Warrior Transition Battalion (WTB)

Nomination Packet Process

References:

AR 40-58, Warrior Care and Transition Program, 23 March 2015

Renee Benito
John Aquino

Purpose:

- To provide procedures for transferring Soldiers into the Tripler Army Medical Center (TAMC) Warrior Transition Battalion (WTB). The goals of assigning or attaching a Soldier to the WTB are to optimize medical, surgical, and psychiatric outcomes; prepare a Soldier for transition; prevent delays in clinical and administrative evaluation.

Outline:

I. Nomination Packet

   a. WTB Form Samples

   b. Nomination Process (Flowchart)

II. Frequent Asked Question (FAQ)

III. Point of contacts (POCs)

Who's responsible for Nomination Packet

The unit/company will complete a WTB nomination packet which will consist of the following documents:

1. **Modified DA Form 5889-R, WTB Transmittal Document (Figure 2)**

2. **Commander's Statement (Figure 3)**

3. **Medical Summary (Figure 4)**

4. **Current Profile (DA Form 3349, Physical Profile)**

5. **DA Form 4187 (Figure 6) must be signed by an O-5+. If the document is not signed by an O-5, assumption of command memorandum is included.**

6. **ERB/ORB**

7. **DA Form 7652 - Physical Disability Evaluation System (Figure 6)**

MODIFIED DA 5889-R (Sample)

Figure 2

Modified DA Form 5889-R "WTB Transmittal Document"

NAME:

RANK:

SSN:

MAJOR SUBORDINATE COMMAND:

UNIT (Co/Bn/Bde):

CO 1SG (Name, Phone, Email):

Soldier's AKO email:

NOTE: Upon approval for WTB assignment, Soldier must clear CIF and Parent Unit.

Modified DA Form 5889-R "WTB Transmittal Document"		
Personnel Documents (in this order)		
	a	-Commander's Statement (FRAGO 001/15 Attachment A) -Endorsement by Battalion Commander and/or Brigade Commander
	b	Medical Summary (completed and signed by physician)
	c	Copy of Current Profile (DA Form 3349) [Must not be expired]
	d	DA Form 4187 (signed by SM, Unit commander, and BN Commander)
	e	Current ERB/ORB
	f	DA Form 7652, Commander's Performance and Functional Statement
**** If approved for WTB Entry unit must provide the following documents (if applicable) before Soldier can report to WTB.**		
	a	Document authorizing Soldier's retention beyond scheduled separation or retirement date (as applicable if within 6 months of separation or retirement)
	b	Approved LOD Decision (DD Form 261/DA Form 2173 – typically not applicable for Active Duty/Compo 1 Soldiers)
	c	Completed unit clearing papers and CIF clearance.

COMMANDER'S STATEMENT

(USE EITHER ONE OF THE FORMS)

Figure 3

PLACE UNIT LETTERHEAD HERE
Commander's Statement

Office Symbol Date

MEMORANDUM THRU Commander, (replace with SM's Battalion level), Schofield Barracks, HI 96857
Commander, (replace with SM's Brigade level), Schofield Barracks, HI 96857

FOR Triad of Leadership

SUBJECT: Commander's Statement, SPC John Warrior, (last 4SSN) 9999

1. Request SPC Warrior (MOS 11B, BASD 20090725) be reassigned to the Tripler WTB at Schofield Barracks, Hawaii.

2. TRANSFER ELIGIBILITY:

a. SPC Warrior has no UCMJ actions, or non-transferable flags pending at this time (adverse actions must be completed at the losing unit and flags lifted before consideration of WTB assignment.) SPC Warrior's mandatory removal date (MRD), retention control point (RCP), or expiration of term of service (ETS) will not occur during this active duty period.

3. PRESENT CONDITION: **(Be as detailed as possible. Include how the SM cannot do MOS and how it is affecting the unit mission and readiness.)**

a. SPC Warrior's medical conditions have or will result in 6 or more months on a restricted physical profile, prevent him from performing his duties and require extensive case management support. See attached Medical Summary for clinical details of SPC Warrior's conditions.

4. I ask that he be reassigned to the Warrior Transition Unit to optimize his chances for either return to duty or a successful transition to status as an honored Veteran following medical separation from active Army service.

5. Soldier does / does not require a room in the barracks. Unit does / does not want Soldier to return to unit if Soldier remains in Army after assignment to WTB.

