



Army Community Service  
Soldier & Family Assistance Center (SFAC)

## **A Guidebook for Warriors and Families in Transition**



2433 Indiana Avenue  
Fort Campbell, Kentucky 42223  
Office: 270-412-6000



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# **CHAPTER 1: ARMY COMMUNITY SERVICE SOLDIER & FAMILY ASSISTANCE CENTER**

1. Message from the Director
2. Mission Statement & Objectives
3. List of SFAC Information & Services
  - a. Army Career and Alumni Program (ACAP)
  - b. Army Emergency Relief/Financial Advisor (AER)
  - c. Army Wounded Warrior (AW2) Program
  - d. Child and Youth Services Liaison (CYSS)
  - e. Defense Finance and Accounting Service (DFAS)
  - f. Education Counselor
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  - l. Outreach Services/Transition Follow-Up
  - m. Religious Support and Pastoral Care
  - n. Social Services/Family Support Coordinator
  - o. Staff Judge Advocate (SJA)
  - p. Veterans Affairs – Vocational Rehabilitation Counselor
4. Additional Support Services & Facility Usage

## **ACS - SOLDIER AND FAMILY ASSISTANCE CENTER**

2433 Indiana Ave  
Fort Campbell, Kentucky 42223  
Hours: Mon-Fri 0730-1630

Phone: 270-412-6000  
Fax: 270-412-8442  
DSN: 352-6000  
After duty hours: 1-800-984-8523

Website: <http://www.fortcampbellmwr.com/acs/sfac/>  
Facebook: <http://www.facebook.com/FortCampbellSFAC>

### **Mission Statement:**

TO ENRICH, EQUIP, AND EMPOWER  
WARRIORS IN TRANSITION AND THEIR FAMILIES  
FOR A BRIGHT FUTURE

### **Objectives:**

Provide compassionate support in a comfortable and inviting setting.

Promote self-reliance, wellness, and healing through integrated tailored services to ensure transitional success.

Assist in exploring and establishing objective options for Comprehensive Transitional Plan goals.

Assist in adapting to life's new 'norms' through training, education, support groups and counseling.

Assist in establishing viable support networks and strategies to ensure relational success and fulfillment of Family Support Plans goals.

Serve as community center and outreach portal to connect our caring community and nation.

## **Message from the Soldier & Family Assistance Center Director**

The ACS Soldier and Family Assistance Center (SFAC) is the “one-stop shop” home for transitional support and assistance for Warriors in Transition assigned to the Warrior Transition Battalion (WTB) at Fort Campbell, KY and their Family Members and to Soldiers and Families processing through Medical Evaluation Board/Integrated Disability Evaluation System (MEB/IDES). In accordance with Executive Order 118-07, SFAC’s were established to provide tailored, integrated and compassionate support services to equip and aid Warriors in making life changing decisions as they transition either back to duty or to civilian life. The SFAC provides a warm, relaxed environment where Warriors in Transition, DOD Civilian and their Families can gather to foster physical, spiritual, and mental healing. The SFAC serves as the focal point of the Warrior Transition Battalion complex and is the “heart and soul” of its community life. It is a gathering place, a safe haven where Warriors in Transition and their Families can come for transitional support, fellowship, and respite. The SFAC houses more than 20 on-site services, programs and resource amenities to include an on-site child care, nourishment center, computer café, designed to enrich, equip and empower Warriors in Transition and their Families for a bright future, either to return to duty or as productive civilian veterans. The SFAC and its staff are here to serve you. The hallmarks of our staff (Team SFAC) are threefold: customer service, professional excellence and team work second to none. We look forward to meeting and serving you soon.



## **Program Overview and Orientation**

### SFAC Welcome and Orientation

The SFAC provides comprehensive services to those assigned/attached to the WTB and their Families; in addition to those who are assigned to their units and transitioning out of the Army under MEB/IDES. Newcomers in-processing and orientation occurs every Friday at 1300 and is mandatory. Family members are highly encouraged to attend orientation and access the available services.

Patrons of the SFAC are encouraged to schedule appointments with service providers to ensure prompt and timely service. Services are free of charge.

## **List of Soldier & Family Assistance Information & Services**

### Army Career and Alumni Program

Phone: 270-412-6014/8436

Hours: 0730-1600 Mon-Wed & Fri; 0730-1200 Thu

Website: <http://www.acap.army.mil>

Additional Website: <https://www.acapexpress.army.mil>

- Transition Assistance Program (TAP)
- Pre-separation Counseling Department of Labor Advocate (DoL)
- Employment Assistance for Civilian, Contract, and Federal Jobs
- Resume Writing Workshops

### Army Emergency Relief/Financial Advisor

Phone: 270-412-5501

Hours: 0700-1600

- AER Loans
- Budget Counseling
- Financial Readiness
- Consumer Affairs Assistance
- Transitional Assistance Counseling

### Army Wounded Warrior (AW2) Program

Phone: 270-412-6012

Website: [www.aw2.army.mil](http://www.aw2.army.mil)

- Benefits Information
- COAD/COAR Support
- Government and Local Agency Coordination
- MEB/PEB Advocate



### Child and Youth Services Liaison

Phone: 270-412-6984

Hours: 0730-1630

- Short-term Childcare Services for WTB families
- Assist with Remote CYSS Services
- School Liaison
- Respite Childcare for WTB families
- Emergency on-site Childcare for Medical Appointments
- Provides childcare for WTB events and activities

### Defense Finance and Accounting Service

Phone: 270-412-8772

Mon-Fri 0730-1600

Appointments are not necessary but preferred.

- Schedule/Travel Pay Assistance
- Facilitation of In/Out Processing
- Completion of TCS Travel Voucher
- Pay and Entitlements inquiries
- Hospital Visitations
- Pay Inquires
- LES interpretation
- Assistance with filing Invitational Travel Orders (ITOs)

### Education Counselor

Phone: 270-412-6004/8443

Hours: 0700-1700

- Education and Career Counseling
- Mandatory Pre-Separation Counseling
- GoArmyEd Enrollment and Assistance
- GI Bill Benefits Assistance
- College Financial Aid Assistance
- Credits for Military Training
- Career and Vocational Planning Assessments

### Exceptional Family Member Program

Phone: 270-412-6000

Hours: Fri 0800-1630

- Systems Navigation Services
- Community Support Component of EMFP
- Connects Families with Military and Civilian Systems of Care

### Healing Outside of a Hospital

Phone: 270-412-6013

Hours: 0730-1630

- Provides information on upcoming outdoor recreation events
- Coordinates events with local and national organizations
- Serves a community Point of Contact for Warriors in Transition and Families

### Information, Referral and Follow-Up

Phone: 270-412-6000

Hours: 0730-1630

- Reception Services
- Initial Client Screening and Assessments
- Provide Information, Resources, and Referrals
- Follow-up Program Coordinator
- Volunteer Coordinator

### Military Personnel/Human Resources

Phone: 270-412-8449

Hours: 0800-1630

- Installation In- and Out-processing
- Transition Management
- Common Access Cards (CAC) and DEERS assistance
- Review and update Enlisted/Officer Records Brief (ERB/ORB)
- DD-93/SGLI Review and Update

### Non-Commissioned Officer In-Charge

Phone: 270-412-6026

Hours: 0730-1630

- Military Liaison
- Confidential and Private Counseling
- COAD/COAR Assistance
- SFAC Operation and Program Assistance
- Facility Utilization and Coordination

### Outreach Services/Transition Follow-Up

Phone: 270-412-6013

Hours: 0730-1630

- Provides SFAC services through alternate delivery systems such as visiting hospitals and long-term care facilities
- Deployment of SFAC services to WTs and their families at inpatient care or remote locations.
- Coordinate with Federal, State, and Community support agencies as the SFAC liaison
- Conducts 30, 90, 180, 365-day transitional success assessment
- Develops and oversees WT mentorship program

Religious Support and Pastoral Care

Phone: 270-412-6012

Hours: On call

- Religious Services
- Counseling
- Spiritual Guidance/Formation and Development
- Referrals
- Community Liaison
- Religious Supplies and Resources

Social Services/Family Support Coordinator

Phone: 270-412-6023

Hours: 0800-1700

- Family Support Plan and Caregiver Support Manager
- Suicide Prevention, Training, and Coordination
- Crisis Intervention
- Unit and Family Education Training

Staff Judge Advocate (SJA)

Phone: 270-412-6000

Hours: On call

- Provides legal services to Warriors in Transition and families on priority basis
- Legal Services: Powers of Attorney, Wills and Estates
- Provides legal review for SFAC Donation Management

Veterans Affairs – Vocational Rehabilitation and Employment

Phone: 270-412-6011

Hours: 0730-1630

Appointments by walk-in or you may call ahead for a scheduled appointment.

- Transitional counseling to civilian life
- Vocational assessment, education, training, and career exploration and placement
- Evaluated independent living services and sever impairments
- Resource for medical services
- GI Bill Assistance
- VA Information and Advocacy

## **Additional Support Program Services**

### Facility Management

- Donation Management
- Workshops, Classes, Trainings, and Support Group Meetings

### Military Family Life Consultant

Phone: 270-205-1917

Hours: Mon-Thu 0800-2000 and Fri 0800-1630

- Confidential and Private Counseling
- Short-term Situational Problem-Solving Counseling Services
- Psycho-education and Support Programs
- Complements and collaborates with existing Military Family Support programs.

### REBOOT Recovery Program and Support Group

Phone: 931-292-2011

<http://www.rebootrecovery.com/>

REBOOT Recovery is a 12 week program designed to help service members and their families heal from the spiritual wounds of war. REBOOT Recovery offers a powerful blend of clinical insight and Christian faith-based support that has been successful in mending souls and rebuilding families. REBOOT sessions incorporate topics from the Military Ministries book, "The Combat Trauma Healing Manual: Christ-centered Solutions for Combat Trauma," by Chris Adsit.

### FIRST Meetings

Companies may use the SFAC for FIRST meetings. FIRST stands for Family Information Resource Support Team. The mission of FIRST is to provide information, resources, and support Soldiers and their family the duration at the Warrior Transition Battalion. Each Company holds monthly meetings that are geared toward education our families on benefits and resources that will them during this process. In other words, this is not your typical FRG!

### WTB Cancer Support Group

The WTB Cancer Support Group meets the Third Tuesday every month from 1500-1700.

## **CHAPTER 2: MEDICAL EVALUATION PROCESS (MEB/IDES)**

1. General Information
2. Basic Disability Processing Steps
3. Other MEB Entries
4. Frequently Asked Questions
5. Acronyms/Terms

## **General Information**

This information is designed to give you an overview of the Integrated Disability Evaluation System.

The Medical Boards Office is located in Rooms 4AA47 and 49 on the fourth floor of Blanchfield Army Community Hospital. Hours of operation are 0730-1600, Mon, Tue, Wed and Fri. Hours of operation on Thu are 1000-1600. The office is closed on Thu mornings for required training. You must make appointment if you need to speak with your PEBLO. Our office telephone numbers are 798-8272/8265.

Average processing times are provided during briefings and counseling, however, keep in mind each board is unique and time frames are only general guides.

Disability processing consists of many steps which are outlined below. This information is, by necessity, of a general nature. Each case is unique and the steps involved may differ or occur in a different order.

You will be counseled individually during the board process and provided specific information about your situation, options, and disability benefits.

Not everyone who enters the disability process will be found unfit and leave the service. Processing times can vary and the ultimate outcome will be unknown until your case is completed. For these reasons it can be difficult for you to plan your future. We recommend you not make any decisions which could cause financial or personal hardship should your processing be delayed or the outcome be unexpected. It is important, however, to begin working towards your transition from military service as soon as possible. Once your case is complete, your separation will occur quickly. There are many programs available to assist you in this endeavor.

### **MyMEB**

MyMEB is information posted in your AKO account regarding the status of your case. It also gives links to a wide number of web sites which provide information to assist you as you go through the process. The information is accessed under the My Medical menu. If you have any questions regarding the information displayed, please contact your PEBLO.

On the next page is a breakdown of the basic steps in the MEB process, what the status will show in MyMEB, and an explanation for each step.

## Basic Disability Processing Steps

STEP	MyMEB STATUS	EXPLANATION
Referral to MEB Physician	No entry is made until the Soldier processes in at the MEB Office	Once PCM determines the Soldier has reached the Medical Retention Determination Point (MRDP), a Letter of Intent is prepared and Soldier is sent to a Nurse Case Manager for completion of DD Form 2807-1 (Report of Medical History). Soldier's PCM then submits consult to MEB Physician. DD Form 2807-1, LOI and temporary profile are sent to the MEB Clinic. An appointment is made with the MEB Physician.
Decision to Board	No entry is made until the Soldier processes in at the MEB Office.	Board is initiated by the MEB Physician or referral by MAR2 (previously MMRB). Conditions which fail retention standards are identified and listed on the Joint DOD/VA Referral Form.
Initiation	Awaiting Results of Physical Exam	The Soldier meets with their PEBLO and is given an appointment for the mandatory Disability Briefing. The Soldier is provided with a memorandum for the unit which includes a request for administrative information required for the MEB packet. An e-mail is sent to the Commander requesting completion of the DA Form 7652 (PDES Commander's Performance and Functional Statement). The PEBLO completes section I of the VA Form 21-819 VA/DOD Joint Disability Evaluation Board Claim. The referred conditions identified by the MEB Physician are included on this form. The Soldier will then see the VA Military Service Coordinator (MSC).

