapy. This phase will vary in length depending on the needs of each service member and family.

Key events in this phase may include:

- Transition to the home station or new treatment facilities
- Treatments and assistance such as physical therapy, occupational therapy, and psychological counseling
- Disability Evaluation System (in some cases)

In the Rehabilitation phase you may see a lot of progress. There will still be challenges as your service member and family adjust to life after an injury or illness. You may experience many changes to your family routines in addition to the new challenges created by the injury or illness.

Conditions that weren't seen earlier can sometimes show up at this point. For example, post-traumatic stress disorder (PTSD). Sometimes the stress of caregiving can mean that family members can benefit from emotional or psychological counseling and support.

Medical treatments will still be a top priority, but you will also begin to focus on goals like employment, financial self-reliance, and lifelong education. Even while your service member and family move toward independence, it is important to stay in frequent contact with military support programs.

Reintegration

The Reintegration phase is the time when your service member prepares to either return to military duty or separate from the military and return to civilian life.

Even though the focus will no longer be on medical treatments, you and your service member will continue to rely on the support of your case managers and others assigned to help you. You may also begin to consult more frequently with employment counselors, financial advisers, housing and transportation specialists, assistive technology experts, and others.

If your service member returns to military service, he or she will receive assistance, if required, to retrain for a new military job. If your service member leaves the military, he or she will be assisted through extensive transition services and introduced to support from the Department of Veterans Affairs (VA) and community-based partners.

Some advice on transitions

Every person's recovery experience will be different. But one thing you can count on is that the process of healing will involve many transitions. As your service member progresses from Recovery through Rehabilitation to Reintegration, you will experience transitions between different types of treatments, care providers, and locations.

Transitions are necessary and they represent progress. They can also be challenging. Moving to a new location or building relationships with new care providers can be physically and emotionally exhausting for service members and for families. It can be easy for important medical information to get lost in the shuffle between care providers and treatment facilities. And your family may have to take on the task of learning a new facility's regulations and floor plan.

Many professionals will help you along the way. But you, the caregiver, can play a unique and important role in easing these transitions. You can think ahead and ask people to give you names and contact information for key people in the next phase of treatment. You can ask questions to make sure your service member's needs are met and that nothing falls through the cracks.

Finally, if you make sure to keep the *Medical Journal* in this notebook up-to-date, the information you gather will help care providers continue treatment smoothly through many kinds of transitions.

Being an Active Member of the Recovery Team

You are extremely important to your service member's recovery. But it can take a while to fully understand your active role in the Recovery Team. These suggestions can help:

- *Know who is providing care.* Learn names and specialties and write this information down in the *Medical Journal* in this notebook.
- *Learn everything you can about your service member's condition.* Talk with doctors, nurses, and other care providers. Be sure to read any written medical information they provide. Knowledge will help alleviate fear of the unknown and help you make better decisions.
- *Learn the hospital's schedule and routines.* Be there to take notes when the Recovery Team visits your service member. Be aware of shift changes and times when staff is less available.
- *Write your questions down ahead of time.* It can be easy to forget things if you don't write them down. There is space in the *Medical Journal* for questions.
- *Ask for explanations of procedures and medications.* If you don't understand something, ask questions until you do understand.
- *Remember that the diagnosis and treatment plan may change.* Be flexible and try to stay positive.
- *Learn patient and caregiver rights and responsibilities.* Ask for a copy of your medical treatment facility's description of patient and caregiver rights and responsibilities. This may also be available on the MTF's website.
- *Take note of your service member's moods and feelings.* The healing process involves both physical and emotional aspects. It's important to talk with caregivers about any behavior changes you might notice.
- *Remember that your observations are unique and valuable.* You will spend more time with your service member than any other member of the Recovery Team can, and may notice things that they cannot.

Communicating with the Recovery Team

Sometimes it will feel as though doctors and military people are speaking another language and you're the only one who doesn't understand. You will be expected to learn new words and acronyms when your mind is full of emotion and your life is in upheaval. Sometimes you will have to make important decisions after hearing unpleasant news. It can make anyone feel overwhelmed.

In circumstances like these, it can be hard to communicate well, but you will get better results if you try. Begin now to practice effective communication in order to build relationships of trust with members of the Recovery Team. Here are some suggestions from other people who have been in situations similar to yours:

- *Be assertive in a friendly way.* Don't say, "Yes, I understand," if you don't understand. Ask for clarification, again and again if necessary. There are no dumb questions and you can't afford to be shy. You need to understand as much as possible.
- *Remember that the medical team takes care of many patients, but that you take care of one.* Speak up to make sure that your service member's needs are met, but try to be patient when members of the medical team are doing their best to help many people.
- *Keep in mind that all these people are on your side.* You are on the same team, rooting for your service member's recovery. Try to trust and support each other.
- *Recognize that when you are stressed, scared, or confused you may need to step back from your emotions to communicate effectively.* If you feel rushed to make a decision but can't think clearly, ask for a few minutes to clear your head. Count to ten or step outside and take some time to calm down.
- *Be friendly with the people around you.* You will find that they can help you in many ways. Remembering to say "please" and "thank you," even when you feel stressed, seems like a small gesture, but in the end, civilities like these can make a big difference in how you, your service member, and the rest of the Recovery Team feel.

Taking Care of Yourself

It can be easy to forget about your own needs when you're worried about a loved one. But it's important to take care of your health so that you have the strength and energy to face the challenges ahead.

It's important to:

- *Eat healthy meals.* If you don't have the appetite for ordinary meals, try eating smaller healthy snacks throughout the day.
- *Drink water.* It's easy to become dehydrated, which can bring on headaches and energy loss, when you're under stress. Try to keep a bottle of water with you throughout the day.
- *Get some sleep.* This can be difficult when you are under stress. It can help to:
 - Limit caffeine (especially in the late afternoon or evening).
 - Avoid watching stressful TV programming—for example, news programs—in the hour before you go to sleep.
- *Rest when you can.* This can be hard when you're under stress, but it's important. Try doing deep-breathing exercises several times a day. (Close your eyes and count slowly to five as you breathe in, and count again to five as you breathe out. Repeat several times.)
- *Get some exercise.* Even short walks, indoors or out, can help your body and mind deal with stress.
- *Reduce other stress in your life.* Others will understand that your loved one is your priority now. Eliminate nonessential activities and let others help you.
- *Identify a "spokesperson."* This family member or friend will update friends, relatives, and others about your service member's condition. Taking on this task yourself can be overwhelming. You may want to contact CaringBridge (www.caringbridge.com), an organization that helps families set up Web sites to provide information to friends and relatives about the patient's progress.
- *When people offer to help, accept the offer.* Suggest specific things that they can do.
- *Acknowledge how you feel.* Talk to others or write in a journal. You may want to set aside a time each day to call and talk with a trusted friend or relative.
- *Seek spiritual guidance if religious beliefs are part of your life.* Even if you have not been an active member of your faith's congregation, a chaplain or other clergy member will understand if you seek help now.