6. Unit POC is (rank / name) at (phone number / e-mail address).

JOHN DOE
CPT, AV
Commanding

PLACE UNIT LETTERHEAD HERE
Commander's Statement

Office Symbol Date

Line through and BN CDR initials

MEMORANDUM THRU Battalion Commander, (replace with SM's Battalion level), Schofield Barracks, HI 96857

FOR Commander, Tripler Army Medical Center, ATTN: MCHK-MC, 1 Jarrett-White Road, HI 96859-5000

SUBJECT: Commander's Statement, SPC John Warrior, (last 4SSN) 9999

1. Request SPC Warrior (MOS 11B, BASD 20090725) be reassigned to the Tripler WTB at Schofield Barracks, Hawaii.

Required Statement

2. TRANSFER ELIGIBILITY:

a. SPC Warrior has no UCMJ actions, or non-transferable flags pending at this time (adverse actions must be completed at the losing unit and flags lifted before consideration of WTB assignment.)

3. PRESENT CONDITION:

a. SPC Warrior's medical conditions have or will result in 6 or more months on a restricted physical profile, prevent him from performing his duties and require extensive case management support. See attached Medical Summary for clinical details of SPC Warrior's conditions.

4. I ask that he be reassigned to the Warrior Transition Unit to optimize his chances for either return to duty or a successful transition to status as an honored Veteran following medical separation from active Army service.

5. Soldier does / does not require a room in the barracks. Unit does / does not want Soldier to return to unit if Soldier remains in Army after assignment to WTB.

6. Unit POC is (rank / name) at (phone number / e-mail address).

JOHN DOE
CPT, AV
Commanding

MEDICAL SUMMARY (Sample)

Figure 4

RMC WTB-Hawaii Entry Request Medical Summary

Name: Last, First, MI. **Last 4 SSN:** **Rank:**	**Age:** **MOS:** 11B (Infantry) **Unit:**

ACTIVE MEDICAL DIAGNOSES.

Diagnosis #1: Medical Term (put layman's term if not commonly known)
Plan of Care: Concise plan of care with future considerations. Fails/meets retention standards, or expected to fail/meet retention standards, or in evaluation/treatment?

Diagnosis #2:
Plan of Care:

Diagnosis #3:
Plan of Care:

Diagnosis #4:
Plan of Care:

Diagnosis #5:
Plan of Care:

(add more diagnoses if required.)

IDES Phase: (I, II, III, IV, V, VI); OR Not in MEB - has not reached MRDP (If not at MRDP, when are they anticipated to reach MRDP?),

Pertinent Past Medical History, surgeries, hospitalizations: List only information relevant to the request for Soldier to transfer to WTB-Hawaii.

Additional relevant factors or information:

X

(PHYSICIAN'S Typed/Printed Name, Grade, Title and Signature) (Date)

WTB BN Surgeon Review:

DA Form 4187 (Sample)

Figure 5

DA Form 4187 Sample, 2 Pages in all

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE: To require or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USE(S): The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code)
25TH ID 82DA TSC	Warrior Transition Battalion ATTN: S1 171 Brannon Road, Bldg 663, 4th Fl Schofield Barracks, HI 96857	Company Commander Info

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PAY GRADE	6. SOCIAL SECURITY NUMBER

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)

	Service Extend. (ENF only)		Special Hours Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		Continuous Training. (ENF only)		Identification Tags
	Volunteering For Overseas Service		Retraining in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Extend/Advance/Curtain Donate
	Reassignment Extreme Army Problems		Nominations		Change of Name/SSN/DOB
	Exchange Reassignment. (ENF only)		Officer Candidate Status	X	Other. (Specify)
	Airborne Training		Assignment Family Members		Assignment to WTU

9. SIGNATURE OF SOLDIER (When required) [redacted] 10. DATE. (YYYYMMDD)

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

IAW WTU Policy 13-006, Request assignment to the Warrior Transition Unit.