Disability Briefing	Awaiting Results of Physical Exam	The Soldier attends the Disability Physical Exam Briefing and submits required administrative documents to the Medical Boards Office.
Appointment with MSC	Awaiting Results of Physical Exam	The Soldier meets with their MSC Physical Exam who assists them in completing the VA Form 21-819 to include any claimed medical conditions the Soldier identifies. The MSC requests appointments for the Single Comprehensive Medical Exam (SCME)
VA Appointments	Awaiting Results of Physical Exam	The PEBLO contacts the Soldier Physical Exam and the chain-of-command with the dates and times of their appointment(s).
Receipt of SCME	Case Under PEBLO Review	The PEBLO will compile your packet to include the SCME and administrative document and forward the case for a dictation appointment. The MSC forwards the VA claim to D-RAS.
Awaiting Narrative Summary	Awaiting Narrative Summary (NARSUM) Dictation	The Soldier sees the MEB Physician who goes over the SCME with the Soldier and obtains information needed to dictate the narrative summary.
Draft Dictation	Case Under PEBLO Review	The dictation (also known as the Review narrative summary) is transcribed by the Transcription Service and forwarded to the Medical Boards Office in draft form.
Dictation Review	Case under PEBLO Review or Awaiting Additional Information From Provider	The dictation is reviewed by the Soldier's PEBLO and is forwarded to the provider for Review. Any additional information required or questions raised are resolved.
Dictation Finalized	Awaiting Physician Signature – DA Form 3947	The draft is returned to the Transcription Service for any changes and to be finalized



MEB Packet Preparation	Awaiting Physician Signature – DA Form 3947	The MEB packet is prepared to include DA Form 3947 which is used to obtain required signatures. This packet is forwarded to the appropriate physicians for review and signature. Two physicians must sign the MEB packet.
MEB Approval	Awaiting Approving Authority (DCCS) Signature – DA Form 3947	The MEB packet is forwarded to the Deputy Commander for Clinical Services at BACH for approval.
MEB Counseling	Awaiting Call from Soldier for MEB Findings Review	The Soldier is contacted and an MEB appointment made to meet with their PEBLO. The Soldier has 7 calendar days to review the MEB packet. If the Soldier does not agree with the MEB recommendation and/or does not believe it accurately reflects their medical condition(s) an appeal may be submitted. Assistance regarding the appeal can be obtained from the PEBLO, MEB Outreach Counsel and service organization representatives (DAV/VFW). The Soldier may also request an independent medical review.
Independent Medical Review	Pending Independent Medical Review	A provider who was not part of the MEB will review the MEB packet and the Soldier's medical record and provide a written opinion regarding whether the MEB accurately reflects the Soldier's medical conditions. The provider will discuss the case with the Soldier. The Soldier is provided a copy of the results of the review by the PEBLO and has seven calendar days to submit an appeal or concur with the MEB.

Appeal	Awaiting Approving Authority Decision on Appeal/Rebuttal	If an appeal is submitted, the MEB Physician will provide a written response which is forwarded to the Deputy Commander for Clinical Services. He/She may confirm the MEB as written or may return it to the provider for reconsideration.
Forwarding to PEB	Awaiting PEB Findings	The MEB packet, along with the Soldier's medical records, are forwarded to the Physical Evaluation Board (PEB) by FEDEX overnight mail.
PEB Information Decision	Awaiting Call from Soldier for PEB Review	The PEB will initially decide if the Soldier for is fit or unfit. If unfit, the PEB will request percentage ratings from the VA. The ratings, for all unfit conditions, will be used to determine the Soldier's disability rating and disposition. A decision is also made regarding whether the disability is the result of a combat related injury and/or it was incurred in a combat zone.
PEB Counseling	Awaiting Appointment with Soldier for PEB Review	The Soldier is contacted and notified of the PEB Informal Decision. An appointment is made with the PEBLO. The Soldier is provided with information regarding options and disability benefits. The Soldier has ten calendar days to make an election. The Soldier will also meet with the MSC for an explanation of the proposed VA rating and VA benefits.

Election Options	Awaiting Appointment with Soldier for PEB Review	If found fit, the Soldier has the option to concur or nonconcur and submit a written appeal. The Soldier can request a formal hearing as an exception to policy. If found unfit, the options are to concur, to nonconcur and submit a written appeal or to request a formal hearing. The Soldier may only appeal to the PEB regarding fit/unfit decisions. The Soldier may also request a one-time reconsideration of a disability evaluation percentage assigned by the V A for unfit conditions only. The Soldier must provide new medical evidence, not previously submitted, and/or evidence that the V ASRD was applied incorrectly. Appeals for claimed conditions may be made after the Soldier has transitioned to veteran status.
Formal Hearing	Awaiting Formal Date	Soldiers requesting a formal hearing are provided with representation for the hearing by either the regular military counsel, or their counsel of choice at no cost to the Government. The hearing occurs at the PEB at Ft Sam Houston, TX. TDY orders are prepared by the Soldier's unit.
Rebuttal to Formal Findings	Awaiting Formal Date	Soldiers are notified of the findings of the formal hearing the day of the hearing. A written rebuttal to the formal findings may be submitted and must be received at the PEB within ten calendar days of the formal hearing. The Soldier's PEBLO or legal counsel will assist with submission of the rebuttal.

PDA Review	Pending Orders from Physical Disability Agency	Once a case is complete at the PEB, the case is forwarded by FEDEX to the Physical Disability Agency in Washington, DC. PDA must approve the recommendation from the PEB and has the authority to modify the findings. Any modification would result in new appeal rights for the Soldier.
Final Processing	Pending Orders from Transition Point	Soldiers found fit for duty receive a Transition Point memorandum from the Physical Disability Agency which completes the processing. Cases which result in separation or retirement are entered in a computer system - TRANSPROC. This provides a 90-day window for the Transition Point at Ft Campbell to separate/retire the Soldier.
Exit Interview with MSC		The Soldier will have an exit interview with their MSC prior to their departure from the installation
VA Rating		The Soldier will receive the official VA rating once they transition to veteran status. The goal is for this document to be sent to the Soldier within 30 days. VA benefits will start thereafter.

### Other MyMEB Entries

MyMEB ENTRY	EXPLANATION
Awaiting Results of Appointment/Consult	You have been referred for a test/evaluation. Once this is complete the board will continue.
Return to MTF for Additional Information – Contact PEBLO	The PEB returned the case requesting additional information before making decision. Contact your PEBLO for details.
Pending Commander’s Memorandum/Pending Administrative Documents	The administrative documents requested from you

There are a number of other entries you may see, most are self-explanatory. If you have any questions, please contact your PEBLO.

## Frequently Asked Questions

### **Q. What is a Medical Evaluation Board (MEB)?**

A. An MEB is the process used to determine a Soldier's disposition when one or more medical conditions do not meet retention standards per AR 40-501, Chapter 3. It is a packet of information which is assembled including a narrative summary describing the Soldier's medical condition(s) along with administrative information and the Soldier's medical records.

### **Q. How is an MEB initiated?**

A. Your PCM refers you to the MEB Physician for evaluation. The MEB Physician will evaluate your case and, if appropriate, initiate the MEB. MAR 2 (formerly MMRB) can also refer a Soldier for a medical board.

### **Q. What can I do to assist in timely processing of my MEB?**

A. Make sure that you have submitted all the required administrative documents to the Medical Boards Office. This information is vital to your medical board and can hold up processing if not provided in a timely manner. In addition, please keep the Medical Boards Office notified of any change in your duty phone number or your home phone. Inability to contact the Soldier can delay processing.

### **Q. What happens if I miss an appointment?**

A. Appointments for disability processing take priority and no-shows will be reported to the chain-of-command. The unit will then be required have an escort with you for any future appointments.

### **Q. Can I provide a statement on my own behalf?**

A. Soldiers may provide a Statement of Views to the physician for his review and consideration prior to dictation. This statement may provide any information the Soldier feels is pertinent to his case and should be given to the Medical Boards Office prior to dictation of the narrative summary.

### **Q. Can I request other documents be included?**

A. Any documents submitted by the Soldier will be included in the Medical Board packet.

**Q. Where do I go for legal advice?**

A. Ms. Carolyn Stoehr is the local MEB Outreach Counsel and will provide assistance at any time during the process. She is located in the Claims Wing at 125 Forrest Road. To make an appointment please call Ms. Wendy Williams at 798-0791.

**Q. What is the Physical Evaluation Board (PEB)?**

A. The PEB is located at Ft. Sam Houston, TX, and consists of three members, one of which is a physician. The PEB will convene an informal board to review the MEB packet. A determination will be made regarding fitness and degree of disability.

**Q. What are the PEB's options?**

A. Findings range from:

- Fit for duty (Soldier returns to unit and normal duties within the limitations of the profile).
- Separate without benefits (condition existed prior to service and was not permanently aggravated by service).
- Severance pay (0%, 10%, or 20%. Percentage relates to degree of severity). Severance pay is a one-time lump sum payment made at the time of the Soldier's separation.
- A rating of 30% or more results in a retirement.

**Q. What is the difference between TDRL and PDR?**

A. Soldiers whose rating is at least 30% are placed on TDRL if the PEB determines that their condition may change significantly over a five year period. A reexamination is required approximately every 12 to 18 months for a period not to exceed five years. At some time during the five year period a permanent decision is made (i.e., fit for duty, severance pay, or permanent retirement). TDRL Soldiers have all the privileges of a voluntary retiree, (PX, commissary, Tricare, etc).

Permanent Disability Retirement (PDR) provides a Soldier with full privileges without requiring a periodic reexamination and is indefinite.

**Q. What does it mean if the injury is "combat related"?**

A. If the PEB finds the Soldier unfit - the decision is also made whether the injury is considered "combat related". It is not necessary for an injury to have occurred during direct combat to be considered combat related. Extra-hazardous duty, such as parachute jumps, rappelling, etc., can also be considered combat related. If the injury is considered to be combat related, there are advantages related to taxation of the severance pay or retirement. An injury which occurred within a war zone does not automatically qualify for a combat related designation. The circumstances surrounding the injury are taken into consideration.

**Q. What does it mean if the injury/illness did occur in a combat zone?**

A. If the PEB finds the Soldier unfit, a determination is made regarding whether the injury/illness occurred in a combat zone. This determination can effect when certain disability payments from the VA are started for the Soldier. It may also effect the amount of the severance pay (see computation below).

**Q. How is Severance Pay figured?**

A. It is figured using the following formula regardless of whether the rating was 0%, 10%, or 20%. Keep in mind that the time used in the formula is active duty time only. It does not include any inactive time.

National Guard and USAR Soldiers time is computed based on the creditable time shown on the Retirement Points Summary. The formula uses whole years. If you have less than six additional months of active time (i.e.; 5 years, 3 months) the time would be rounded down to five years. If you have more than six months additional active time (i.e.; 5 years, 8 months) the time would be rounded up to six years. The time is figured as of your last day on active duty. Effective 28 Jan 08 there is no longer a maximum number of years for computation. Previously the maximum number of years was 12. In addition, the minimum number of years for this computation is three for Soldiers with a condition that did not occur in a combat zone. If a soldier's injury/illness occurred in a combat zone, the minimum number of years for this computation is SIX.

$(2) \times (1 \text{ Month's Base Pay}) \times (\text{Number of Years Active Duty Service})$ . Minimum of three years for cases not incurred in a combat theater, six years for cases that were incurred in a combat theater.

**Q. When will I receive the Severance Pay?**

A. The portion of your severance pay based on actual years of service is paid at the time of your separation. If you are receiving an amount based on using the minimum number of years allowed, the additional amount will be paid at a future date by DF AS.

**Q. What happens if I nonconcur with the PEB Informal Findings and submit a written appeal?**

A. You may only appeal to the PEB the fit/unfit decisions. Disagreement with the percentage ratings must be appealed to the VA (see below). The PEB will review your appeal and provide a written response. If a change in the original findings is warranted, a new DA Form 199 will be provided. If not, a memorandum will be sent notifying you that no change was made and the case is forwarded to the Physical Disability Agency for their review.

**Q. What if I disagree with the percentage rating assigned to my conditions?**

A. You may submit a request for a one-time reconsideration, however, you must submit medical information not previously considered, and/or documentation that supports that the VASRD was applied incorrectly. You may appeal percentage ratings for claimed conditions once you transition to veteran status.

**Q. What happens if I request a formal hearing?**

A. If the Soldier requests a formal hearing, the request is faxed to the PEB and a date for the formal hearing is obtained. The Soldier is provided with a memorandum to take to their unit where TDY orders will be prepared to send the Soldier to Ft. Sam Houston. The Soldier will meet with their attorney the day prior to the hearing, remain overnight, and attend the formal hearing the next day. Once the hearing is completed the board will make a decision and notify the Soldier of the formal findings the same day. The Soldier may concur with the decision, submit a rebuttal, or take ten calendar days to decide.

**Q. What is Permissive TDY?**

A. Permissive TDY is given to involuntarily separated Soldiers to assist in preparing for the transition to civilian life.

**Q. How much time am I eligible for?**

A. Soldiers separating because of disability are generally eligible for 20 days of permissive TDY, however, this is not an entitlement. Approval of permissive TDY is a command decision.

**Q. When can I take Permissive TDY?**

A. Permissive TDY is designed to be taken once the Soldier has received their separation date. The Soldier clears first, departs on permissive TDY, and does not have to return to Fort Campbell.

**Q. Can I take transition leave?**

A. Soldiers separating or retiring for a disability are eligible to use their leave as Transition Leave if authorized by their unit. There is still the option to sell the leave if desired.

**Q. What is COAD (Request to Continue on Active Duty)?**

A. All Soldiers may request to continue on active duty when found unfit. Once the case is approved at the Physical Disability Agency the request will be forwarded to the Soldier's branch at HRC for a decision.



**Q. What should I do if I will ETS in the next few months?**

A. Come to the Medical Boards Office where a memorandum will be prepared. The Soldier is given samples of other documents which must be obtained (memorandum from the unit commander with endorsement by Battalion Commander, and affidavit from the Soldier). It is recommended the Soldier start the process to be extended approximately 45 days prior to the ETS.

**Q. What should I do if I am notified I am to PCS?**

A. Come to the Medical Boards Office and a memorandum will be provided for the Reassignments Section. Generally, a copy of the permanent profile is also required to defer or delete the assignment.

**Q. What will happen to my health records?**

A. Your medical records are the property of the VA unless you are found fit for duty. You will be provided a copy of your medical records once disability processing is complete.

**Q. How much time will I have once my separation message is received?**

A. The separation message will provide a "not later than" date approximately 90 days from the day the message is received. The Installation Commander, through the Transition Point, will establish a release date within this 90-day window. Soldiers will be separated or retired as expeditiously as possible. The intent of the 90-day window is to allow commanders the flexibility to deal with local command policies and procedures as well as unique family considerations. You must be separated or retired by the not later than date, however your date may be set at any time within the window. Should you be unable to take all your accrued leave within the 90 day window, a request for exception may be submitted to the Physical Disability Agency. This request is initiated by the Soldier and must be endorsed by an O-6 in their chain of command. This request is then taken to the Transition Point.

**Q. What if have previously held a higher grade?**

A. Soldiers will be separated or retired at the highest grade successfully held. The Soldier must provide documentation to the Medical Boards Office showing the highest grade held, along with the reason for the loss of grade. This information will be included in the MEB packet. At the time the separation/retirement date is set, the case will be forwarded by the Physical Disability Branch to the Grade Determination Board for a decision.

**Q. What if I am on a promotion list?**

A. Soldiers on a centralized promotion list, semi-centralized list who have met cut-off score, and those pending automatic promotion from PVT to SPC and 2LT to CPT, may be retired or separated at the grade to which the Soldier would have been promoted except for the termination of his/her service due to physical disability.

**Q. Where can I find more information about disability processing?**

A. Your PEBLO will be glad to answer any questions you have regarding your case. Links to the regulations and policy guidelines regarding disability processing can be found at the Physical Disability Agency web site and through MyMEB. Regulations are also available for review at the Medical Boards Office. <https://www.hrc.army.mil/site/Active/tagd/Pda/pdapage.htm>

**Acronyms/Terms**

**Claimed Conditions** - Those conditions which were not identified as referred conditions, but identified by the Soldier for evaluation by the VA.