- *Try writing about your feelings in a notebook or journal.* If you don't feel comfortable talking about your feelings, writing them down can be helpful. You may also find it helpful to take time for quiet, private thinking in a chapel or other calm space.
- *Set realistic expectations for your service member and yourself.* No one can do anything perfectly at all times. Both of you will have good days and bad days. Grieve for your losses, then try to adjust your expectations to a realistic “new normal.” This can reduce your stress level significantly.
- *Take time to manage your finances and work leave benefits.* Although it may be tempting to ignore details like these, staying organized now will help ease the transition when you and your service member return home. Ask someone to help you with this if you feel overwhelmed.
- *Use the resources available to you.* There are whole government departments and dozens of nonprofit organizations to help you. You can learn about many of these in the Resources section of this notebook.
- *Connect with other families that are going through the same experience.* They will understand the challenges you face and can tell you about resources they find helpful.
- *Don't feel guilty about making time for yourself.* You can provide better care and make better decisions if you are strong and healthy—emotionally and physically.

What Different Kinds of Care Providers Do

You are likely to meet many different kinds of medical care providers during treatment and recovery, including doctors, nurses, and therapists. This list can help you understand who they are and what they do.

Doctors, including medical specialists and surgeons

Some doctors, called “specialists,” treat certain kinds of conditions and injuries. Some specialists also perform surgery.

- *internist*: specializes in diagnosis and medical treatment of adults
- *anesthesiologist*: provides and monitors anesthetics (agents that make sure a patient doesn't feel pain during medical procedures such as surgery)
- *cardiologist*: specializes in treatment of the heart; may do special procedures to correct some heart problems but refers most surgery to a cardiac surgeon
- *dermatologist*: specializes in treatment of the skin, including burns and skin infections
- *endocrinologist*: specializes in diseases of glands (for example, the thyroid gland); often treats diabetes
- *gastroenterologist*: specializes in conditions involving the digestive tract, including stomach and bowels
- *gynecologist*: specializes in the female reproductive system
- *neurologist*: specializes in the neurological system, especially the brain and nerves
- *oncologist*: specializes in tumors and cancer
- *ophthalmologist*: specializes in treatment of the eyes
- *orthopedist*: specializes in problems with bones, joints, and muscles
- *otolaryngologist*: specializes in ear, nose, and throat conditions
- *pathologist*: identifies infectious agents and examines specimens in order to diagnose disease
- *physiatrist*: specializes in rehabilitation medicine (also called physical medicine) for life-changing injuries
- *plastic surgeon*: specializes in the repair and reconstruction of parts of the body

- *podiatrist*: specializes in conditions of the foot
- *radiologist*: specializes in administering, diagnosing, and treating with X-rays and other imaging technology, including CAT scans and MRIs
- *urologist*: specializes in the urinary system, including bladder and kidneys, and the male reproductive system

Attending physicians, residents, and interns

An *attending physician* has completed all medical training and has received “privileges”—that is, he or she is allowed to practice medicine at a hospital. An attending physician also supervises residents.

An *intern* has completed medical school and received an “M.D.,” and is continuing to study in a hospital for his or her first year after medical school. An intern can practice medicine only within the hospital.

A *resident* is in his or her second year after medical school and is continuing to train within a hospital in a specialty area such as surgery, neurology, or psychiatry.

Nurses, nurse practitioners, and physician assistants

Nurses provide close care to patients. They monitor the patient’s condition and carry out the treatment plan. Like doctors, nurses can specialize in certain areas. For example, some nurses work primarily with patients in intensive care, or with patients recovering from surgery. *Registered nurses* have more training than *practical nurses*.

Nurse practitioners and *physician assistants* perform routine physician procedures and prescribe medications under the supervision of a physician.

Therapists

Therapists help injured service members in many ways.

- *auditory therapist*: works with patients who need to improve their hearing, often by teaching the best use of hearing aids.
- *occupational therapist (also called an “OT”)*: works with patients to help them gain independence in all parts of life, including bathing, eating, cooking, and using adaptive devices, including artificial limbs.

- *physical therapist (also called a “PT”)*: teaches patients how to regain strength and mobility by doing exercises and using their bodies properly.
- *speech therapist*: works to help service members who need to improve their speech, often after brain injury or stroke.

Mental health care providers

Several kinds of providers can help service members with emotional or mental health problems, such as PTSD (Post-Traumatic Stress Disorder):

- *psychologist*: counsels people with emotional or mental health problems. A psychologist may have a Ph.D. and be called “doctor,” but is not a medical doctor and cannot prescribe medications.
- *psychiatrist*: a medical doctor who specializes in treating mental and emotional problems and counseling patients, and who may prescribe medications.
- *social worker*: counsels people about emotional problems and guides them to other resources that can help. A social worker usually has a master’s degree in social work.
- *mental health counselor*: counsels people with mental health or emotional problems. A mental health counselor usually has a graduate degree in psychology or education, but is not a medical doctor.

Acronym Dictionary

The military often uses abbreviations—or “acronyms”—as shorthand for longer terms. For example, “DoD” is an acronym for “Department of Defense.”