CURRENT UNIT:

UIC: POC:

UNIT PHONE: UNIT POC E-MAIL:

BOS:

Home Phone: Alternate Phone:

Soldier's ARO email:

Sex: ETS/MRD: PEBD:

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)
	[redacted]	

DA FORM 4187, MAY 2014 SUPERSEDES DA FORM 4187, JAN 2000 AND REPLACES DA FORM 4187-1-R, APR 1966 Page 1 of 2 APD LC V1.00

1. NAME OF INDIVIDUAL 2. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO	b. FROM
	Commander (BN Designated Unit Info)	Commander (Unit Designated Info)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME (Last, First, Middle)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE [redacted]	

i. COMMENTS

AUTHORITY	a. TO	b. FROM
	Commander (BDE Designated Info, if applicable)	Commander (BN Designated Unit Info, if applicable)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME (Last, First, Middle)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE [redacted]	

i. COMMENTS

AUTHORITY	a. TO	b. FROM
	Triad of Leadership	Commander, (BDE or BN, as applicable)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME (Last, First, Middle)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE [redacted]	

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME (Last, First, Middle)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE [redacted]	

i. COMMENTS

DA FORM 4187, MAY 2014 Page 2 of 2 APD LC V1.00

DA Form 7652
(Physical Disability Evaluation System)

Figure 6

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

For use of this form see HQDA Letter 635-05-1. 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. SSD	5. COMPONENT	6a. BIRTHDATE (YYYYMMDD)	6b. AGE	7. UNIT OF ASSIGNMENT