**D-RAS** - Disability Evaluation System Rating Activity Site

**IDES** - Integrated Disability Evaluation System

**MAR2** - MOS Administrative Retention Review (formerly MMRB)

**MEB** - Medical Evaluation Board

**MRDP** - Medical Retention Determination Point. Definition: The point of hospitalization or treatment when the member's progress appears to have medically stabilized, the course of further recovery is relatively predictable, and where it can be reasonably determined that further treatment will not cause the member to meet medical retention standards or render them capable of performing the duties required by their office, grade, rank, or rating.

**MSC** - Military Service Coordinator

**NARSUM** - Narrative summary.

**PEB** - Physical Evaluation Board

**PEBLO** - Physical Evaluation Board Liaison Officer

**Referred Conditions** - Those conditions identified by the MEB Physician as failing retention standards. Sometimes identified as "boardable" conditions.

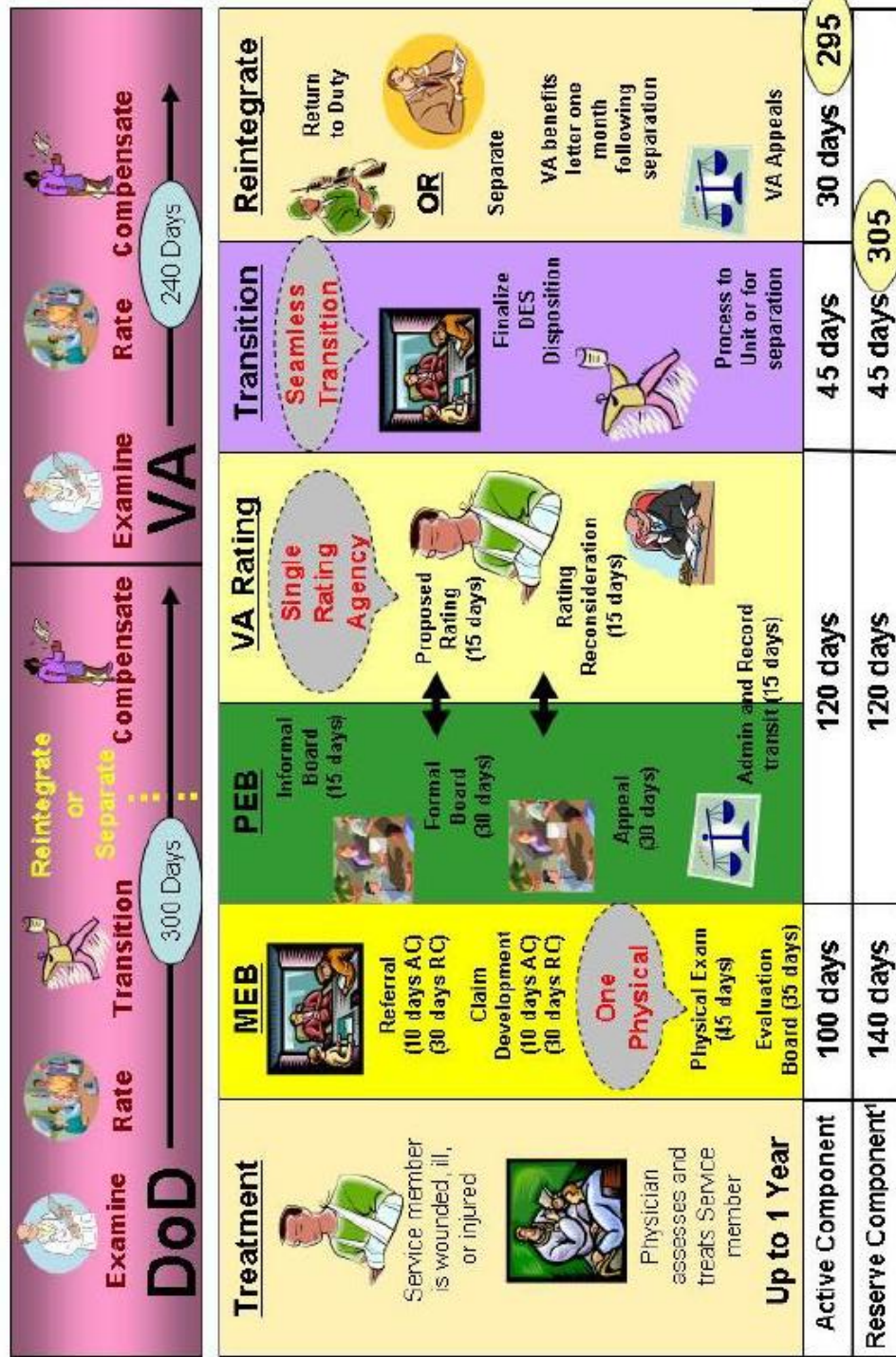
**SCME** - Single Comprehensive Medical Examination



# DES Pilot Update



## Integrated Disability Evaluation System (IDES) Process Timeline



1. Reserve Component member entitlement to VA disability compensation begins upon release from active duty or separation.

## **CHAPTER 3: ARMY WOUNDED WARRIOR PROGRAM (AW2)**

1. General Information
2. Transition Resources

## **Army Wounded Warrior Program (AW2)**

“For as long as it takes.”

### **GENERAL**

Delivery of Army Wounded Warrior (AW2) Program services is under the guidance of the AW2 Program office, located at the U.S. Army Warrior Transition Command (WTC) in San Antonio, TX. The purpose of the AW2 Program Office, located at the WTC, is to provide the Army’s severely disabled Soldiers and their Families with a system of advocacy, follow-up, and personal support while assisting them as they transition from military service to the civilian community or as they elect to continue on Active Duty (COAD). The AW2 Program is the Army’s sole avenue of approach for systematic support of AW2 Soldiers. The Department of the Army works closely with ACAP to ensure all Soldiers are identified and afforded access to all relevant assistance programs. The AW2 Headquarters offices is located in Alexandria, VA. AW2 Advocates are employed through Government Service and through Contracting. The Serco Inc. contract team provides support to the AW2 Program.

AW2 personnel that assist Wounded Soldiers are known as Advocates and provide advocacy, support, and information services to eligible Soldiers, Veterans, and Family members. AW2 Advocates are extremely familiar with both military and civilian community resources. It is critical to establish a working relationship within the local military and civilian communities in order to provide timely and quality support to Soldiers, Families, and unit commanders within the Ft. Campbell/Southern Kentucky area of responsibility.

### **MISSION**

The AW2 mission is to assist and advocate for our severely wounded, ill, and injured Soldiers and their Families; to support and educate during medical treatment, rehabilitation and transition back into the Army or a civilian community. AW2 Advocates understand and assist Soldiers and Families navigate federal, state, and private benefit systems and link them to financial, educational, employment, legal, and medical resources. AW2 Advocates implement lessons learned, policy decisions, and increase the responsiveness and effectiveness of our medical and benefit system. AW2 Advocates provide personalized local support for as long as it takes, regardless of location or military status, assistance with day-to-day issues in recovery, as well as long term decisions, and goal setting with support throughout the entire six-phase Wounded Warrior Lifecycle. AW2 Advocates strive to reduce barriers to effective and efficient services.

### **ELIGIBILITY**

To qualify as an AW2 Soldier, a Soldier must have received a classification as a Special Category (SPECAT) as a result of injuries or illness incurred on or after September 11, 2001, and has received or is expected to receive an Army disability rating of 30 percent or greater in one or more specific category or a combined rating of 50% or greater for conditions that are the result of combat or are combat related. However, the AW2 population will at any given time, include

Soldiers awaiting Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB) results. Although, board evaluations may subsequently result in AW2 ineligibility, all Soldiers in the program will, on a case-by-case basis, continue to have access to AW2 resources and advocacy at least until the board decisions are rendered and appeals, if initiated, are adjudicated. AW2 is one element of the Army's focus on caring for wounded Soldiers, Veterans, and their Families. Veterans and Families are assigned an AW2 Advocate and may be assigned to a Warrior Transition Unit (WTU) to focus on healing. The AW2 Advocate supports the WTU "Triad of Care" team consisting of a primary care physician, nurse case manager, and a military squad leader.

AW2 Soldier Injury Categories include: blindness/vision loss, deafness/hearing loss, fatal/incurable disease, loss of limb, paralysis/spinal cord injury, permanent disfigurement, post-traumatic stress disorder, severe burns, and traumatic brain injury.

Soldiers will be notified they are eligible for AW2 services by an Advocate when the Army releases their DA-199, Election to Physical Evaluation Board, to AW2 Headquarters. If a Soldier has not been contacted and believes s/he is eligible, the Soldier may visit a local AW2 Advocate to inquire about services and complete an application packet.

## **TRANSITIONING**

AW2 Soldiers and their Families may use on-site services to prepare for the eventual transition from the installation and, in most cases, from federal service. The Advocate uses periodic counseling sessions and facilitates service provider contacts to provide each Soldier the information and assistance needed. As the date for departure nears, the Advocate will work with Soldiers, Families, and service providers to prepare for the transition. The Plan will identify all the near-term actions necessary to make the Soldier's relocation a success and to achieve the desire of the long-term goals of the Soldier. Advocacy services will vary and may include: modification of the Soldier's home, application for Traumatic Service Members Group Life Insurance (TSGLI), Combat Related Special Compensation (CRSC) and the identification of other essential service providers and resources in the new community.

## **CONTINUATION**

Continuing Services: The Advocate ensures the Soldier has the contact information of the nearest AW2 Advocate and a list of community contact information prior to the Soldier's departure. The Advocate will follow-up monthly with the Soldier and Family as deemed by AW2 policy. If in the future, AW2 implements a policy updating contact frequency, that policy supersedes any guidance found in this manual. When a Soldier is enrolled into the program and they relocate, there are Advocates located in every state and in some states, there are more than one. The Soldier's case will be transferred to the advocate closest to their final destination for better-tailored assistance in their new community. Advocates will continually monitor each Soldier's/Family's needs and situation and will take additional steps as necessary. In some cases, the required actions may be beyond the Advocates' capability and the Support Center will intervene with service providers directly. In those instances, the On-Site Project Manager may

determine that face-to-face services are required. In still others, the Soldier or Family may request such services.

## **CONTACT INFORMATION**

There are five (5) Advocates located in the Fort Campbell area. Three are located at the Warrior Transition Battalion, one at the Soldier and Family Assistance Center (SFAC), and two located at the VA hospitals in Nashville. Their contact information is as follows:

1. A Company, WTB: (270) 798-7918
2. B/D Company, WTB: (270) 956-1791
3. C Company, WTB: (270) 412-8399
4. SFAC : (270) 412-6000
5. VA Hospital, Nashville: (615) 873-6078
6. VA Hospital, Murfreesboro: (615) 225-6567

## **QUALITY ASSURANCE**

Customer satisfaction in this program is paramount. The Support Center staff specifically focuses on the methodology of the program's structure and ensures customer satisfaction by the utilization of customer survey's and quality control. Quarterly, every active member in receipt of AW2 Program services will directly receive a Customer Survey Form from Headquarters AW2 for his/her completion. The completed survey will be forwarded to the Serco Inc. OSPM. The Serco Inc. OSPM will consolidate the surveys, analyze the results and provide guidance and/or corrective action as necessary. For more information on the AW2 Program, visit [www.AW2.army.mil](http://www.AW2.army.mil) or call 877-393-9058.

## **ADDITIONAL SERVICES MAY INCLUDE**

- Benefits Information
- Career Guidance
- COAD/COAR Support
- Education Opportunities
- Financial Audits/Assistance
- Government Agency Coordination
- Lifetime Assistance
- Local Resources/Referrals
- Career Development
- Education Assistance/opportunities
- MEB/PEB Guidance
- Combat Related Special Compensation (CRSC)

## Transition Resources

### Department of Labor

- *REALifelines -Recovery and Employment Lifelines*  
<http://www.dol.gov/vets/programs/Real-life/main.htm>  
1-202-356-1012 ext. 40307 or 1-888-774-1361  
The program seeks to support the economic recovery and reemployment of transitioning wounded and injured service members and their Families by identifying barriers to employment or reemployment and addressing those needs.
- *E-VETS Resource Advisor*  
<http://www.dol.gov/elaws/realifelines.htm>  
e-VETS Resource Advisor assists veterans preparing to enter the job market. It includes information on a broad range of topics, such as job search tools and tips, employment openings, career assessment, education and training, and benefits and special services available to veterans.

### Heroes to Hometowns:

<http://www.legion.org/heroes/about>

Phone: (202) 861-2700

The purpose of the Heroes to Hometowns Program is to help communities recognize the severely injured and embrace them as a part of the community, assist them in making a seamless transition into the new hometown, and provide a support network they can access when needed.

### VA Health Care Eligibility – Resource Center

Find out if you are eligible for benefits, how to apply, and what it will cost, then complete an application form online. Have a question? Call the VA Health Resource Center toll free at 1-877-222-VETS!

### Quick Tips for Veteran Affairs Benefits

One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of "should I," "would I qualify," "how do I apply," or "where do I go for help" can be a frustrating experience. VA intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for benefits.

### **Documents Needed for Non-Medical Benefits**

1. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
2. Your VA claim number or Social Security number if receiving benefits under prior service
3. A copy of all marriage certificates and divorce decrees (if any)
4. A copy of each child's birth certificate (or adoption order)
5. A copy of your birth certificate if there are living parents dependent on you for support



6. A copy of any service medical records for disabilities you intend to claim
7. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension. You may also obtain a copy of the form from any VA Regional Office.

### **Documents Needed for Non-Medical Benefits**

1. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
2. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:
  - a. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
  - b. Receipt of the Armed Forces Expeditionary Medal
  - c. Kosovo Campaign Medal
  - d. Global War on Terrorism Expeditionary Medal
  - e. Southwest Asia Campaign Medal
  - f. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
  - g. Orders to a theater of combat operations
3. Complete VA Form 10-10EZ, Application for Health Benefits, online. Or, you may obtain the form by:
  - a. Calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS(8387), Mon through Fri between 8:00 AM and 8:00 PM (Eastern Time)
  - b. Calling or visiting any VA health care facility or VA regional office. To find the facility nearest you, visit the VA Facilities web page.