Here are other acronyms you may encounter, especially in a military medical setting:

Terms related to injuries and treatment

- **MEDEVAC:** Medical Evacuation (often by helicopter)
- **MTF, MMTF:** Military Treatment Facility or Military Medical Treatment Facility, for example:
 - **LRMC:** Landstuhl Regional Medical Center (Landstuhl, Germany)
 - **WRNMMC:** Walter Reed National Military Medical Center (Bethesda)
 - **NMCSD:** Naval Medical Center San Diego, commonly called “Balboa” (San Diego, California)
 - **BAMC:** Brooke Army Medical Center (Fort Sam Houston, San Antonio, Texas)
- **OT:** Occupational Therapy
- **PT:** Physical Therapy
- **SI:** Seriously Injured; **NSI:** Not Seriously Injured; **VSI:** Very Seriously Injured
- **SPECAT:** Special Category (of injury)
- **WIA:** Wounded in Action

Medical conditions

- **COS:** Combat/Operational Stress
- **PTSD:** Post-Traumatic Stress Disorder
- **SCI:** Spinal Cord Injury
- **TBI:** Traumatic Brain Injury

Service-branch wounded warrior programs

- **AFW2:** U.S. Air Force Wounded Warrior Program (formerly known as “Air Force Palace HART”)
- **AW2:** U.S. Army Wounded Warrior Program (formerly called “DS3”)
- **M4L:** Marine for Life
- **WWR:** U.S. Marine Corps Wounded Warrior Regiment

Terms related to Medical Review Boards

- **COAD:** Continuation on Active Duty
- **COAR:** Continuing on Active Reserve
- **DES:** Disability Evaluation System
- **EPTE:** Existed Prior to Entry
- **HAO:** Home Awaiting Orders
- **MEB:** Medical Evaluation Board
- **MOS:** Military Occupational Specialty
- **PEB:** Physical Evaluation Board
- **PEBLO:** Physical Evaluation Board Liaison Officer
- **PDRL:** Permanent Disability Retirement List
- **PLD:** Permanent Limited Duty
- **TDRL:** Temporary Disability Retirement List
- **VASRD:** Veterans Administration Schedule for Ratings Disabilities

Other terms

- **CAC:** Casualty Assistance Center
- **CAO, CACO, CNO:** Casualty Assistance Officer, Casualty Assistance Call Officer, Casualty Notification Officer
- **CDR:** Commander

- **CO:** Commanding Officer
- **CONUS:** Continental U.S.; **OCONUS:** Outside the Continental U.S.
- **DEAS:** Defense Finance Accounting Service
- **DoD:** Department of Defense
- **FRG:** Family Readiness Group
- **FMLA:** Family and Medical Leave Act
- **ITOs:** Invitational Travel Orders
- **MLO:** Marine Liaison Office
- **NMA:** Non-Medical Attendant
- **NOK:** Next of Kin; **PNOK:** Primary Next of Kin; **SNOK:** Secondary Next of Kin
- **OCONUS:** Outside the Continental U.S.; **CONUS:** Continental U.S.
- **OEF:** Operation Enduring Freedom
- **OIF:** Operation Iraqi Freedom
- **PNOK:** Primary Next of Kin; **NOK:** Next of Kin; **SNOK:** Secondary Next of Kin
- **SNOK:** Secondary Next of Kin; **PNOK:** Primary Next of Kin; **NOK:** Next of Kin
- **SSN:** Social Security Number
- **TSGLI:** Traumatic Servicemembers' Group Life Insurance
- **VA:** Department of Veterans Affairs
- **VBA:** Veterans Benefit Administration
- **VSO:** Veteran Service Officer

How to Keep a Medical Journal

This section of your *Keeping It All Together* notebook is called a medical journal. A medical journal is a place to gather and record medical information. It will be helpful for many reasons:

- You and your service member will be able to stay organized and find information easily, including information you may need when applying for benefits.
- Future caregivers will be able to contact specialists who have provided care and locate medical records as they adapt treatment plans for your service member.
- It will help you send thanks, if you want to, to people who have provided care.

This journal was designed with advice from family members of other wounded, ill, or injured service members. Here are some suggestions from them:

Make it yours

Rearrange sections, add more tabs and pages, highlight or color-code items. Change it as much as you want so it meets your needs and is easy to use.

Make it a habit

It can be helpful to set aside a regular time every day for recording medical information. If you skip a few days you may find that important information is lost and that it takes a lot of work to catch up again.

Record personal as well as clinical information

You may want to supplement this medical journal with a spiral-bound notebook or a calendar with large spaces you can write in. This way you can write down things that happened, including important medical events like x-rays or scans, small milestones like eating without help, or your feelings about the recovery process. It will help you keep track of the recovery process and is likely to become a treasured personal record later on. You might also want to record notes about your service member's feelings and states of mind, which could be valuable to a mental health professional.

Recovery Team Contacts

At each military treatment facility a team of medical and non-medical personnel will work together to meet your service member's needs. These are your service member's "Recovery Team." You can record their contact information here.

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Name _____ Title _____

Medical Specialty _____ Telephone _____

Notes _____

Admission and Discharge Information

It's important to keep a record of the dates of admission and discharge for each medical facility where your service member receives treatment, starting with the first facility. Be sure to include information about admission and discharge dates for hospitals overseas.

Medical facility #1

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #2

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #3

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #4

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #5

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #6

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #7

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #8

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #9

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical facility #10

Name of medical facility _____

Primary care doctor _____

Telephone numbers _____

Date admitted _____ Date discharged _____

Notes _____

Medical Procedures

Please keep track of information about major medical procedures here.

Major medical procedures (for example, surgery or new treatments)

Procedure #1

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #2

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #3

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #4

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #5

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #6

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #7

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #8

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #9

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #10

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #11

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #12

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #13

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Procedure #14

Kind of procedure _____

Name of medical care provider _____

Contact information for medical care provider _____

Date performed/started _____

Where the procedure was performed (name of medical center) _____

Understanding Medication

A detailed record of every medication will be a valuable resource for you and for future care providers. Make sure to write down all of the information, including the dosage, frequency, and duration of each medication. You may need to ask the nurses to help you gather and understand this information.

Dosage means the *strength* of the medication, or the *amount given* each time. For example, “500 mg capsules” or “2 tablespoons.”

Frequency means *how often* the medication is administered. For example, “Every six hours as needed for pain management” or “Twice daily with meals.”

Duration means the *length of time* for which the medication is administered. For example, “21 days” or “One-time injection.”