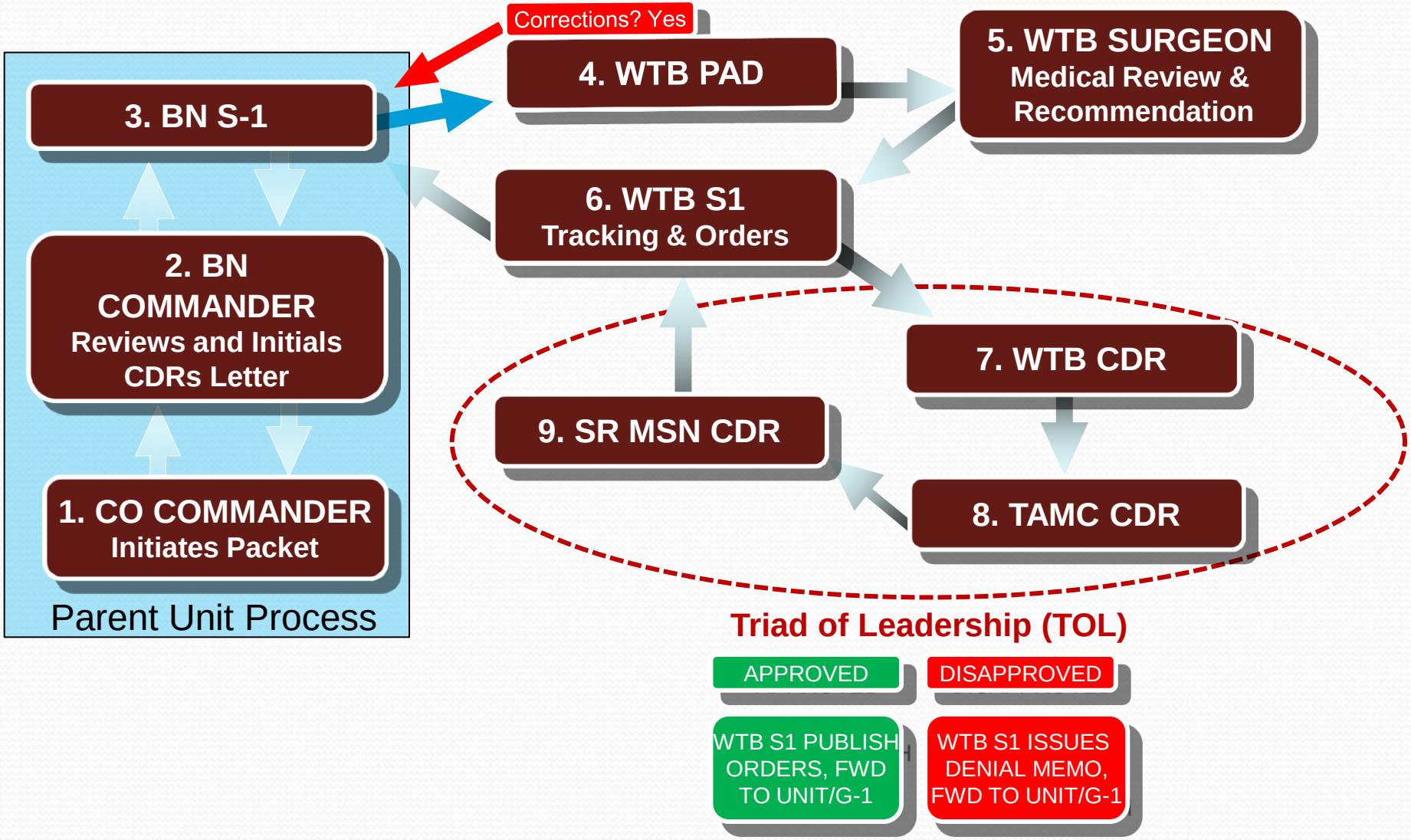
SECTION II: ADMINISTRATIVE INFORMATION

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

DATA ITEM	Yes	No	
1. Is Soldier charged or under investigation for an offence chargeable under the UCMJ, which could result in dismissal or punitive discharge?	☐	☐	
2. Is Soldier pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer)? Chapter: _____ Para: _____	☐	☐	If answer is YES, specify the chapter and paragraph.
3. Does Soldier have an approved voluntary retirement? Date retirement approved: _____	☐	☐	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? Date of officers mandatory retirement	☐	☐	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?	☐	☐	If answer is YES, specify type of service. (i.e. served as a member of the ARNG or USAR Troop Program Unit)
6. RESERVE COMPONENT SOLDIERS ONLY: Is Soldier within 12 months of his or her mandatory removal date? Mandatory Removal Date: _____	☐	☐	If answer is YES, list mandatory removal date.
7. RESERVE COMPONENT SOLDIERS ONLY: 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?	☐	☐	
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? RCP date:	☐	☐	If answer is YES, list RCP date.
9. Was Soldier's retirement for length of service delayed by Stop Loss? MILPER MESSAGE: _____	☐	☐	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.) Date due automatic promotion: _____	☐	☐	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?	☐	☐	
12. If an officer, is the Soldier on an approved promotion list?	☐	☐	
13. Has Soldier previously held higher rank? Highest rank held:	☐	☐	If answer is YES, list rank and explain the reason.

NOMINATION PACKET FLOWCHART

Figure 1



Frequently Asked Questions (FAQS)

1. Q: Who initiates the nomination packet?

A: The Soldier's unit commander initiates and ensures the nomination packet is complete before it is submitted to the WTB. Commanders' decisions on whether or not to nominate a Soldier for WTB entry will typically be based on multiple sources of input, to include medical care providers, the Soldier, unit NCO's, and other leaders. The unit commander must also ensure that the unit chain of command is aware of the nomination packet at all levels.

2. Q: After the nomination packet is complete, who do I turn it in to?

A: Nomination packets should be sent via encrypted email to the WTB, Patient Administration Division (PAD,) Ms. Renee Benito at renee.a.benito.civ@mail.mil or her alternate, Mr. John Aquino john.aquino1.civ@mail.mil If there are problems with sending encrypted emails, packets may be hand carried to the WTB, Patient Administrator (PAD), 371 Brannon Road, Bldg 663, Room 421. Packets can also be digitally submitted to: usarmy.schofield.medcom-sbahc.list.wtb-hi-nominations-transfers@mail.mil

3. Q: Who completes the Medical Summary?

A: The PCM (may be Physician Assistant, Physician, Nurse-Practitioner) for the Soldier completes the Medical Summary. If a Soldier's care is being facilitated by a Nurse Case Manager (NCM), the NCM will likely work with the PCM to complete the Medical Summary.

4. Q: Can you explain the next steps of the nomination after the packet is submitted?

A: Once the packet has been reviewed by the WTB PAD, it is entered into a tracker and forwarded to the WTB Battalion Surgeon for review. The SM's medical records are reviewed and a recommendation is made to accept or deny entry to the WTB. The packet is then forwarded to the Triad of Leadership (TOL: WTB, PRMC, 25TH ID Commanders). The WTB, Commander enters his remarks then it is sent to the final approving authorities: the Pacific Regional Command (PRMC) Commanding General and the 25TH ID Commanding General. If all Commanders concur, the WTB PAD and S1 are notified and coordination is made for Soldier's report date as well as publishing the orders. WTB S1/PAD will contact the unit prior to publishing orders.