### Where to Get Help

- <https://iris.custhelp.com/> Contact VA through on-line messaging. This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program where you can leave questions, by subject matter that are not answered by the FAQ's.
- VA benefits counselors can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-8271000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".
- State, local and National Veteran Service Organization representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: <http://www.va.gov/vso>

## Home Modification Resources

### **Department of Veterans Affairs (VA)**

[www.va.gov](http://www.va.gov)

Depending on your service-connected disability, you may be eligible for assistance under one or more of the following programs administered by the Department of Veterans Affairs:

- Specially Adapted Housing (SAH) grants
- Special Home Adaptations (SHA) grants
- Loan Guaranty Service: VA Home Loans
- Vocational Rehabilitation and Employment (VR&E): Independent Living Services
- Veterans Health Administration (VHA) Home Improvement and Structural Alterations (HISA) grants

### **U.S. Department of Housing and Urban Development 203(k) Rehab Program**

<http://www.hud.gov/localoffices.cfm>.

### **ABLEDATA**

800-227-0216

<http://www.abledata.com>

ABLEDATA is a comprehensive, federally funded project that provides information on assistive technology and rehabilitative equipment available sources worldwide. Offers fact sheets and consumer guides through the Web site or by mail.

### **Adaptive Environments Center, Inc.**

<http://www.adaptiveenvironments.org>

The Center provides consultation, workshops, courses, conferences, and other materials on accessible and adaptable design. Also offers publications through the Web site and by mail, including *A Consumer's Guide to Home Adaptation*.

### **Army Emergency Relief (AER)**

866-878-6378

<http://www.aerhq.org>

This private nonprofit service organization provides interest-free emergency loans and grants to eligible recipients.

### **Center for Universal Design**

1-800-647-6777

<http://www.ncsu.edu/project/design-projects/udi/>

A national research, information, and technical assistance center that evaluates, develops, and promotes universal design in housing, public and commercial facilities, and related products. Also provides information on fair housing practices and home modifications.

**DisabilityInfo.gov**

<https://www.disability.gov/>

This website is a comprehensive listing that provides access to all of the federal government's disability-related information and resources.

**Homes for Our Troops, Inc.**

866-787-6677

<http://www.homesforourtroops.org>

Assists with building materials, labor, and coordinating the process of building a new home or adapting an existing one for handicapped accessibility at little or no cost to the veteran.

**National Resource Center on Supportive Housing and Home Modification**

<http://www.homemods.org>

Website is a listing of helpful advice and links, including state-by-state information.

**Salute America's Heroes**

<http://www.saluteheroes.org>

Provides financial assistance for wheelchair-bound or blind veterans to purchase homes that will accommodate their disabilities.

**State and Local Government on the Net**

<http://www.statelocalgov.net>

This website provides links to the Web sites of thousands of state agencies and city and county governments.

**Rebuilding Together**

<http://www.rebuildingtogether.org/>

Rebuilding Together is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom, and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility.

**CAP (Computer and Electronic Adaptive Program) Supports Wounded Service Members**

<http://cap.tricare.mil/wsm/>

Phone: 703-681-8813

Hours: Mon-Fri 0800-1700

Email: [wsm@tma.osd.mil](mailto:wsm@tma.osd.mil)

Our soldiers, sailors, airmen and marines are returning everyday from deployment in Operation Enduring Freedom and Operation Iraqi Freedom. Many of them are not returning to their duty assignments, instead, they are recovering at various Military Treatment Facilities (MTFs) because of injuries they sustained in the Global War on Terror. CAP works closely with wounded Service members across the nation to ensure they receive appropriate accommodations and support services for their needs by introducing assistive technology during recovery and rehabilitation at MTFs.

## **CHAPTER 4: SOLDIER TO WARRIOR**

1. A Soldier's Viewpoint
2. Patient Bill of Rights
3. Ombudsmen
4. Medical Care Providers and Definitions
5. Being Your Advocate
6. Patient Advocacy
7. Traumatic Servicemember's Group Life Insurance (TSGLI)
8. Obtaining a New Identification Card
9. WTB Bus Schedule

## A Soldier's Viewpoint

From the point of injury on the battlefield, the Soldier has been moved quickly through an array of treatment facilities based on the geographic location where the Soldier was injured and the type of injury sustained. Most Soldiers are treated at the scene of injury by a combat life saver or field medic, moved to an aid station awaiting evacuation to a Combat Support Hospital (CSH). Once at the CSH, stabilizing measures are taken and the Soldier is given medical treatment based on the injury. The doctors at the CSH determine the extent of injury and begin the procedure to evacuate the Soldier to the United States. From the CSH the Soldier was transported to the aircraft and began the journey back to the US with a stopover in Germany. At each point along the way the Soldier is re-evaluated. Sometimes a delay occurs in Germany if the Soldier requires further stabilization before travel.

Throughout this evacuation process the Soldier may have been heavily medicated or unconscious. The speed of transition from the battlefield to safety in the US is disorienting for anyone, but with the addition of injury and medication, it can take on a surreal quality for the Soldier. For those who were unconscious, their last recollection is from the point of injury or before and they awaken to find themselves in unfamiliar surroundings and seriously wounded. At times communication is hampered by the injury itself, pain medications or by attached medical equipment. The Soldier who was just days before performing their duties in a hostile environment is now a patient in a hospital bed awaiting an uncertain fate.

The Soldier has received both a physical trauma and a psychological/emotional trauma. As with any serious injury, there lies ahead a road to recovery that is full of challenge and uncertainty that taxes both the body and the spirit. The Soldier *may* be facing a changed physical appearance, changed physical abilities, damaged mental processes from traumatic brain injury, and the resulting emotional trauma. In addition, the Soldier is undergoing the readjustment from the battlefield to home.

The battlefield is not a clearly defined area. Soldiers that are normally considered “non combatants” are being wounded alongside the combatants from improvised explosive device (IED), mortars, and snipers. The “enemy” is not wearing a particular uniform and is not easily identifiable. This makes for an environment of uncertainty. Readjustment and reunion with Family and friends may be complicated by more than just the trauma from the injury. Information is included from the National Center for Post Traumatic Stress Disorder (PTSD) for your benefit. Research into PTSD and related issues is ongoing. Ask your medical care team about PTSD.

## Patient Bill of Rights

### RIGHTS

- **Quality Care:** You have the right to quality care based on your health care needs regardless of race, creed, sex, national origin or religion.
- **Respect and Dignity:** You have the right to considerate and respectful care, with recognition of your Family's religious and cultural preferences.
- **Privacy and Confidentiality:** You have the right to privacy and confidentiality concerning medical care. This included expecting any discussion or consultation about your care to be conducted discreetly and privately.
  - You have the right to expect that only people involved in your care of the monitoring of its quality will read your medical record. Other individuals can read your record only when authorized by you and your legally authorized representative.
  - You have the right to wear appropriate personal religious or symbolic clothing as long as it does not interfere with treatment or procedures.
  - You have the right to consent prior to any recording or filming for teaching or research purposes.
  - You have the right to designate Family members or loved ones to be informed of you condition.
  - Photographing and recording (including digital telephones and PDAs) are not permitted without your permission.
- You have the right to a **chaperon** upon request.
- **Personal Safety and Security:** You have the right to a safe a secure environment while in the hospital.
- You have the right to access protective and advocacy services. Contact numbers and/or points of contact are available upon request.
- **Identity:** You have the right to complete and current information about your diagnosis, treatment, medications, and the expected outcomes in terms that you can understand.
- **Consent:** You have the right to be informed and to consent to all procedures, treatments and admissions.
- **Communication:** You have the right to expect that your needs will be communicated to the health care team including access to an interpreter when language barriers are a problem.
- **Pain Management:** You have the right to have a complete evaluation of any pain you may have as well as the right to be treated appropriately for that pain.
- **Refusal of Treatment:** You have the right to refuse care, treatment, and services in accordance with applicable law and regulations.
- **Advance Directive:** You have the right to formulate an advance directive (living will and/or medical durable power of attorney), and to take part in ethical issues pertinent to your care.
- **Transfer and Continuity of Care:** You have the right to information if you are transferred to another facility. Discharge information about your condition and ongoing health care needs will be provided to you when you are discharged from the hospital.
- **Hospital Rules and Regulations:** You have the right to information about hospital rules and

regulations that apply to you.

- **You and Your Child:** You have the right to know the treatment plan for your child and to have answers to all your questions and concerns about your child's treatment.
- **Research:** You have the right to a second opinion with a specialist at your own request and expense.
- An advanced directive from another facility will be honored if you provide a copy to the treatment team.

## RESPONSIBILITIES

- **Providing Information:** You are responsible for providing accurate and complete information about present complaints, illnesses, hospitalizations, medications, and other matters relating to your health.
- You should report unexpected changes in your condition to your doctor.
- You must tell your health care team if you do not clearly understand the plan of care and what is expected of you.
- You must tell your health care team if you have any concern over the safety and care you are receiving.
- **Compliance with Instructions:** You should follow the treatment plan given to you by your doctor, nurses or other health care workers. This includes keeping your appointments and notifying the clinic when you are unable to do so.
- **Maintain Positive Health Practices:** You have the responsibility to develop and maintain healthy habits including good nutrition and adequate sleep and rest, and routine exercise.
- **Refusal of Treatment:** You are responsible for your own actions when you refuse treatment or do not follow the doctor's or other health care worker's instructions.
- **Hospital Rules:** You are responsible for following hospital rules and regulations affecting patient care and conduct. Any suspicious activity should be reported to the hospital staff.
- **Hospital Charges:** You are responsible for paying hospital bills as soon as possible.
- **Respect and Consideration:** You are responsible for treating our staff and other patients with respect and consideration.
- **Protecting Others From Illness or Infection:** Do not let friends or Family visit if they are sick or have been exposed to a communicable disease such as chicken pox. You and your visitors should wash your hands frequently.
- **Smoking Policy:** You may not smoke while in the facility. You may smoke only in the designated smoking areas located outside the buildings.
- **Medical Records:** You must return your outpatient medical records to your assigned medical treatment facility after all medical consultation or other appointments are finished.
- ***All medical records are the property of the U.S. Government and must be returned to the appropriate Military Treatment Facility.***
- **Reporting of Patient Complaints:** Any concerns, questions, and complaints should be given to the Patient Advocate at 270-798-8718/0891. This will help the Commander provide the best possible care for all patients. After duty hours, contact hospital operator, 270-798-8400, and ask for Adjutant Office.

## **Ombudsmen**

Your Ombudsman is a neutral, independent and impartial resource for Soldiers and their Families. The Ombudsman will help resolve any issue for Warriors in Transition, to include medical matters, personnel, finance, legal, transition benefits, Veterans Administration, etc. The Ombudsman will also assist non WTU Soldiers with medical care issues. In every case, the Ombudsman will attempt to link the Soldier or Family Member with appropriate subject matter experts.

**Ms. Valerie Evans**  
Carentan Clinic  
Office: 270-412-3717  
Blackberry: 931-436-8464  
Valerie.d.evans@amedd.army.mil

**Mr. Gregory M. Griffin**  
BACH, A Bldg, 4<sup>th</sup> Floor, Rm 4AA10  
Office: 270-798-8827  
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**Mr. Ron Warrick**  
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ronald.warrick@amedd.army.mil



## Medical Care Team: Role and Definitions

While inpatient status, meaning occupying a bed within the hospital, there is a multidisciplinary team which cares for them and oversees your recovery. Membership of this team is determined based on the injuries received and needs of the individual Soldier. There are some common components on these teams. This overview is provided as more of an example than as a template of care. Regardless of who comprises the team, the quality of care provided at Blanchfield Army Community Hospital is unparalleled.

To ensure that medical treatment is continuing as smoothly as possible, a “**case manager**” will be assigned. Given the large numbers of providers and support personnel who may be caring for a patient, the composition of the medical team can be confusing. The case manager “directs traffic” and is a valuable resource.

A licensed professional **social worker** is assigned to all Soldiers when they arrive at BACH. They act as a liaison between the medical treatment team, the Soldier and the Family. The social worker provides psychosocial assessment and intervention for both the Soldier and Family. The social worker can provide medical crisis counseling and supportive counseling. They will assist meeting the needs of the Family, whatever they may be, by linking the Family with the appropriate agencies and resources. The social worker is a lynch pin in the system of wounded care as they provide a continuity factor for the Soldier/Family from arrival at BACH until discharge. While other members of the team will change, the social worker normally remains throughout the inpatient process. The social worker is an integral part of discharge planning which begins the moment the Soldier arrives at BACH.

The social worker ensures a smooth transition to the next level of care. The next level of care could be the VA, another military treatment facility, a treatment facility near the Soldier’s Family, outpatient status at BACH, or a complete discharge from medical care. The social worker incorporates the needs of the Family during this transition to include coordinating for home health care, equipment, etc. If the Soldier returns at some point in the future to inpatient status at BACH, Department of Social Work Services will try to assign the same social worker to the Soldier and Family. Upon arrival the Soldier and Family should become actively involved with the social worker.

The medical team often includes doctors, nurses, social workers, various therapists, technicians, and numerous other supporting staff members. When a patient is treated by several different medical services (or specialties), the number of “team members” can increase dramatically.

The following is a partial listing (and brief description) of the various personnel who may comprise a multidisciplinary medical team. Families will encounter many of these health care professionals during your Soldier’s hospital stay:

- **Attending physician/surgeon:** The senior doctor directing medical care.
- **Resident or resident physician:** A doctor at any level in a graduate medical education

program, including subspecialty programs. Other terms used to refer to these individuals include interns, house officers, house staff, trainees or fellows.

- The term "**fellow**" is sometimes used to denote physicians in subspecialty programs (versus residents in specialty programs) or in graduate medical education programs that are beyond the requirements for eligibility for first board certification in the discipline.
- The term "**intern**" is sometimes used to denote physicians in their first year of training.
- **Staff physician:** A fully-trained doctor who is a member of the medical/surgical staff.
- **Staff nurse:** A fully-trained registered nurse (RN) assigned to a particular service or ward. RNs care for patients at the hospital bedside, in private clinics, and in the patient's home. Nurses may also work to help prevent disease, to educate the public about health issues, to enhance public health, and to support ill patients both physically and mentally. A nurse may also be the Case Manager for your Soldier.
- **Nurse Practitioner:** A nurse practitioner (NP) is a registered nurse (RN) who has completed advanced education and training in the diagnosis and management of common medical conditions, including chronic illnesses. Nurse practitioners provide a broad range of health care services.
- **Licensed Practical Nurse/Licensed Vocational Nurse:** LPNs/LVNs perform duties that may include giving injections, taking vital signs, performing basic diagnostic tests, observing patients, dressing wounds, and administering medication. They also assist patients in daily living activities such as eating, dressing, exercising, and bathing.
- **Physician Assistant:** Physician Assistants (PAs) practice medicine under the supervision of physicians and surgeons. They should not be confused with medical assistants, who perform routine clinical and clerical tasks. PAs are trained to provide diagnostic, therapeutic, and preventive health care services, as delegated by a physician.
- **Social Worker:** Social Workers help people function the best way they can in their environment and solve personal and Family problems. Social workers often see clients who face a life-threatening medical conditions or social problems. Social Workers often serve as Case Managers.
- **Respiratory therapist:** evaluate, treat, and care for patients with breathing or other cardiopulmonary disorders. Practicing under the direction of a physician, respiratory therapists assume primary responsibility for all respiratory care therapeutic treatments and diagnostic procedures, including the supervision of respiratory therapy technicians.
- **Occupational therapist:** Occupational therapists (OTs) help people improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help them to develop, recover, or maintain daily living and work skills.
- **Physical therapist:** Physical therapists (PTs) provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health.
- **Variety of essential supportive personnel:** Clergy, medical assistants, laboratory, dietary/nutrition, clerical staff, etc.