Side effects

It is also important to write down what you notice about your service member’s reactions to each medication. Many medications have side effects that cause different reactions in different people. If you can, learn the possible side effects of the medications being prescribed so you can spot negative reactions and inform medical providers quickly.

Drug interactions

Medications can sometimes interact with other drugs, creating negative reactions or cancelling positive effects. In a hospital setting with many care providers and prescription drugs, it is a good idea to ask about interactions between medications.

Kinds of delivery

Medications can be given in a variety of ways. The most common methods of delivery include:

Oral – Through the mouth in the form of pills, liquid, or powders dissolved in liquid

Topical – Through the skin by way of creams, ointments, or patches.

Injection – Injection into the skin (also called “shots”).

IV (Intravenous) – Medication is mixed with water or saline solution and added directly to the bloodstream.

Suppository – A pill or other medication form inserted into the rectum.

Supplements – Pills or other medication forms that aren’t necessarily medicinal but are recommended for health, such as vitamins, minerals, or herbal supplements.

Medication Information

Medication #1

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #2

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #3

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #4

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #5

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #6

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #7

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #8

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #9

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #10

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #11

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Medication #12

Name of medication _____

Date prescribed _____

Name of doctor who prescribed _____

Dosage, frequency, and duration _____

Notes _____

Rehab Information

Many injured service members start rehabilitation or “rehab” services and treatment in the hospital and then transfer to a rehab facility or center for specialized care. Rehab professionals often need details about a service member’s recent progress and goals. Please keep track of information related to rehab here.

#1

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#2

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#3

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#4

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#5

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#6

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#7

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#8

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#9

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#10

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#11

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

#12

Name of rehab center _____

Name of therapist _____

Contact information for therapist _____

Name of therapist _____

Contact information for therapist _____

Date admitted to rehab center _____

Information about physical, occupational, speech, vision impairment, hearing impairment, or
cognitive therapy _____

Date therapy began _____ Date ended (or interrupted) _____

Reason therapy ended (or interrupted) _____

Discharge Instructions

You will receive “discharge instructions” when leaving the medical facility. These instructions will provide important information about medication and follow-up care.

You can keep discharge instructions in a pocket in this notebook. You can write down other discharge information here:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

Questions You Want to Ask

You are likely to have questions about your service member's recovery and care. Be sure to write these questions down so you will remember to ask them when you have the opportunity to talk with care providers. You can also keep track of the answers on these pages.

Question #1

Answer

Question #2

Answer

Question #3

Answer

Question #4

Answer

Question #5

Answer

Question #6

Answer

Question #7

Answer

Question #8

Answer

Question #9

Answer

Question #10

Answer

Question #11

Answer

Invitational Travel Orders (ITOs)

Since you are already at your service member's bedside, you probably already know the basics about Invitational Travel Orders (which are also called "travel orders" or "ITOs"). The information here will give you some more details.

Invitational Travel Orders are issued when doctors determine that the presence of a family member is essential to the recovery of the patient. When you receive ITOs, you are eligible to receive money for travel, lodging, and daily food expenses. This daily expense reimbursement is called a "per diem."

It is a good idea to make an extra copy of your travel orders and keep it with you at all times—for example, in the ITO pocket of this notebook. Keep the original in a different safe place where you can find it easily.

Covered and not-covered expenses

For each family member on travel orders, reimbursement can be made for:

- One round-trip ticket from your home to the hospital, or mileage if you drive
- Lodging expenses within a certain cost limit
- Per diem ("per day") expenses for food and necessities

The amount of money you receive in the per diem will vary depending on the average cost of living in your location. Ask someone at the military treatment facility Finance Office to tell you the amount of the current local per diem and lodging rates.

Keep in mind that some expenses are not covered by travel orders. These may include telephone calls, taxis, rental cars, or other expenses. You will be expected to pay expenses not covered by travel orders with your own money.

Which family members will receive ITOs? How many family members can come?

Invitational Travel Orders are offered to immediate family members (spouse, children, mother, father, siblings including step-siblings) or to people acting *in loco parentis* (in place of the parents). You—the family members—make the decision as to who among you should come. In general, up to three family members can receive travel orders to visit a seriously injured service member.

Other family members and guests are also welcome to visit your service member, but if they don't receive invitational travel orders they will have to pay their own expenses.

Visitors who don't have travel orders or military ID may sometimes have some difficulty entering secure areas of the military treatment facility or using facility resources. Be sure to talk with your Recovery Team about how to make arrangements for additional guests to visit your service member.

Who can answer my questions about travel orders?

Each military treatment facility has a liaison in its Finance Office who can help answer your questions about travel orders. Be sure to get to know your liaison as soon as you can. Each service branch handles travel orders somewhat differently, so you may also need to ask your service-branch representative for more details.

The Defense Finance and Accounting Service (DFAS) has a special phone number to help you with questions about ITOs and other "travel pay" issues:

DFAS Travel Pay Customer Service Center

Telephone: 1-888-332-7366

Website: www.dod.mil/dfas/travelpay/armytravelpay.html

For specific Wounded Warrior casualty travel questions:

Telephone: 1-317-510-3562

Email: dfas-intravelcasualty@dfas.mil

Lodging

Finding a place to stay will probably be one of your first concerns when you arrive at the military treatment facility. If you traveled on Invitational Travel Orders (which are also called “travel orders” or “ITOs”), the service may have already arranged for lodging before you arrived at the facility. If this hasn’t happened, you have several options, and people on the Recovery Team will help you find a good place to stay. As long as you have ITOs you’re eligible for lodging assistance, even if you don’t have a military ID.

As you make travel and lodging arrangements for yourself and other visitors, try to take advantage of your own sources for discounts, such as frequent-flier miles, motor clubs, and retirement associations. (Keep in mind that many organizations offer special discounts for families of U.S. service members.)

Some of the lodging options that may be available include:

On-post lodging

Some military treatment facilities have special buildings for family lodging; others do not. If it’s available, lodging “on post” at the military treatment facility is your best choice. You can be close to your service member and stay free of charge. The length of time you can stay will vary depending on your ITOs and the needs of your service member.