Frequently Asked Questions (FAQS)

5. Q: What if the Soldier is pending UCMJ or adverse action?
A: Soldiers that have non-transferable flags are not eligible for WTB assignment. All adverse actions must be completed at the losing unit and flags lifted before consideration of WTB assignment.

6. Q: How long does the process take?
A: This streamlined configuration of the packet and process is intended to bring turnaround below 30 days.

7. Q: Who can be nominated to the WTB?
A: Soldiers with complex medical conditions that require extensive case management for six months or more. Soldiers with medical conditions that do not require case- management should remain in their units and utilize standard healthcare system and access to care standards.

8. Q: Who can I contact to check on a Soldier's nomination packet?
A: You many contact the WTB, PAD @ 655-6984 or the Contact Representative @ 655-9296 or email: renee.a.benito.civ@mail.mil or john.aquino1.civ@mail.mil

9. Q: If the Soldier is approved for assignment to the WTB, can the nominating unit still cancel the nomination and keep the Soldier?
A: Yes. The Soldier is still assigned to the losing unit and it is at the commander's discretion. If the unit decides to keep the SM then a MFR needs to be completed and sent to the WTB stating so.

10. Q: When the Soldier is approved for assignment, who notifies the unit and Soldier?
A: The WTB S1/PAD will notify the unit and SM. If the SM is denied entry, the WTB S1/PAD will send a denial memo to the unit. Soldiers must completely clear the losing unit to include CIF. Clearing papers are to be hand carried to the WTB on the SMs report date. *Note: If the Soldier is deserving of an award for their contributions to losing unit, award should be processed by the losing unit.

Frequently Asked Questions (FAQS)

11. Q: Can a Soldier in the MRB/IDES process be nominated to the WTB?
A: Yes. Soldiers in IDES are reviewed on a case-by-case basis. If the IDES case has progressed past their NARSUM completion, then extenuating circumstances or extreme complexity of a case need to be present to warrant entry to WTB.

12. Q: My Soldier is attached to the WTB and still on the unit's AAA-162, when will the SM be taken off the unit's162?
A: If after assessment from the WTB it is decided that the SM needs to be assigned to the WTB, a nomination packet will be completed and submitted by the Soldier's parent unit. If approved by the TOL, orders will be published and the SM will need to clear the parent unit. Proper documentation needs to be given to the WTB S1 to change the SM's status from attached to assigned on the AAA-162.

13. Q: My Soldier has been approved for assignment to the WTB and the orders state "Early report authorized", where does the SM go to report?
A: Early report must be coordinated by the losing unit commander or 1SG by contacting the WTB, PAD @ 655-6984 or the Contact Representative @ 655-9296 or email: renee.a.benito.civ@mail.mil or john.aquino1.civ@mail.mil. Soldiers in-processing to WTB will report to HHC, BLDG 662, Room 421 and must be escorted by a Senior NCO from the losing unit to ensure proper hand-off. Solider must have a completed DA Form 137-1 Unit Clearance Record, CIF clearance, last NCOER/OER or developmental counseling (DA 4856) for SPC and below, ORB/ERB, SGLV and DD93, ETS extension if applicable .Soldier will be instructed to return to the unit if proper documentation/escort is not present. Losing unit's company commander or 1SG must call WTB PAD to arrange for new report date.

14. Q: My Soldier has received orders to the WTB and early report is authorized, can the SM just show up and be in-processed?
A: No, there needs to be coordination between the WTB HHC intake team and the SMs WTB care team before the SM arrives. See question #14. Contact between the losing unit and WTB should be done as soon as possible if the unit would like the SM to report early.

NOMINATION PACKET POCs

Nomination packets should be sent via encrypted email to the WTB, Patient Administration Division (PAD).

Ms. Renee Benito a
Patient Administrator
808-655-6984 renee.a.benito.civ@mail.mil or alternate

Mr. John Aquino
Contact Representative
808-655-9296 john.aquino1.civ@mail.mil

If there are problems with sending encrypted emails, packets may be hand carried to:

WTB, Patient Administrator (PAD),
371 Brannon Road, Bldg 663, Room 421.
Schofield Barracks, HI 96857

Packets can also be digitally submitted to: usarmy.schofield.medcom-sbahc.list.wtb-hi-nomintaions-transfers@mail.mil