## **Patient Advocacy**

### BACH Patient Advocacy Office

Phone: 270-798-8091/8718

Hours: Mon – Fri 0730-1530

The Patient Advocate Office is located in the hospital's Building "A" 4th floor, rooms 4AA19 and 4AA21. BACH Patient Advocates can assist with providing positive feedback and dealing with unresolved concerns.

- If you encounter any problems while receiving care at BACH, please let us know.
  - Please allow clinic staff such as the NCOIC, OIC, or Head Nurse to help you resolve your concerns before you leave the clinic.
  - If you find that you still require additional assistance, please contact BACH's Patient Advocates who can address your concerns and elevate them to the appropriate level.
- 

### **Patient Safety "Speak Up"**

**S**peak up if you have questions or concerns.

**P**ay attention to the care you are receiving.

**E**ducate yourself about your health conditions.

**A**sk a Family member or friend to be your advocate.

**K**now what medications you take and why you take them.

**U**se a health care organization that is certified by JCAHO.

**P**articipate in all decisions about your care.

## Traumatic Servicemember's Group Life Insurance (TSGLI)

### WHAT IS TSGLI?

Traumatic Servicemembers' Group Life Insurance (TSGLI) is a traumatic injury protection rider under Servicemembers' Group Life Insurance (SGLI) that provides for payment to Members of the uniformed services who sustain a traumatic injury that results in a qualifying loss.

**Phone:** 1-800-237-1336 - press option 2 for TSGLI  
**Website:** <https://www.hrc.army.mil/site/crsc/tsgli/index.html>  
**Submit Claims via fax:** 1-866-275-0684  
**Submit Claims via email:** [tsgli.claims@conus.army.mil](mailto:tsgli.claims@conus.army.mil)  
**Submit Claims via postal mail:** Department of the Army  
U.S. Army Human Resources Command  
1600 Spearhead Division Avenue Fort Knox, KY 40122

### WHO IS ELIGIBLE FOR PAYMENT UNDER TSGLI?

#### Those eligible for payment under TSGLI are:

- Soldiers who suffer a qualifying loss due to a traumatic injury incurred on or after 7 October 2001 through and including 30 November 2005, in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom. For the purposes of TSGLI only, "incurred in Operation Enduring Freedom or Operation Iraqi Freedom" means that the member must have been deployed outside the United States on orders in support of OEF or OIF or serving in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under the Internal Revenue Service Code.. Coverage under SGLI is not required.
- Soldiers who are covered under SGLI and suffer a qualifying loss due to a traumatic injury on or after 1 December 2005.

### WHAT INJURIES ARE COVERED?

TSGLI covers a range of traumatic injuries, including, but not limited to:

- Total and permanent loss of sight in one or both eyes;
- Loss of hand or foot by severance at or above the wrist or ankle;
- Total and permanent loss of hearing in one or both ears;
- Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- Quadriplegia, paraplegia, or hemiplegia;
- 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face; and
- Coma or the inability to carry out two of the six activities of daily living.

## **WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR PAYMENT UNDER TSGLI?**

To be eligible for payment of TSGLI, you must meet all of the following requirements:

- You must be insured by SGLI.
- You must incur a scheduled loss and that loss must be a direct result of a traumatic injury.
- You must have suffered the traumatic injury prior to midnight of the day that you separate from the uniformed services.
- You must suffer a scheduled loss within 365 days of the traumatic injury.
- You must survive for a period of not less than seven full days from the date of the traumatic injury. *(The 7-day period begins on the date and time of the traumatic injury, as measured by Zulu [Greenwich Meridian] time and ends 168 full hours later).*

## **HOW IS THE AMOUNT OF MONEY AWARDED DETERMINED?**

TSGLI coverage pays a benefit of between \$25,000 and \$100,000 depending on the qualifying loss incurred. The amount paid for each qualifying loss is listed on a schedule available at the following website:

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

## **WHAT ARE SOME EXAMPLES OF LOSSES THAT WOULD AWARD THE MAXIMUM PAYMENT OF \$100,000?**

- Loss of both hands at or above the wrist
- Loss of both feet at or above the ankle
- Total and permanent loss of sight in both eyes

## **WHAT ARE SOME EXAMPLES OF AWARDS OF LESSER AMOUNTS?**

- Loss of one hand at or above the wrist - \$50,000
- Permanent loss of speech - \$50,000
- Loss of thumb and index finger on the same hand- \$50,000
- Loss of one foot at or above ankle
- Total and permanent loss of sight in one eye

## **WILL THE MONEY ALWAYS BE PAID TO THE SOLDIER?**

Yes, unless the Soldier is incapacitated or deceased. If the member is incapacitated, the Soldier's guardian or attorney-in-fact will receive payment. If the member is deceased, payment will be made to the member's SGLI beneficiary.

## HOW DOES A MEMBER MAKE A CLAIM FOR TSGLI?

In order to make a claim for the TSGLI benefit, the member (or someone acting on his or her behalf) should:

**Step 1:** Obtain a TSGLI Form.

**Step 2:** Complete Part A of the TSGLI Claim Form in its entirety. Sign and date **both pages** of Part A. Be as thorough as possible and provide as much background material as possible, including documentation of how you received your injury.

**Step 3:** Have a healthcare provider complete Part B of the TSGLI Claim Form. Part B **must** accompany the claim and **can only be completed by a healthcare provider**. This part should provide details of the injuries that may qualify the Soldier for the TSGLI benefit. <https://www-hrc.army.mil/site/CRSC/TSGLI/healthcare.htm>

**Step 4:** Be sure to provide background documentation on your injuries, including how you received them. Remember, the more documentation you provide that qualifies your injury, the more likely your claim will be processed quickly and accurately. View a list at [https://wwwrc.army.mil/site/CRSC/TSGLI/healthcare.htm#med\\_doc](https://wwwrc.army.mil/site/CRSC/TSGLI/healthcare.htm#med_doc)

**Step 5:** The claim form can be submitted one of three ways - Fax 1-866-275-0684; Email [tsgli.claims@conus.army.mil](mailto:tsgli.claims@conus.army.mil) ; or send via Postal Delivery to: Department of the Army U.S. Army Human Resources Command, 1600 Spearhead Division Avenue Fort Knox, KY 40122

The TSGLI is a onetime payment. As with any lump sum payment, take time to consider how best to utilize the money. There are many considerations to keep in mind such as housing, saving for the future, etc. Army Community Service offers financial planning and investment information.

## **Obtaining a New Identification Card**

If the Warrior is in inpatient care, the Soldier and Family Assistance will call the ward and arrange to bring a portable ID machine to the Patient's bedside. If the Warrior is ambulatory, the Warrior may stop by the Soldier and Family Assistance Center, 2433 Indiana Avenue, with a second form of identification, to obtain a new identification card. If the SFAC is unable to produce an identification card, the Warrior may identify him or herself as a Warrior at the ID Card Section, Building 2577A Screaming Eagle, to be given a priority appointment. As a reminder, please make sure DEERS data is correct.



## WTU SHUTTLE BUS SCHEDULE



### SHUTTLE 1

#### Hourly Shuttle

### SHUTTLE 2

#### Half Hour Shuttle

#### WTU Barracks – 6756

**:00**

**:30**

6754/Back barracks \*(does not begin until 8:05am):05

:35

(\*due to PT 6754 barracks pickup does not start until 8:05am)

Alpha, Bravo, Charlie Companies

:10

:40

7001 Case Managers/Eagle Co.

:15

:45

Carentan & LaPointe Clinic

:20

:50

#### WTU Barracks – 6756

**:30**

**:00**

Delta Co. & Charlie Co. Case Mangs.

:35

:05

SFAC, Tri-Care, ASAP, TBI, ABH

:40

:10

“C” Entrance BACH\*

Drive By Only\*

(\*please wave at or flag down the shuttle so the driver will know to pick you up)

“A” Entrance BACH & Fischer House

:45

:15

Pharmacy (walk to PX/Commissary)

:50

:20

#### WTU Barracks – 6756

**:00**

**:30**

✚ Shuttles will depart from the WTU Barracks(6756) at 06:15am to take soldiers to PT/Company area.

✚ Due to PT, the shuttles will pick up soldiers at the front of the 6756 barracks between 6:15am and 8:00am.

✚ Daily Shuttle Buses Routes will start running at 07:00am and 07:30am.

✚ The last Shuttle leaves at 16:30(4:30) from the WTU Barracks (6756).

✚ Hours of Operation are Monday thru Friday, 6:00am – 6:00pm.

✚ Closed on Holidays.

✚ Times may vary due to traffic, weather or other circumstances. Thank you for your patience!

✚ If you have any questions or concerns please contact Michael Colvett, Supervisor at 931-249-5360 or Jimmy Skernivitz, Deputy Supervisor at 931-249-4195.



## **CHAPTER 5: FAMILY PREPAREDNESS**

1. Care Team
2. Notification & Travel
3. Making Preparations
  - a. Travel Preparation – Checklist
  - b. Packing for Yourself – Checklist
  - c. Packing for Your Child – Checklist
  - d. Packing for Your Soldier – Checklist
  - e. Considerations for Children of Wounded Warriors
  - f. Considerations for Children Not Traveling
  - g. Escort Officer
4. Childcare
5. You as Your Soldier's Advocate
6. HIPAA and Consent
7. Power of Attorney Fact Sheet
8. Special Power of Attorney Worksheet/Example
9. Caring Bridge
10. Points of Contact Upon Assignment to WTB
11. Family Readiness Support Assistants (FRSA)
12. Family Information Resource Support Team (FIRST)

## Care Team

What is and when does a CARE Team Assist a Family?

The Care Team is comprised of a highly trained volunteer workforce at the Brigade Level. It is the Brigade Commanders decision whether the Care Team will be initiated. Families are encouraged to use the services offered through the Care Team. In the case of wounded Soldiers, a CARE Team may be sent immediately following notification and prior to the Family leaving to join the wounded Soldier in the hospital or may be sent immediately following the Family's return. At the time the Family returns, the wounded Soldier may or may not have been transferred to a hospital or veteran's rehabilitation program in the Family's geographical area.

How long does a CARE Team assist a Family?

The intent is for the Care Team to assist the Family until extended Family members arrive to support the Family or when no extended Family is available. ACS Mobilization/Deployment teaches during the Care Team Training, that a Care Team will remain in the home on average 4 to 6 hours. The actual length of time depends upon the Family's needs, guidance from leadership and presence of other Family members/friends to support the Family.

What Care Team volunteers need to know?

Assist Family with arrangements related to visiting wounded Soldier. This may include:

- Help in packing clothes (including clothes and items Soldier may want or need while in hospital)
- Ensure Spouse/relative on Invitation Travel Order has the following documents assembled prior to traveling:
  - Copy of Invitational Travel Order
  - Military ID card
  - Power of Attorney
  - Shot records for traveling child(ren) needing daycare
  - Name and phone number of Soldier's unit
  - Valid passport, if traveling overseas
- Help in making travel arrangements, if not handled by RD. (i.e. transportation to and from airport, local transportation info or car rental in location of wounded Soldier)
- Make necessary arrangements for Family members that will remain in the home (children, elderly parents, individuals with special needs)
- Make necessary house arrangements for extended period of absence (Pet boarding, house sitting or notifying civilian/military police to check on house, stopping mail/newspaper, lawn care, house plant care, snow removal, emptying refrigerator)
- Cancel or change personal appointments
- Obtain notification or releases for children's daycare and schools.

## Notification and Travel Orders

### Quick Read

#### Notification and Travel for Families of Wounded Warriors

1. You will receive a phone call from the wounded Soldier, the Causality Assistance Center or the Rear D informing you the soldier has been injured.
2. Rear D will call you and/or you will immediately call your RD.
3. Rear D and Division Surgeon office will answer your questions, limited to the information they have available. Remember you may know about the injured soldier before they do.
4. **Wait for Travel Orders**
5. Rear Detachment will arrange for your travel to Hospital.
6. Begin packing using enclosed packing list.
7. Arrange for childcare, if needed, pet care, and someone to pick up papers, mail, etc.
8. Travel orders will be given to up to three Next of Kin to travel and stay at Hospital. Family members do not have to be in one location. Mom, from Idaho can meet you there. Children may travel but please see cautions on age restrictions and childcare on some Hospital Wards.
9. Rear Detachment will inform Wounded Warrior Transition Unit personnel and Liaison Officer at receiving Hospital of your travel arrangements and needs.
10. Warrior Transition Unit personnel will pick you up at the airport and transport you to Hospital and lodging. They will also meet other family members at airport.
11. Lodging will be arranged on grounds or nearby. Travel orders will cover costs. If you choose to travel without travel orders your expenses will not be covered.
12. Please arrange to come to the Soldier and Family Assistant Center (SFAC) where SFAC personnel will meet with you to answer your questions, and help you get settled.
13. Remember, you are not alone!
14. Your job is to be there for your Soldier and help him/her heal.

The process begins for the Family with notification. Families are notified of the injury to their Soldier in a number of ways. Some Families receive phone calls from their Soldier who then tells them of their injury. Often another military member present may speak to the Family to provide additional information. “Official” notification occurs when either the rear detachment (military member of the Soldier’s unit left behind at the home station to take care of Families) or the Casualty Assistance Center (CAC) call to notify the Family. During “official” notification the Family is told the status of the Soldier to include the most recent assessment of the injuries, and is given a phone number for the CAC to call with questions or update requests. The service member who does the “official” notification is not a health care professional and cannot explain injury or medical terms.