Your Recovery Coordinator will be able to tell you more about options at your facility. At Walter Reed National Military Medical Center at Bethesda options include:

Navy Lodge Bethesda
Telephone: 1-301-654-1795
Website: *www.Navy-Lodge.com*

Fisher House

Fisher Houses are large homes with private suites, built to provide comfortable temporary lodging for families of wounded, ill, and injured service members. Thanks to donations from the Fisher House Foundation and the Fisher family, Fisher Houses exist near many military treatment facilities across the United States.

Fisher Houses are usually located within walking distance of medical treatment facilities or, if they aren’t, provide transportation to the medical treatment facility.

For more information about Fisher Houses contact:

Telephone: 1-888-294-8560
Website: *www.fisherhouse.org*

Off-post lodging

If on-post lodging facilities or the Fisher House are full, you will be referred to a local hotel. This is sometimes called “off-post” or “off-campus” lodging. You can be placed on a waiting list for on-post lodging and be notified when space becomes available.

Family members on ITOs can submit off-post hotel receipts, up to the allowable government nightly rate, for reimbursement. You will be required to pay your bill at the off-campus hotel in full before you are reimbursed, but sometimes travel advances are allowed if paying the hotel bill will be a financial burden. Be sure to speak with someone at the Financial Office for more information. Remember that family members not traveling on ITOs are responsible for their own expenses.

Support and Resources

The Department of Defense and each service branch provide a variety of programs to help service members and families with concerns common to military life. The information in this section of your organizer will help you understand the range of services and programs available to military families generally, and for families of wounded, ill, and injured service members particularly. It includes both government programs and non-government programs

Comprehensive government support

Service-branch wounded warrior programs

When you have questions about your service member's non-medical needs, the first program to contact is the program associated with your service member's branch of service.

U.S. Army Wounded Warrior Program (AW2)

Telephone: 1-877-393-9058, 24 hours a day, 7 days a week

Email: AW2@conus.army.mil

Web site: wtc.army.mil/aw2

AW2 is the Army's support, advocacy, and information system for severely wounded, ill, and injured Soldiers and their families. See the website for links to resources and a detailed description of the six-phase Life Cycle of Support that AW2 has established to help eligible Soldiers. The website contains a tool that allows you to locate the AW2 advocate in your area.

U.S. Marine Corps Wounded Warrior Regiment (WWR)

Telephone: 1-877-4USMCWW or 1-877-487-6299, 24 hours a day, 7 days a week

Web site: www.woundedwarriorregiment.org

Provides and facilitates assistance to wounded, ill, and injured Marines (and to Sailors attached to or in support of Marine units) and their family members throughout the phases of recovery.

Navy Safe Harbor – Severely Injured Support

Telephone: 1-877-746-8563

Assistance by email: safeharbor@navy.mil

Web site: www.public.navy.mil/bupers-npc/support/safe_harbor (Click on "Safe Harbor")

Navy Safe Harbor is the focal point for the non-medical care management of severely wounded, ill, or injured Sailors and their families. Non-medical care issues include pay, invitational travel orders, lodging and housing adaptation, and more.

Air Force Warrior and Survivor Assistance Program

This program has two key elements. The first, the Air Force Survivor Assistance Program, provides immediate assistance to seriously wounded, ill, and injured Airmen and their families. The second, the Air Force Wounded Warrior Program (AFW2), phases in later, when Airmen begin their transition back to their Air Force job or to the civilian community.

Air Force Survivor Assistance Program

Telephone: 1-877-USAF-HELP (1-877-872-3435)

Email: usafhelp@pentagon.af.mil

Web site: <https://survivorassistance.afsv.af.mil>

Air Force Family Liaison Officers provide logistical and family support and Recovery Care Coordinators (RCCs) work closely with the recovering Airman throughout the recovery process.

Air Force Wounded Warrior Program (AFW2)

Telephone: 1-800-581-9437, 7:00 a.m. to 4:00 p.m. CT, Monday – Friday

Email: afwounded.warrior@randolph.af.mil

Web site: www.woundedwarrior.af.mil

AFW2 consultants provide a wide range of services, including financial counseling, job placement assistance, and counseling about veterans benefits. The program is committed to each Airman for at least five years.

Department of Defense (DoD) programs

These DoD programs supplement the service-branch programs described above.

Military OneSource Wounded Warrior Resources

Telephone: 1-800-342-9647, 24 hours a day, 7 days a week

Email: wwrc@MilitaryOneSource.com

Web site: www.militaryonesource.mil

If your branch is unable to resolve your service member's issue, you can call Military OneSource to speak with a Wounded Warrior Specialty Consultant. They work closely with each service branch wounded warrior program, providing you with personal ongoing assistance to make sure that your concerns are resolved, including concerns related to:

- Facilities
- Health care
- Benefits
- Other everyday issues
- Complaints

In addition to the abundance of information for service members and family members, the Military OneSource web site also contains a broad range of information helpful to wounded, ill, and injured service members and their families.

Military OneSource

Telephone: 1-800-342-9647, 24 hours a day, 7 days a week

Web site: www.MilitaryOneSource.mil

This free 24-hour service is available to all active duty, Guard, and Reserve members (regardless of activation status) and their families. Master's-level consultants provide information and make referrals on a wide range of issues, including finances, emotional well-being, parenting, relationships, and concerns related to your wounded, ill, or injured service member. Free face-to-face counseling sessions (or their equivalent by phone or online) are also available. The website provides a broad range of information for service members and their families.

National Resource Directory (NRD)

Web site: www.nationalresourcedirectory.gov

The National Resource Directory is an online tool for wounded, ill, and injured service members, veterans, their families, and those who support them. The NRD links to federal, state, and government agencies; Veterans service and benefit organizations; non-profit and community-based organizations; academic institutions; and professional associations that provide assistance to wounded, ill, and injured service members and their families.

Service-branch family support programs

Each service branch has its own programs to improve the quality of life for the military community. Staff at the programs can help you find the phone number or location of experts who can help you with concerns like benefits, housing, transportation, and financial counseling. You have probably already been in contact with your service-branch program. If you haven't, ask your case managers to help connect you.

Although the names of these programs often contain the word "family", these programs are for single service members, too.