Casualty Assistance Center Notification Section is 1-800-626-3317

## **Making Preparations**

### **Travel Preparations Checklist**

#### Documents:

- Copies of your T&TOs (keep one with you at all times)
- Military ID or government issued ID such as Driver's License
- Power of Attorney (If your Soldier left you one)
- Living Will (If your Soldier has one, many do not)
- Immunization records for children in need of day care (This is a must!)
- Name and phone number of Point of Contact for the Soldier's unit (The DA WIA will be able to tell you what the unit is if you do not know)
- Valid Passport if overseas travel is involved
- Original prescription for any medications that you may need
- Health insurance information for traveling Family members\*
- Banking Information
- This Handbook

#### Travel Money:

- Major Credit Card (maintain copy of front and back of card in case of loss)
- Cash or Traveler's Checks
- Checkbook and/or account number and bank routing number\*\*

#### If Bringing Privately Owned Vehicle:

- Insurance Card- up-to-date proof of insurance
- Registration- up-to-date

\* For military dependents: If staying out of the TRICARE region for longer than 30 days, consider changing your TRICARE area. \*\* If staying at BACH for extended period, consider opening an account at a local bank to avoid ATM charges

### **Household Considerations**

- Stop the mail or arrange for someone to pick up and forward mail to you
- Arrange for pet care
- Schedule bill payment
- Consider changing cell phone plan to include extra minutes or unlimited long distance is needed
- Inform trusted friend or Family of travel plans and leave spare key to access house
- Stop newspaper delivery
- Empty all trash cans and refrigerator of perishable foods
- Set thermostat to cost saving level
- Arrange lawn care if necessary
- Coordinate time off from work\*
- Inform Rear Detachment Command of travel
- Ensure car is locked and windows rolled up

### **Packing for Yourself – Checklist**

- Glasses/contacts/associated supplies
- Prescription medication for up to 30 days plus refill information
- Toiletries/Personal Hygiene Items (if you forget something, personal hygiene items are available through the Fisher House so if you should forget an item please contact them. Many people donate these items for your use. Additionally there is a small PX located at every facility.)
- Pajamas and robe
- Sweater or jacket to wear in hospital (hospitals are frequently cold)
- At least five sets of comfortable clothes for you
- Cell phone/charger
- Seasonally appropriate outerwear/umbrella
- Book/journal
- Address book with phone numbers of key people (Family, friends, creditors, employer, school etc.)
- Stamps and envelopes
- Addresses and phone numbers for bills if you continue to handle payments
- Names and phone numbers of RD, FRG Leader and POC for the patient's unit
- Insurance cards (if not military)
- Doctor's contact information (if not military)
- A small amount of cash, check book, credit cards
- Comfort item (pillow, blanket, whatever provides you with special comfort)
- Hand sanitizer/disinfecting wipes
- Documents \*as listed above
- Books and music for yourself

### **Packing for Your Child – Checklist**

- At least five sets of clothes Clothing/shoes/outerwear
- Diapers/Wipes/Diaper Ointment
- Bottles/Sippy Cups/Formula
- Toys/Activities
- Class work
- School's phone number
- Comfort Item (favorite stuffed animal or blanket)
- Immunization Records (military dependents intending to use the Child & Youth Services Childcare and Programs)
- ID Card (if applicable)
- Medications (prescriptions as well), thermometer
- Toothbrush/paste/special bath items
- Car seat/Stroller
- Review information on preparing child to see injured service member

## **Packing for Your Soldier – Checklist**

Bring clothes for patient from home if possible. It is a good idea to pack a pair of sweat pants and shirt (can be cut for casts etc.), underwear, shoes/sneakers, and jacket/hat if weather is cold. If you do not have clothes for your Soldier, ask the Red Cross at BACH for assistance. Soldiers are allowed a \$200 one time Army Emergency Relief (AER) clothing payment while on inpatient status. Ask the SFAC for assistance. Also see information on *Sew Much Comfort* in the resources section of this book for specialized adaptive clothing. Personal comfort items, such as pictures, favorite shirt, stuffed animal, etc. Also books and music for patient (MP3 Player, CD Player).

### **Considerations for Children of Wounded Warriors**

- Depending on your Soldier's medical status, children may not be allowed in the room, such as in the case of Intensive Care patients.
- Childcare is very limited.
- Minor children are only covered by T&TOs for a period of five days. Thereafter, the Family bears the cost. Children will be exposed to a wide variety of traumatic injuries many of which are visible, though it may not be their Soldier who is affected. The purpose of bringing the Family to the Soldier's bedside is to support the Soldier during the healing process. The focus is being available to that Soldier at the bedside. The ultimate decision rests with the Family.
- This handbook has included information that should be helpful whatever decision is made.
- You may wish to share some of the information with extended Family and friends whose children will interact with your Soldier and your Family.
- Childcare is available in the SFAC, during medical appointments, while using SFAC services, or when referred to services by the SFAC Information & Referral.
  - The standard hours of operation are Mon through Fri 0730-1630.
  - Pre-registration is encouraged, although not required. Priority childcare is provided for Family Members who want to visit their Warriors: have scheduled appointments, or who require respite.
  - If necessary, emergency childcare may be available. All Family members choosing to use the child and youth services childcare must provide the child(ren)'s immunization record. Use of childcare services at the SFAC and Hospital do not require immunization records.

### **Considerations for Children Not Traveling**

- Arrange transportation for children to/from school/activities
- Give Medical Power of Attorney to children's caregiver
- If moving child out of normal TRICARE Region, call TRICARE to change Region
- Give TRICARE Card (or medical insurance information) to caregiver with instructions on how to procure medical appointments for child
- Inform school and other activities about who will be acting as caregiver
- If living on post, procure gate pass for caregiver

- Coordinate financial support for children's necessities
- Make list of scheduled activities for caregiver
- Make list of allergies, medications, likes and dislikes, bedtimes, routines etc. for caregiver
- Leave caregiver with contact information for you and another support person in the area
- Consider who needs to know about this injury to better support your child during this stressful time (teacher, minister, scout leader, counselor, etc.)
- Review information on talking to child about wartime injury

## **Childcare**

Child & Youth Services offers free walk-in childcare located at the Soldier and Family Assistance Center (SFAC) for Warriors in Transition with appointments at the SFAC. Childcare is available for ages 6 weeks-18 yrs old from 0730-1630.

### **School Age Services - 2188 Kentucky & 13 ½ Street**

*Before and/or After School Programs, Walk-Ins Welcome*

Phone: 270-798-6549/4129

Hours: Mon-Fri 0530 until School Starts & 1530-1800 After-School Care

Full Days- 0530-1800

### **Taylor Youth Center (TYC) - 80 Texas Avenue**

*Middle School Program*

Phone: 270-798-3643/6355

Hours: Mon-Fri 0900-1900

### **Teen Club 24/7 - 2577B Kentucky Avenue**

Phone: 270-956-1030

Hours: Tue-Thu 1400-2000

Fri – 1430-2330

Sat- 1800-2330

### **Child & Youth Sports & Fitness – 80 Texas Avenue**

*Year round Team and Individual Sports for Ages 4-18*

Phone: 270-798-3168

Visit Fort Campbell Child & Youth Services at: <http://www.fortcampbellmwr.com/CYS/>

## You as Your Soldier's Advocate

If you have traveled to BACH Army Community Hospital (BACH) on travel and transportation orders (T&TOs), then the medical team has determined it is in your Soldier's best interest to have you by their side during this initial phase of the recovery process. You may have made the trip to BACH without T&TOs at your Soldier's request. Everyone involved in this recovery effort, from the medical staff to supporting agencies, has the Soldier's best interest at heart and yours as well.

Your Soldier came to be at BACH as a result of sustaining an injury that requires medical treatment that may tax the limits of their physical and emotional resources. During this time, you can choose to be a valuable advocate for your Soldier. No one knows your Soldier as you do. Now that you are here at BACH, the reality of the injuries sustained by your Soldier may seem overwhelming. With all the excellent and complex medical care that your Soldier is receiving, what can you do to enhance the recovery process? How can you advocate for your Soldier with the professional teams already in place? Below are some suggestions on how to be an advocate for your Soldier during this time. It's your choice on how involved you want to be. Depending on the severity of your Soldier's injury, they may not be able to speak up for themselves. If you feel more comfortable being an emotional supporter for your Soldier, allow another Family member to be the advocate.

- **Engage the care team from the beginning and establish a relationship that is both open and honest** to best benefit your Soldier. Make sure that you thoroughly understand both the diagnosis (what medically has occurred and is occurring) and the prognosis (the impact this will have on your Soldier, the outcome) so that you are aware of the optimal outcome and the plan to achieve that outcome. Be aware that your Soldier's condition can change and both the diagnosis and prognosis may change accordingly. There are no certainties or absolutes in predicting the future.
- **Maintain harmony with the care team**, especially during the difficult times. Expect that some information may be unpleasant to hear. Remind yourself that everyone is focused on the same thing, working toward the best outcome for your Soldier. When things get tough, your Soldier needs the unified support the most. Be a positive team member.
- **Know when the daily rounds are made and be there to take notes** each time the care team assesses the status of your Soldier. Write down the terms used (spelling counts) and what those terms mean. Write down the treatment plan and update it when necessary. Become familiar with the daily routine of care for your Soldier. Be aware of shift changes and times when the staff is less available. The medical team takes care of many patients but you are there to take care of one, your Soldier.
- **Ask questions and identify who your primary point of contact is.** Write down questions as they occur to you between rounds so that you remember them for the next time. The



focus of the health care team is on the Soldier during these visits. Being organized and prepared by having your questions written and taking notes will maximize the exchange of information. Remember the care team has other patients to see and time is limited so prepare beforehand.

- **Keep a written copy of the treatment plan and daily routine with you at the hospital.** Know when your Soldier is scheduled to undergo medical procedures such as diagnostic testing, procedures, or therapies. Be aware of any requirements that must be met before a test such as no eating or drinking for a certain number of hours before the test and make sure your Soldier sticks to it. If the schedule changes or a test does not occur, check in with the care team to find out why.
- **Know what medications** are given, when, and possible side effects. If a medication is missed, ask about it. Note possible side effects and when they occur to speak with doctor.
- **Your observations of your Soldier's overall level of comfort and behaviors are important to enhancing the care received.** You may notice your Soldier having side effects from medication, showing discomfort before pain medication is due, becoming restless while sleeping, not eating or having difficulty while eating, or other issues that concern you. Write down your observations that you would like to bring to the notice of the medical care team and be specific about when the issue arose, how long it lasted, and the intensity of the event. This applies to the emotional state of your Soldier as well. The healing process involves both the physical and emotional, so speak up about behavioral changes you notice. You will spend more time with your Soldier than the health care team can and your insight is valuable.
- **You can help protect your Soldier from infection by being a vigilant hand washer** as a first line of defense. Wash your hands throughout the day as you enter the room. Make sure visitors do the same, to include **anyone** who touches your Soldier. Bring disinfecting wipes and wipe down the surfaces your Soldier may come in contact with such as bed rails, TV remote, etc. The hospital does all it can to prevent infection and you should as well. If you are not feeling well let the staff know. They will give you a mask so that you do not spread your germs to your Soldier or others at the hospital. If you have an open wound or rash, keep it covered. Not only are you protecting your Soldier and the other patients, you are protecting yourself as well.
- **Be patient with your Soldier and with yourself.** This is a stressful time for the Family. The bottom line is to get the Soldier to the best possible outcome. It will take time to adjust to the situation and expect some peaks and valleys to occur. Reunions are stressful under the best of circumstances. Crisis can play havoc with Family relationships. Stay positive to benefit you both.
- **Utilize all support services so that you can then support your Soldier to the best of your abilities.** You cannot help your Soldier if you don't take care of yourself. There are many resources available to you.

## **HIPAA and Consent**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the Secretary of Health and Human Services to publicize standards on the electronic exchange, privacy and security of health information. These standards outline privacy regulations governing individually identifiable health information and your rights to privacy.

- To allow another person (such as a spouse or parent) to obtain your medical information (i.e., copies of your medical record, lab results, or x-rays), you must authorize this in writing using a DD-Form 2870
- If you have questions about your Privacy Rights or wish to make a complaint, please contact the following:

Privacy Officer, BACH Room 1AA13, 270-956-0204

- For more information on your privacy rights, visit the Tricare and the US Department of Health and Human Services websites: <http://www.tricare.mil/tma/hipaa/> and <http://www.hhs.gov/ocr/privacy/>

## AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

### PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

### SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

### SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO: <i>(Name of Facility/TRICARE Health Plan)</i>	
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS (Street, City, State and ZIP Code)
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL	
8. INFORMATION TO BE RELEASED	
9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED

### SECTION III - RELEASE AUTHORIZATION

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT <i>(if applicable)</i>	13. DATE (YYYYMMDD)
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### SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

## Power of Attorney Fact Sheet

**1. GENERAL.** Soldiers and family members assigned to the 101st Airborne Division (Air Assault), where deployment-readiness is a way of life, soon become familiar with the term "power of attorney." A power of attorney (POA) can be a very helpful and necessary legal document for the spouse of a deployed soldier. Unfortunately, if in the wrong hands, it can be a powerfully destructive document.

**2. WHAT IS A POWER OF ATTORNEY?** With a POA, a "grantor" authorizes a designated person (an "attorney-in-fact") to act on the grantor's behalf. The POA is used when the grantor is not available to tend to personal business or other affairs. The uses of a POA are varied in scope, and potentially limitless.

### **3. TYPES OF POWERS OF ATTORNEY. THERE ARE GENERALLY TWO KINDS OF POAs:**

**a. General POA.** This document authorizes the recipient to act on behalf of the grantor in respect to virtually any matter. A General POA should only be granted when long periods of absence are anticipated and actions necessary to protect the grantor's property and welfare are expected. A General POA should only be granted to a person who is totally loyal to the grantor and who is mature and able to make sound decisions pertaining to important financial matters.

**b. Special POA.** This document authorizes the recipient to perform only certain specified acts, such as selling a car, cashing a check, signing for household goods, signing a lease, etc. Since it is limited in scope, a Special POA is preferable to a General if it will suffice.

### **4. SPECIAL CONSIDERATIONS.**

**a. Is a POA necessary?** Some unit leaders, in an attempt to look out for a soldier's interest, may require the soldier to execute a General POA. But, the decision to grant a POA rests entirely with the individual soldier. It is that person's financial future at risk when someone receives this powerful document!

**b. Third parties (banks, businesses, etc.) are not required to accept a POA.** The grantor should therefore consult with such agencies in advance if particular transactions will require acceptance of the POA during the grantor's absence.

**5. FAMILY CARE PLAN POAs.** A POA which may be directed by Army Regulations is one for guardianship, when a soldier is a single parent with custody of a child OR a dual military family member. Without a Family Care Plan containing guardianship POAs and "acceptance of guardianship" forms, a soldier is deemed non-deployable and may be subject to elimination from service. The original guardianship POA must be given to the expected care provider; the original acceptance of guardianship by the care provider must be filed with the unit, along with a copy of the guardianship POA.

**6. TERMINATION and REVOCATION.** The authority granted by a POA ends with the death of either the principal or the agent. Otherwise, the POA may be terminated on its own by a time limitation. Or, you may revoke the power by providing notice to the agent. A revocation will be effective when you communicate to the agent and to all third parties who have dealt with the agent in reliance on the POA. Preferably, you should retrieve the document and destroy it. If you are unable to communicate with the agent, or if the agent refuses to give up the POA, the Legal Assistance Office can assist you in executing a formal Revocation of POA.

**7. GETTING A POA.** Soldiers may execute POAs and POA revocations on a walk-in basis at the Legal Assistance Office.

**8. POINT OF CONTACT** is the Fort Campbell Legal Assistance Office, 125 Forrest Road, (270) 798-4432

SUBJECT: General Power of Attorney

1. Making a General Power of Attorney (GPOA) is an important action with serious consequences. **Your GPOA gives someone else the legal authority to act on your behalf to do anything that you could do.** With a GPOA, your agent can, for example, rent or buy a house with your money, borrow money that you have to repay, sell your car, revise documents, or remove funds from your bank account. Your agent can legally bind you. **While a GPOA can be very helpful, it can also be very dangerous.** Regarding your GPOA, consider:

a. Limiting the power you give away. If you trust someone to perform only specific tasks for you, then you do not need a GPOA. Get a *Special Power of Attorney (SPOA)* – one that will authorize your agent to perform only those specific tasks. We can help you prepare one.

(1) Please note that a SPOA is required by the Defense Finance & Accounting Service (DFAS) in order for someone else to take certain actions in regard to your finances. For example, an individual will not be able to execute a DD Form 2558 in order to start, stop or change an allotment without a SPOA specifically authorizing them to take this action. In addition, a SPOA is required in order for someone else to obtain your W-2 Form. A GPOA will only allow someone else to pick up a copy of your LES.

\_\_\_\_\_ (INITIAL)

(2) Please also note that, if you are going to be deployed and you are on the waiting list for housing, your spouse will need a SPOA to execute the necessary lease agreement with Fort Campbell Family Housing, LLC, in your absence. This lease agreement provides that the rent will be paid by means of allotment equivalent to the BAH (with dependents) rate to which you are entitled. You must ask for a specially tailored SPOA entitled *Special Power of Attorney (Housing)*.

\_\_\_\_\_ (INITIAL)

b. Limiting the duration of your GPOA to no longer than one year or a shorter period. Do not set the expiration date longer than you need your agent's services, and do not give the POA before it will be needed. You should not execute a Durable Power of Attorney (DPA), which does not have an expiration date, unless you have a good solid reason for doing so. In the event that the person you have appointed as your agent misuses the DPA, not only will you be faced with the problem of effectively revoking the DPA (See paragraph 4. below.), but the DPA will not expire at any date certain. \_\_\_\_\_ (INITIAL)

2. **Make sure your agent is someone you absolutely trust.** If you lose trust in your agent, talk with a legal assistance attorney about *revoking* your GPOA. See paragraph 5. below.

3. Businesses and many government agencies are *not* required to accept a GPOA or any POA to conduct their transactions. If they accept the POA, they are doing so as a courtesy. **It is wise to pre-coordinate with the business or agency to ensure they will accept your POA. You may also find out the business's or agency's specific requirements: They may only accept POA's that they have drafted. Also some businesses and agencies require notice from the POA grantor before accepting the POA.**

4. A successful revocation of a POA is an uncertain, complicated event. Executing a revocation will have no legal effect if the business or agency has no notice of the executed revocation. You will have to revoke the POA on paper and deliver a copy to every business or agency your agent might go.

5. Do not hesitate to ask a legal assistance attorney if you have questions.

I, \_\_\_\_\_, have read and understand the information provided above and on the reverse side pertaining to General Powers-of-Attorney. I have also initialed the appropriate blanks on both sides of this document.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

## SPECIAL POWER OF ATTORNEY – HEALTH CARE (DURABLE)

This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney under the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

### KNOW ALL PERSONS BY THESE PRESENTS:

That I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, of the State \_\_\_\_\_, a person eligible for Legal Assistance under the provisions of 10 United States Code, Section 1044a or regulations of the Department of Defense, do hereby appoint \_\_\_\_\_, presently of \_\_\_\_\_, as my true and lawful attorney-in-fact to do the following in my name and in my behalf:

To act for me and in my name to make and communicate any and all decisions about or relating to my receipt or refusal to accept medical treatment, diagnostic procedures, surgery, hospitalization, care and treatment in a nursing home or other facility, health care, nursing care or personal care, in any situation in which, as the result of illness, disease, mental deterioration or injury, I am incapable of making or communicating a decision with respect to my treatment or care. This authorization includes the right to refuse and direct the withdrawal of medical treatment which would prolong my life, and to communicate health care decisions to all persons including without limitation my physicians, health care providers and family.

I further delegate to my agent and attorney-in-fact the power and authority to select, employ and discharge health care personnel, such as physicians, nurses, therapists, hospice care and home health care providers, and other medical professionals; to admit or discharge me (including transfer from another facility) from any hospital, hospice, nursing home, adult home or other medical care facility; to apply for public benefits to defray the cost of health care; and to contract in my name and on my behalf for all health care services, including without limitation medical, nursing and hospital care, as my agent and attorney-in-fact may deem appropriate. I confirm that I shall be and remain personally liable for the payment of all such care and services to the same extent as if I had personally contracted therefore.

Giving and granting individually unto my said attorney full power and authority to do and perform any and all acts, deeds, matters, and things whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I intend this to be a DURABLE Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent, however, it does not confer any authority to my attorney-in-fact if I have executed a living will and have been diagnosed with a medical condition which is addressed by the terms of my living will. I directed my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

**This document shall remain in effect unless revoked or terminated by me.**

\_\_\_\_\_  
(Signature of Grantor) (SEAL)

\_\_\_\_\_  
(Printed Name of Grantor)

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared \_\_\_\_\_, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

### WITH THE ARMED FORCES OF THE UNITED STATES AT FORT CAMPBELL, KENTUCKY

Subscribed, sworn to and acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ the grantor, who is known to me to be eligible for Legal Assistance under the provisions of 10 United States Code, Section 1044a or regulations of the Department of Defense. This acknowledgment is executed in my capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states that no seal is required on this acknowledgment.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

RANK/COMPONENT \_\_\_\_\_

**MY COMMISSION EXPIRES  
INDEF AUTH 10 USC 1044A**

OFFICIAL CAPACITY \_\_\_\_\_

## **Caring Bridge**

A free service for military Families that helps them keep Family and friends up to date. Costs associated with this service are sponsored by Fisher House™ Foundation.

**Caring Bridge information is taken from the Fisher House Foundation website at**  
[www.fisherhouse.org](http://www.fisherhouse.org)  
[www.caringbridge.org](http://www.caringbridge.org)

It can be difficult to keep friends and Family updated on your loved one's condition in the hospital. Caring Bridge is a service that helps you with this responsibility. It gives you the ability to create a web site in which you can quickly alert Family and friends of the latest information regarding your loved one's well-being.

This page will provide you with basic instructions to build a Web Page on the Internet. Included are simple step-by-step instruction for building and maintaining your free Caring Bridge Web Page.

You are under no obligation once you build a web page. You can delete it immediately if you wish. This is an optional free service for you sponsored by Fisher House™ Foundation.

Bridge the gap between you and friends and Family. It's simple to set up, and it's easy to update.

Caring Bridge provides you:

- A customized Web Page
- An online journal to inform others of changing conditions
- An online guestbook for others to sign
- An online photo album

## WTB Points of Contact

The Warrior Transition Battalion Staff Duty Non-Commissioned Officer (SDNCO) desk may be reached 24 hours a day, 7 days a week. Phone: **270-412-6540**

Post Information: (270) 798-2151

Hospital Information: (270) 798-8400

Battalion Commander

\_\_\_\_\_

(Office)\_\_\_\_\_

Battalion CSM

\_\_\_\_\_

(Office)\_\_\_\_\_

Company Commander

\_\_\_\_\_

(Office)\_\_\_\_\_

First Sergeant

\_\_\_\_\_

(Office)\_\_\_\_\_

(Cell)\_\_\_\_\_

Platoon Sergeant

\_\_\_\_\_

(Office)\_\_\_\_\_

(Cell)\_\_\_\_\_

Squad Leader

\_\_\_\_\_

(Office)\_\_\_\_\_

(Cell)\_\_\_\_\_

Chaplain

\_\_\_\_\_

(Office)\_\_\_\_\_

(Cell)\_\_\_\_\_

Family Readiness Support Assistant

\_\_\_\_\_

(Office)\_\_\_\_\_

(Cell)\_\_\_\_\_

Case Manager

\_\_\_\_\_

(Office)\_\_\_\_\_

Primary Care Physician

\_\_\_\_\_

(Office)\_\_\_\_\_

AW2 Advocate

\_\_\_\_\_

(Office)\_\_\_\_\_

(Cell)\_\_\_\_\_

Ombudsman Office: 270-412-3717  
270-798-8827  
270-798-7411



## **Family Readiness Support Assistant**

The Family Readiness Support Assistant (FRSA) is a friendly and resourceful link between Warriors, Families, the Family Information Resource Support Team, and community agencies. The WTB FRSA provides information and referrals to families who need assistance to the appropriate Fort Campbell, community, or national resource. The FRSA assists with FIRST meetings, newsletters, and maintains the WTB Fort Campbell Facebook page that includes valuable resources for Warriors and Families.

## **Family Information Resource Support Team**

The Family Information Resource Support Team (FIRST) is the WTB's solution to traditional Family Readiness Groups (FRGs). The WTB does not deploy so a traditional FRG to prepare Families for deployments and to sustain those Families during deployments is unnecessary. The FIRST group is to support Families during a Warrior's transition. FIRST's mission is provide information, resources, and support for the duration of the Warrior within the Warrior Transition Battalion.

Please give your Company FIRST a chance. Give them the opportunity to help you help your Family members become educated on the many resources and information available! They have wonderful volunteers who ensure you and your Family receives useful and pertinent information, and points you in the right direction if you require any assistance.

Whether you are a spouse, sibling, parent, grand-parent, or fiancée, you are the support system for your Warrior. If a Family member is not in the area, they can still receive that same support. FIRST welcomes and encourages your involvement in the Transition.

Each Company holds monthly meetings that are geared towards educating Families on benefits and resources that will help them during this Transition.

## **CHAPTER 6: LODGING AND ACCOMODATIONS**

1. Fisher House & Hero Miles
2. On-Post Lodging
3. Off-Post Lodging
4. Restaurants on Fort Campbell
5. Blanchfield Army Community Hospital Dining
6. Restaurants in the Community
7. Convenience Stores & Fuel Locations
8. Internet Access
9. Local Community Information
10. Pharmacy Locations
11. BACH Maps
12. Local Maps

## Fisher House and Hero Miles

Fisher House Foundation is best known for the network of 32 comfort homes on the grounds of military and VA major medical centers. The houses are 5,000 to 8,000 square foot homes, with up to 11 suites, donated to the military and VA by the Fisher Family of New York through the Fisher House Foundation. The Foundation provides support to Families of patients receiving care at the nearby medical center and has ensured that Families of service men and women wounded or injured in Operation Iraqi Freedom and Operation Enduring Freedom do not pay for their stay at a Fisher House or other base facility if they are on a wait list.

The Fort Campbell Fisher House is located at 652 Joel Dr, next to Blanchfield Army Community Hospital (BACH) Phone 270-798-8330. Fisher House offers Soldiers and Families a comfortable, nurturing and secure environment, a “home”, to reside in while getting treatment at Blanchfield Army Community Hospital. Fisher House is equipped with eight bedrooms; each room has its own bathroom. The Families share a living room with fireplace, Family room, kitchen and dining room. In addition, there are basic food items, appliances and furnishing. There is no cost to reside in the Fisher House.

Manager: Wendy Carlston

Fort Campbell Fisher House Website: <http://www.fortcampbellfisherhouse.org>

Official Fisher House Homepage: <http://www.fisherhouse.org>

### Hero Miles Program

This program has provided more than 4,600 tickets to Iraqi Freedom and Enduring Freedom hospitalized service Members and their Families, worth more than \$6 million.

Fisher House™ is proud to partner with Hero Miles in support of our wounded and injured service men and women and their Families. Hero Miles has partnerships with the following airlines that have service to Nashville International Airport (BNA):

[American Airlines](#)

[Continental Airlines](#)

[Delta Air Lines](#)

[Midwest Airlines](#)

[Northwest Airlines](#)

[US Airways](#)

*Please note program agreements with individual airlines only permit airline tickets for military (or DoD civilian employees) hospitalized as a result of their service in Iraq, Afghanistan, or surrounding areas, and their Families. These tickets cannot be used for R&R travel, ordinary leave, emergency leave, or other travel not related to a medical condition.*

## **On-Post Lodging**

For Military Lodging One week's notice and a valid Military ID card are required to make reservations at Army Lodging. In addition, all guests must present a valid debit or credit card. Direct billing is not available for Family Members traveling on Invitational Travel Orders (ITOs) at Army Lodging; however, reimbursement for lodging is authorized with appropriate documentation.

Our lodging consists of over 200 rooms in two main facilities: Turner Army Lodging and Roy L. Richardson Army Lodging. There are 135 rooms at George B. Turner Army Lodging, which opened in 1997. Roy L. Richardson Army Lodging provides 78 regular rooms. The Fort Campbell Lodging Office is open 24 hours daily. If Army Lodging cannot accommodate a Warrior or Family member, Army Lodging staff will refer the Warrior or Family member to a local hotel. Family Members on ITOs will be able to submit off-post hotel receipts, up to the allowable government nightly rate, for reimbursement at the end of their travel.

### **Turner Guest House Lodging**

Located on Fort Campbell at 77 Texas. The contact phone number is (270) 439- 2229.