U.S. Army

Army Community Services

Web site: www.myarmyonesource.com

U.S. Marine Corps

Marine Corps Community Services

Web site: www.usmc-mccs.org

U.S. Navy

Navy Fleet and Family Support Center

Web site: www.cnic.navy.mil

U.S. Air Force

Airman and Family Community Services

Web site: www.afcommunity.af.mil

Service-branch and Department of Defense information sites

Department of Defense (DoD)

703-571-3343

www.defense.gov

News from the Department of Defense and links to related sites.

U.S. Army

www.army.mil

Web site of the U.S. Army, with news and links to programs.

Army National Guard Bureau

www.nationalguard.mil

Army Reserve

www.arfp.org

U.S. Marine Corps

www.marines.mil

Web site of the U.S. Marine Corps, with news and links to programs.

Marine Corps Reserve

www.marines.mil/unit/marforres/

U.S. Navy

www.navy.mil

Web site of the U.S. Navy, with news and links to programs.

Navy Reserve

www.navyreserve.mil

U.S. Air Force

www.af.mil

Web site of the U.S. Air Force, with news and links to programs.

Air Force Reserve

www.afrc.af.mil

Department of Veterans Affairs (VA)

Many wounded, ill, or injured service members will receive treatment at a VA facility, even though they plan to return to active duty. VA specialties include Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), spinal cord injury, and rehabilitation involving amputation or prosthetic limbs.

In addition to medical care, the VA provides extensive non-medical programs and resources for veterans, including benefits, vocational rehabilitation, employment services, and disability support. If your service member will transition to the VA, care managers and others will help connect you with a VA expert to help guide you through the process.

For basic information about VA programs, go to:

Department of Veterans Affairs (VA)

Telephone: 1-800-827-1000

Web site: www.va.gov

Also see www.oefoif.va.gov for information specifically for OIF and OEF veterans transitioning to the VA for medical and other benefits.

Military relief organizations

Military relief organizations help service members and their dependents with certain emergency financial needs. Help is in the form of interest-free loans, grants, or a combination of loans and grants.

Most loans and grants from military relief organizations are for one-time financial emergencies—for example, for rent, utilities, vehicle repair, certain medical and dental expenses, and emergency travel.

Army Emergency Relief (AER)

Telephone: 1-866-878-6378

Web site: www.aerhq.org

Navy-Marine Corps Relief Society (NMCRS)

875 North Randolph Street, Suite 225

Arlington, VA 22203-1977

Telephone: 1-703-696-4904

Web site: www.nmcrcs.org

Air Force Aid Society

Telephone: 1-800-769-8951

Web site: www.AFAS.org

Other government and non-government programs

U.S. Department of Defense Community Relations

Web site: www.ourmilitary.mil

Follow the links under “Support for Our Troops” to find organizations that assist wounded, ill, and injured service members and their families.

American Legion

Telephone: 1-800-433-3318 or 1-317-630-1200

Web site: www.legion.org

Provides a wide range of support to families of service members, including financial assistance through its Temporary Financial Assistance (TFA) program. Send an email for more information or complete the electronic request form on the website.

American Veterans

Telephone: 1-877-726-8387

Email: amvets@amvets.org

Web site: www.amvets.org

Helps ease the financial burdens of severely injured service members and their families.

Apply for assistance by telephone or by completing an online application.

Armed Forces Foundation

16 North Carolina Avenue SE

Washington, DC 20003

Telephone: 1-202-547-4713

Email: info@armedforcesfoundation.org

Web site: www.armedforcesfoundation.org

Provides assistance to injured service members and their families, including financial assistance in the form of bill payment for families of service members who are in need, and hotel assistance for families of injured service members while they visit a loved one.

Coalition to Salute America's Heroes

Email: info@saluteheroes.org

Telephone: 1-914-432-5400

Web site: www.saluteheroes.org

Helps ease the financial burdens of severely injured service members and their families.

Apply for assistance by telephone or by completing an online application.

Disabled American Veterans (DAV)

Telephone: 1-877-426-2838

Web site: www.dav.org

Advocacy and programs for disabled veterans.

Fallen Patriot Fund

Telephone: 1-214-658-7125

Web site: www.fallenpatriotfund.org

Provides supplemental financial support to the spouses and children of U.S. military personnel killed or seriously injured during Operation Iraqi Freedom. Apply online.

The Fisher House™ Program

Toll free: 1-888-294-8560

Email: Info@FisherHouse.org

Web site: www.fisherhouse.org

Fisher House donates “comfort homes” on the grounds of major military and VA medical centers for families to stay in (at little cost) during a service member’s hospitalization. Fisher House also sponsors Operation Hero Miles (www.heromiles.org) which provides free round-trip tickets on certain airlines for eligible hospitalized service members and their families.

Homes for Our Troops

37 Main Street

Taunton, MA 02780

Telephone: 1-866-7TROOPS (1-866-787-6677)

Web site: www.homesforourtroops.org

A nonprofit organization committed to helping service members who have sacrificed for their country and returned home with serious disabilities and injuries. Helps by raising donations of money, building materials, and professional labor and by coordinating the process of building a new home or adapting an existing home for handicapped accessibility.

Injured Marine Semper Fi Fund

Telephone: 1-760-725-3680 or 1-703-640-0181

Web site: www.semperfifund.org

Provides supplemental financial assistance to injured Marines and sailors, as well as members of the Army, Air Force, and Coast Guard. The type of assistance provided is determined on an individual basis.

MilitaryHOMEFRONT

Web site: www.militaryhomefront.dod.mil

A Department of Defense quality-of-life website for service members, their families, leaders, and service providers.

USA.gov

Web site: www.usa.gov

The U.S. government’s official portal for government information and forms.

Unmet Needs Program

Telephone: 1-866-789-NEED (6333)

Web site: www.vfw.org/Assistance/National-Military-Services/

A joint program of the Veterans of Foreign Wars and Vermont American Power Tool Accessories, Unmet Needs provides financial support, skills, and labor to families of service members.

Wounded Warrior Project

Telephone: 1-877-832-6997

Web site: www.woundedwarriorproject.org

This nonprofit organization offers programs for caregivers, benefits counseling, information for families, and peer mentoring.

Yellow Ribbon Fund

7200 Wisconsin Avenue, Suite 310

Bethesda, MD 20814

Telephone: 1-240-223-1180

Email: email@yellowribbonfund.org

Web site: www.yellowribbonfund.com

Provides services for injured service members at Walter Reed National Military Medical Center at Bethesda and their families, including hotel rooms, rental cars, and job training where appropriate.

Organizations by kind of injury

Amputation

Amputee Coalition of America

Telephone: 1-888-267-5669

Web site: www.amputee-coalition.org

Resources for amputees, including education, support groups, information for friends and family members, and referrals to other amputee organizations.

Blindness/visual impairment

Blinded Veterans Association (BVA)

Telephone: 1-800-669-7079

Web site: www.bva.org

Resources and support for blinded veterans and their families, including field representatives (who are themselves blinded veterans) who provide counseling and encouragement, volunteers who work in VA medical centers and outpatient clinics, and scholarships for spouses and dependents of blinded veterans.

Post-traumatic stress disorder (PTSD)

National Center for Post-Traumatic Stress Disorder (Department of Veterans Affairs)

Telephone: 802-296-6300

Email: ncptsd@va.gov

Web site: www.ptsd.va.gov

Information for service members and their families about PTSD, including articles about coping and information about helping children of a parent with PTSD.

Spinal cord injury (SCI)/paralysis/traumatic brain injury (TBI)

Paralyzed Veterans of America (PVA)

Telephone: 1-800-424-8200

Web site: www.pva.org

An advocacy organization for veterans with spinal cord injuries. Offers information and free and/or low-cost publications on aspects of living with spinal cord injuries.

Christopher and Dana Reeve Paralysis Research Center

Telephone: 1-800-539-7309

Web site: www.christopherreeve.org

Information and resources for people living with paralysis or affected by it, including family members and caregivers. Free paralysis resource guide in Spanish and English, newsletters, and online networking.

Brain Injury Association of America

Telephone: 1-800-444-6443

Web site: www.biausa.org

Information and resources for people living with traumatic brain injury or affected by it, including family members and caregivers.

Disabilities generally**Disability.gov**

Web site: www.disability.gov

An online portal to the federal government's information and initiatives for people with disabilities, including information about housing, education, accessibility, transportation, and assistive technology.

National Rehabilitation Information Center

Telephone: 1-800-346-2742

Web site: www.naric.com

Detailed online resource lists (books, magazines, and organizations) related to many kinds of disabilities, including blindness/visual impairment, deafness/hearing impairment, mental health, spinal cord injury, and traumatic brain injury. Also includes resource information for assistive technology, universal design, and employment.

Additional Resources**Defense Centers of Excellence**

Telephone: 1-866-966-1020

Web site: www.dcoe.health.mil

Easter Seals Military and Veteran Services

Telephone: 1-866-423-4981

Web site: [www.veterans@easterseals.com](mailto:veterans@easterseals.com)

Brooke Army Medical Center (BAMC)

Telephone: 1-800-443-2262

Web site: www.bamc.amedd.army.mil/

Naval Medical Center San Diego

Web site: *www.med.navy.mil/sites/nmcsd*

VA Health Care Hotline

Telephone: 1-800-424-8200

The Department of Defense cannot endorse any particular nonprofit organization. The resources listed above are just some of those that provide assistance to wounded, ill, or injured service member and their families.

Traumatic Servicemembers' Group Life Insurance (TSGLI)

TSGLI provides traumatic-injury coverage to all service members covered under the Servicemembers' Group Life Insurance (SGLI) program. Starting December 1, 2005, every service member who has SGLI also has TSGLI. It is also provided retroactively for service members who incur severe losses resulting from a traumatic injury between October 7, 2001 and December 1, 2005 if the loss was the result of injuries incurred in Operations Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

For more information about TSGLI, visit the VA TSGLI site (www.insurance.va.gov/sglisite/TSGLI/TSGLI.htm). You may also contact your branch of service using the contact information below:

U.S. Army

Army Human Resources Command

Telephone: 1-800-237-1336

Web site: www.tsqli.army.mil

U.S. Navy

Navy Personnel Command

Telephone: 1-800-368-3202

Web site: www.npc.navy.mil/CommandSupport/CasualtyAssistance/ (Click on "TSGLI")

U.S. Marine Corps

HQ, Marine Corps

Telephone: 1-877-216-0825

Web site: www.manpower.usmc.mil (Enter TSGLI in the search box)

U.S. Air Force

AFPC/DPWC

Telephone: 1-800-433-0048

Email: AFDC.casualty@us.af.mil

Understanding the Medical Evaluation Process

The military's medical evaluation process is complex, and understanding it is sometimes overwhelming for service members and their families. The process begins when the service member is recommended for a medical board, usually by his or her treating physician. The medical board makes recommendations and the case is sent to a Physical Evaluation Board (PEB). A final determination can be made in as little as 45 days—or much longer—depending on the complexity of the case. The Physical Evaluation Board Liaison Officer (PEBLO) is the service member's main liaison during the process, providing valuable guidance and serving as a patient advocate.

Medical board

A physician recommends a medical board when it becomes apparent that the service member's condition may permanently interfere with his or her ability to serve on active duty. The medical treatment facility where the service member is receiving care assembles the medical board documents, which include:

- *Medical documentation.* A current medical examination, a copy of the patient's medical record, an assessment by a senior physician, and approvals by two additional physicians are included as medical documentation.
- *Non-medical documentation.* An assessment by the service member's commanding officer describes how the member's condition affects his or her ability to perform the assigned job duties. This assessment is important to the medical board because, although a service member may have permanent disabilities, he or she still may be qualified for the job.
- *Optional rebuttal by the service member.* If the service member disagrees with any of the information included in the medical board documents, he or she may submit a rebuttal, which is included in the documentation sent to the PEB.

The medical board may recommend Temporary Limited Duty (normally for a period of not more than 12 months) and re-evaluate the case later. Otherwise, the medical board documents are forwarded to the PEB.

Physical Evaluation Board (PEB)

The PEB reviews all medical board documentation to determine if the service member is fit for continued military service. The board looks at many factors, including the medical information, the service member's rate or Military Occupational Specialty (MOS), and whether or not the member is deployable. The PEB must consider the medical condition and how it affects the service member's ability to do his or her job. The determination and subsequent disability rating assigned by the PEB are based on the member's ability to perform his or her duties. The following steps take place during a PEB:

- *Informal Board.* After reviewing the documentation, the board determines whether or not the service member is fit for duty. If found unfit (and the medical condition is service related) the board will assign a disability rating. If the service member is rated 20 percent or less, the service member will be discharged, with or without the benefit of severance pay. If the rating is more than 30 percent, the board may place the service member on one of the following:
 - *Temporary Disability Retired List (TDRL).* The service member may stay on the TDRL for up to five years, but must be re-evaluated every 12 to 18 months. While on TDRL, he or she receives retired pay and is entitled to retiree benefits.
 - *Permanent Disability Retired List (PDRL).* On PDRL, the service member receives retirement pay and benefits for life.
- *Service member's review.* The PEBLO counselor advises the service member on the Informal Board's findings. If the service member disagrees with the findings, he or she may request a Formal Board. Members found not fit for duty have the right to demand a Formal Board.
- *Formal Board.* An attorney is appointed to represent the service member (or the member may hire an attorney) at the Formal Board. The Formal Board re-examines the evidence, hears testimony, and considers any new evidence before making its recommendation. The Formal Board may uphold the Informal Board's recommendations or make a new determination.
- *Continuing military service.* Service members found unfit for duty may submit a request to continue military service in their component, whether it is Active or Reserve. These requests are included with the PEB documentation when it is forwarded to the service headquarters for a final decision. The procedures vary depending on your service branch.
 - *Army.* Soldiers may submit a Continuation of Active Duty (COAD) request. Requests are most often granted for soldiers with 15 to 20 years of active service or soldiers with critical job skills.
 - *Marine Corps and Navy.* Sailors and Marines may submit a request for Permanent Limited Duty (PLD). These requests are most often granted to members with 18 to 20 years of service or those who can fill a critical billet.

- *Air Force.* Airmen may submit an application for Limited Assignment Status (LAS). This program is for service members with 15 - 19 years of active duty service, with a high demand skill, experience, grade or specialty. The member must accept his unfit findings of the PEB and only medical conditions that are stable will be considered. Approval is not guaranteed (as described in AFI 36-3212, section 6). Additionally, those airmen with combat related conditions may apply regardless of time in service. For further information, please contact: AF Disability Division (210) 565-3519.
- *Final decision.* The Informal or Formal PEB recommendations and any request for OAD/COAR or PLD are sent to the member's service headquarters. The headquarters makes the final determination on both the medical board's recommendations and the COAD/COAR or PLD request. Whatever the outcome, PEBLO counselors are on hand at most Military Treatment Facilities to assist the service member and family through the process.

Access the Department of the Navy PEB at www.donhq.navy.mil/corb/peb/pebmainpage1.htm. The PEB acts on behalf of the Secretary of the Navy to make determinations of fitness for duty, entitlements to disability benefits, disability ratings, and disposition of cases referred to active and Reserve members of the Navy and Marine Corps.

How to Search the Web

There is much information on the Internet (the “Web”) that can be helpful to families of injured, ill, or wounded service members. People involved in your service member’s care are likely to refer you often to Internet information.

Don’t be embarrassed if you haven’t used the Internet often. It can be easy to learn, and many people at the hospital can help you find a computer and get started. These basics can also help:

Finding a Web site when you know the Web address

You may want to look up a “Web address” (also called a “URL”) that someone has given you or that you have read about. For example, someone may suggest that you look at a Web site called *www.fisherhouse.org* for information about the Fisher House program, which provides housing for military families near medical centers.

When you’re at a computer, here is how to find a Web address:

1. “Click” on the picture (also called an “icon”) that lets you enter the Internet. It will probably have the word “Internet” on it. It might say “Explorer,” “Firefox,” “Navigator,” or “Safari.” This will open a software program called a “browser,” which lets you look for things on the Internet.
2. Now you should see a narrow empty box, probably near the top of the screen. This is the “search box.” In the search box, type the Web address that you have.
3. Click on the word “go” or on the arrow next to the address box.
4. The Web site’s “home page” should appear on the screen. Click on different parts of the home page to get even more information.

Finding information when you don’t have a Web address

You may not have a “Web address” to help you look up information on the Web. That’s OK. You can do an Internet “search” that will find Web sites for you with information about a subject you want to know about.

For example, you may want to find out about organizations that can give you information about living with a spinal cord injury. Here is how to do a basic search:

1. Click on the picture (or icon) that lets you enter the Internet. It will probably have the word “Internet” on it. It might say “Explorer,” “Firefox,” “Navigator,” or “Safari.” This will open a software program called a “browser,” which lets you look for things on the Internet.

2. Go to the Web site of a “search engine.” A search engine is a software program that searches the Web to find Web sites that contain the “search terms” that you type into the search box. Some of the better known search engines are Google at *www.google.com* and Yahoo at *www.yahoo.com*. A long, narrow box will appear. This is the “search box.”
3. Type your “search terms” into the search box. For this search, you might want to enter “spinal cord injury.”
4. Hit the “Return” or “Enter” key on the keyboard, or click on the word “search,” which will be next to or under the search box. A list of websites will appear on the screen.
5. Click on a website that looks useful. For example, the search term “spinal cord injury” produces a list that includes “National Spinal Cord Injury Association” and “Spinal Cord Resource Center.”
6. Read the website by clicking on information that looks useful. If a site contains a box that says “resources,” be sure to click on it. If a site contains a box that says “links,” be sure to click on it, too. “Links” are connections to other websites that can be useful.

More tips

- *If a search is producing too many Web sites that aren't really related to what you're looking for, “narrow” your search.* For example, if you typed in the search term “child care,” you would get thousands of Web sites from all over the world. If you “narrow” the search by adding more specific terms—for example, “child care San Diego” (if you're looking for information about child care available in San Diego), you will get better results.
- *You can leave words like “and” and “the” out of your search.*
- *When you find helpful sites, “bookmark” them so you can find them again easily.*
- *Know if a Web site is commercial or noncommercial.* The owners of a commercial site may be trying to sell products or services to people who visit the site.
- *Remember that you can tell something about a site by the last letters in the Web address:*
 - *.com* usually means the site is commercial
 - *.org* means a nonprofit organization
 - *.edu* means an educational institution
 - *.mil* means a military site
 - *.gov* means a government site