### **Roy Richardson Army Lodging**

Located by Gate 1 is located at 1581 William C. Lee Rd. The phone number is (270) 798-5618

**Beginning August 2011 Holiday Inn Express will manage Fort Campbell lodging.**

## Off-Post Lodging

<b>NAME</b>	<b>PHONE</b>	<b>MILITARY DISCOUNTS</b>	<b>PETS</b>
<b>Clarksville, TN</b>			
Country Inn	931- 645-1400	Yes	No
Comfort Inn	931- 647-6144	Yes	No
Quality Inn South	931- 358-2020	Yes	Yes
Days Inn	931- 358-3194	Yes	Yes
Super 8	931- 645-6300	Yes	No
Home-Towne Suites	931- 551-7711	Yes	Yes
<b>Hopkinsville, KY</b>			
Colonial Motel	270- 886-5137	Yes	No
Rodeway Inn	270- 885-1126	Yes	Yes
Holiday Inn	270- 886-4413	Yes	Yes
Travel Inn	270- 886-8191	Yes	No
<b>Oak Grove, KY</b>			
Holiday Inn	270- 439-0022	Yes	Yes
Quality Inn	270- 439-3311	Yes	Yes
Days Inn	270- 640-3888	Yes	Yes

## **Restaurants on Fort Campbell**

### **Main Exchange Food Court:**

Location: 2840 Bastogne & Pennsylvania, inside the Main PX

- Anthony's Pizza
- Baskin Robins
- Burger King Express
- Robin Hood 1
- Popeye's
- Manchu Wok
- Charley's
- Frank's Frank
- Einstein Bagel

### **99 Michigan Ave. (strip mall behind Commissary)**

- Pizza Hut Hours 1030-2300
- Subway Hours M-F 800-2000

### **Burger King**

- Location: Inside Tennessee Shoppette  
Hours of Operation: 0500-1700 Mon-Fri 0900-1700 Sat Sun closed
- Location: Screaming Eagle Blvd & Tennessee  
Hours of Operation: 0600-2000 Mon-Fri 0700-2000 Sun-Sat
- Location: Airfield Morgan Rd  
Hours of Operations: 0600-1800 Mon-Fri 0800-1800 Sat-Sun

### **KFC/Taco Bell**

Location: Reed & Bastogne Ave

- Taco Bell 0900-2300
- KFC 1000-2200

### **Troop Mall – Screaming Eagle & Desert Strom Blvd.**

Hours: Mon - Fri 1000-1900; Sat 1000-16000

- Anthony's Pizza
- Robin Hood

### **Southern Buffet (inside Cole Park Commons)**

Phone: (270) 798-4610 x112

Location: William C. Lee Road

Hours: 1100-1330 Mon - Fri

**Sportsman Lodge**

Phone: (931) 431-4140

Location: 6633 Sportsman's Lane, Outside Gate 10

Hours: Tue-Fri 1100-1300, Wed - Thu 1700-2000, Fri-Sat 1700-2100, Sun 1200-1600

**Froggy's Bar and Grill**

Location: 3910 Indiana Ave

**Dawg Haus**

Phone: (270) 798-0766

Location: Campbell Airfield – 7121 6<sup>th</sup> St.

The Dawg Haus offers a variety of foods including five different foot-long hot dogs. The Dawg Haus also has nachos, which can be served with chili and/or cheese sauce, or try the super nachos with chili, cheese sauce, tomatoes onion, sour cream, and jalapenos. New to the Dawg Haus menu is the caesar salad, available with or without crispy chicken strips. They also serve chicken tenders, and burgers.

**Starbucks**

Phone: (270) 640-1575

Location: 3065 Forrest Rd (Hammond Height Community Center)

Hours: Mon-Fri 0600-1900, 0700-1900 Sat-Sun

**Hooper Bowling Center Snack Bar**

Phone: (270) 798-5887

Location: 5380 Tennessee Ave

Hours: Sun 1200-2000, Mon-Tue 0700-2000, Wed-Thu 0700-2100

The snack bar is "old reliable" for many people on post. For a quick delicious breakfast, lunch, or dinner - Hooper is a great choice!

## **Blanchfield Army Community Hospital Dining**

### **Flo's Place**

Named after COL Florence Blanchfield, the BACH dining facility is a ala carte' that features a wide variety of menu options. Flo's is usually open to all patients, staff, guests, retirees, and their family members. Hospitalized patients may order room service meals from the restaurant-style menu which is kept in the patient's room. Guests of inpatients may purchase a meal from the dining facility and take-out is also acceptable.

#### **“B” Building, 1<sup>st</sup> Floor**

<b>Breakfast:</b>	Mon-Fri	0600-0930 ~ Self-serve 0830-0930
	Weekends/Holidays	0600-0800
<b>Lunch:</b>	Mon-Fri	1100-1500 ~ Self-serve 1300-1500
	Weekends/Holidays	1100-1300
<b>Dinner:</b>	Mon-Fri	1600-1730
	Weekends/Holidays	1600-1730

### **Snack Attack**

A deli kiosk, known as The Snack Attack, is available for outpatients, guests and visitors located in “C” lobby on a cash only basis. The kiosk offers salads, sandwiches, coffee, etc. and is a permanent fixture at BACH. Hours of the kiosk are Mon-Fri 0700-1400.



## Restaurants in the Community

**The Lodge Sports Pub** 3025 Mr. C Dr Clarksville, TN 37040  
Phone: 931-920-0420

**Old Chicago-Clarksville** 2815 Wilma Rudolph Blvd Clarksville, TN 37040  
Phone: 931-245-3300

**Foxx's Sub Shoppe** 16214 Ft Campbell Blvd Oak Grove, KY 42262  
Phone: 270-439-3374

**Luigi's Pizza**  
14985 Ft Campbell Blvd Oak Grove, KY 42266 Phone: 270-439-1000  
1886 Ft Campbell Blvd Clarksville, TN 37042 Phone: 931-552-3838

**Brunie's Bar & Grill** 101 Legion St Clarksville, TN 37040  
Phone: 931-645-8414

**Moss's Café** 1208 College St Clarksville, TN 37040  
Phone: 931-645-9415

**Whitt's Barbecue** 2030 Wilma Rudolph Blvd Clarksville, TN 37040  
Phone: 931-503-0515

**New Korea Restaurant** 2030 Ft Campbell Blvd Clarksville, TN 37042  
Phone: 931-645-6479

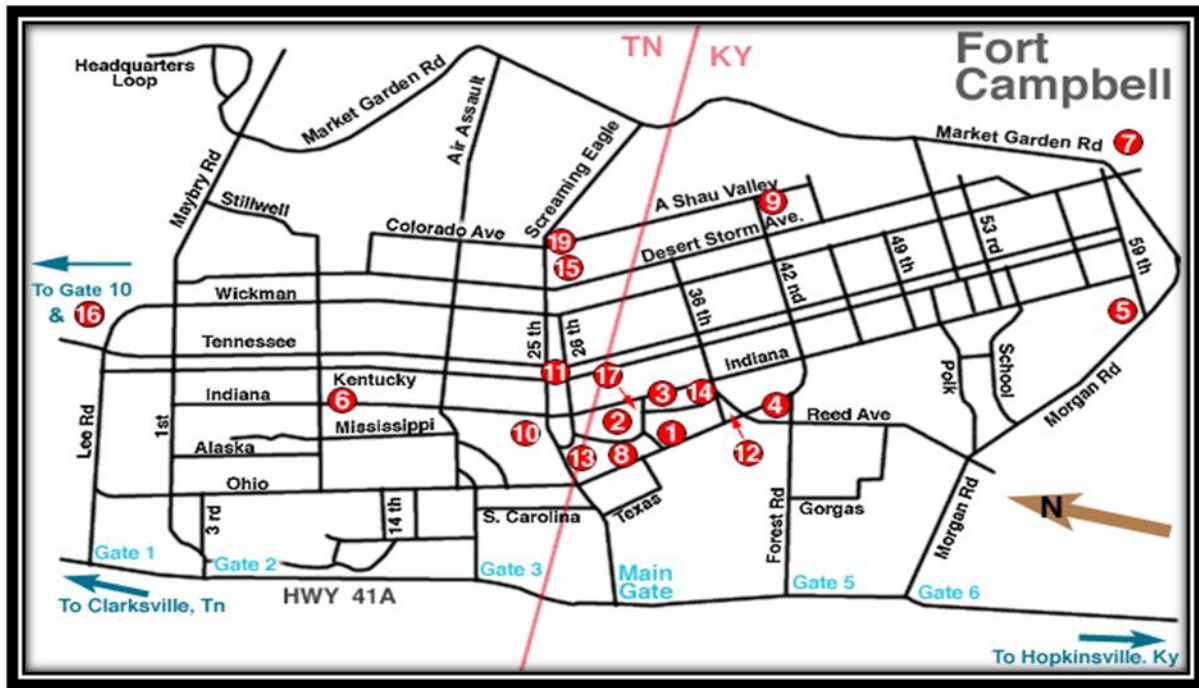
**Always Teriyaki** 251 Tiny Town Rd Clarksville, TN 37042  
Phone: 931-431-4447

**Applebee's Neighborhood Grill & Bar**  
4089 Fort Campbell Blvd Hopkinsville, KY Phone: 270-885-0079  
3066 Wilma Rudolph Blvd, Clarksville, TN Phone: 931-551-8020

**Arby's: (see below for multiple locations)**

- 2235 Madison St Clarksville, TN
- 1115 W 7th St Hopkinsville, KY
- 2927 Fort Campbell Blvd Hopkinsville, KY
- 3067 Wilma Rudolph Blvd Clarksville, TN
- 955 N Riverside Dr Clarksville, TN

## Convenience Stores & Fuel Locations



- |                       |                                      |                                    |
|-----------------------|--------------------------------------|------------------------------------|
| 1. PX Shopping Mall   | 2. Michigan Avenue Shopping Center   | 3. MCSS/ Alterations               |
| 4. Kentucky Shoppette | 5. Lee Village Shoppette/ Laundromat | 6. Tennessee Shoppette/ Laundromat |
| 7. Airfield Mini-Mall | 9. Lock & Leave                      | 11. Burger King                    |
| 12. KFC & Taco Bell   | 13. Theater/ Wilson                  | 14. Car Wash                       |
| 15. Troop Mini- Mall  | 16. LeSabre Troop PX                 | 17. Exchange Admin. Office         |
| 18. Starbucks         | 19. Sprint_(DSL Only)                |                                    |

For a full list of Fort Campbell AAFES facilities please visit:  
<http://www.shopmyexchange.com/ExchangeLocations/FtCampbellStore.htm>

## **Internet Access**

### Soldier & Family Assistance Center

2433 Indiana Ave

Ft. Campbell, KY 42223

Ph: (270)412-6000

Hours: Mon – Fri 0730 – 1630

### ACS Family Resource Center

1501 William C. Lee Rd

Ft. Campbell, KY 42223

Ph: (270) 956-2935

Hours: Mon – Fri 0730 – 1630

### Fort Campbell Library

R.F Sink, 38 Screaming Eagle Blvd

Ft. Campbell, KY 42223

(270)798-7466

Hours: Fri-Sat-Mon 0900–1700, Tue-Wed-Thu 1000-2000, Closed Holidays

### Education Center

Room 231

202 Bastogne

Ft. Campbell, KY 42223

Ph: (270)798-2918

Hours: Mon-Thu 0900-1900, Fri 0900-1430, Closed Sat, Sun & Holidays

## Local Community Information

### *Oak Grove Kentucky*

The second largest city in Christian County, is Fort Campbell's nearest neighbor with Gates 4, 5 and 6 adjoining U.S highway 41-A. The area around Oak Grove was primarily made up of large farms until Fort Campbell was established in 1942. Many of these farms are still owned by the descendants of the original settlers. Oak Grove was founded in 1828 and incorporated in 1974. Oak Grove is bordered on the south by Clarksville, Tennessee and by I-24 four miles north. Oak Grove, population 3500 is a very young, progressive minded community, 90 percent are military. Oak Grove has several churches and is near the finest educational facilities. The Christian County School System serves the community's elementary and secondary educational needs.

### *Hopkinsville Kentucky*

Located just 15 minutes from Fort Campbell's main gate (Gate 4) on a four-lane drive through rich Kentucky farmland is Hopkinsville KY. The city of 33,000+ was named in honor of General Samuel Hopkins, a native Virginian and officer in the Continental Army. Hopkinsville is the 6th largest city in the Commonwealth and the county seat of Christian County. It has the friendly atmosphere of a small community but enjoys the benefits of state-of-the-art education, technology, and industry. The Regional Technology Center opened its doors in 1998 and provides training for two rapidly growing industrial parks. The community, besides being largest agricultural county in Kentucky, also has been proclaimed by Industry Week magazine as being an industrial "hot spot" for the southeastern United States. Hopkinsville is only minutes away from the best bass and crappie fishing in the State. Residents and visitors enjoy some of the nation's largest and most beautiful parks and lakes including Land Between the Lakes, Lake Barkley State Resort Park, Pennyville Forest Resort Park, Kenlake State Resort Park. The Jefferson Davis Monument and the Fort Campbell Memorial Park are all located in the Hopkinsville area. Every year the community is host to a number of special events that include the Dogwood Festival, the Blues Festival, Little River Days, the Western Kentucky State Fair, and the Trail of Tears Indian Pow Wow. Active military and retirees making their home in our community enhance the diversity of Hopkinsville. The community is most proud of Hopkinsville salutes Fort Campbell Week; a weeklong celebration dedicated to the Fort Campbell soldiers and their families.

Hopkinsville Convention and Visitor's Bureau  
<http://www.visithopkinsville.com/qcms/home.asp>

### *Clarksville Tennessee*

Clarksville, TN is one of the fastest growing communities in the Southeast, and has become a regional hub for education, health care, retail and jobs, with a total population of more than 135,000.00. (Clarksville Montgomery County is a patriotic community. American flags flying from many poles, and yellow ribbons - some fresh and some faded with age - serve as reminders

of those away defending our freedoms. As Fort Campbell soldiers deploy and return from missions around the world, families, loved one and the community greet them warmly. The community doesn't just wave flags. Many get involved in groups like Operation Eagle's Nest, which has raised thousands of dollars to support families of deployed soldiers.

Currently, the seventh largest city in the state, the local public school has been hailed as one of the leading system in Tennessee, and is recognized in the top percent of the nation's schools in meeting parent's goals. Clarksville is also home to Austin Peay University one of Tennessee's outstanding regional higher education institutions. Clarksville is also home to a variety of vocational and technical schools.

Parks are abundant in the area, including the expanding Riverfront Park, lighted tennis courts, and baseball fields. Heritage Park, one of the state's top soccer sites, hosts several state and regional tournaments. Recently named Golf Digest's 11th Best City for Golf, Clarksville features an abundance of affordable courses.

Clarksville is ranked as the 57th Best Place to Live by Money Magazine. Rankings in other publications include 10th Best City for New College Graduates, Outstanding Community for 1998, and 38th Family Friendly City. The cost of living is lower than the average for all major U.S. cities.

Clarksville Convention & Visitors Bureau  
<http://clarksvillecvb.com/>

## Pharmacy Locations

### **Automated Call-In for Refills: 270-798-DRUG(3784)**

#### Main Outpatient Pharmacy

Phone: 270-798-8075/8074

Location: BACH "B" Building, 1st Floor

Mon, Tue, Wed, Fri, 0730–1800

Thu, 0830-1800.

Closed: Weekends, federal and training holidays

#### Town Center Pharmacy

Phone: 270-798-8887

Location: Next to Military Clothing and Sales on Michigan Avenue Hours of Operation:

Mon-Fri, 0800-1700

Sat 0800-1600 (Pharmacist at lunch 1200-1230, refills may be picked up during this time.)

Training holidays (DONSA) 0800-1600

#### LaPoint Pharmacy

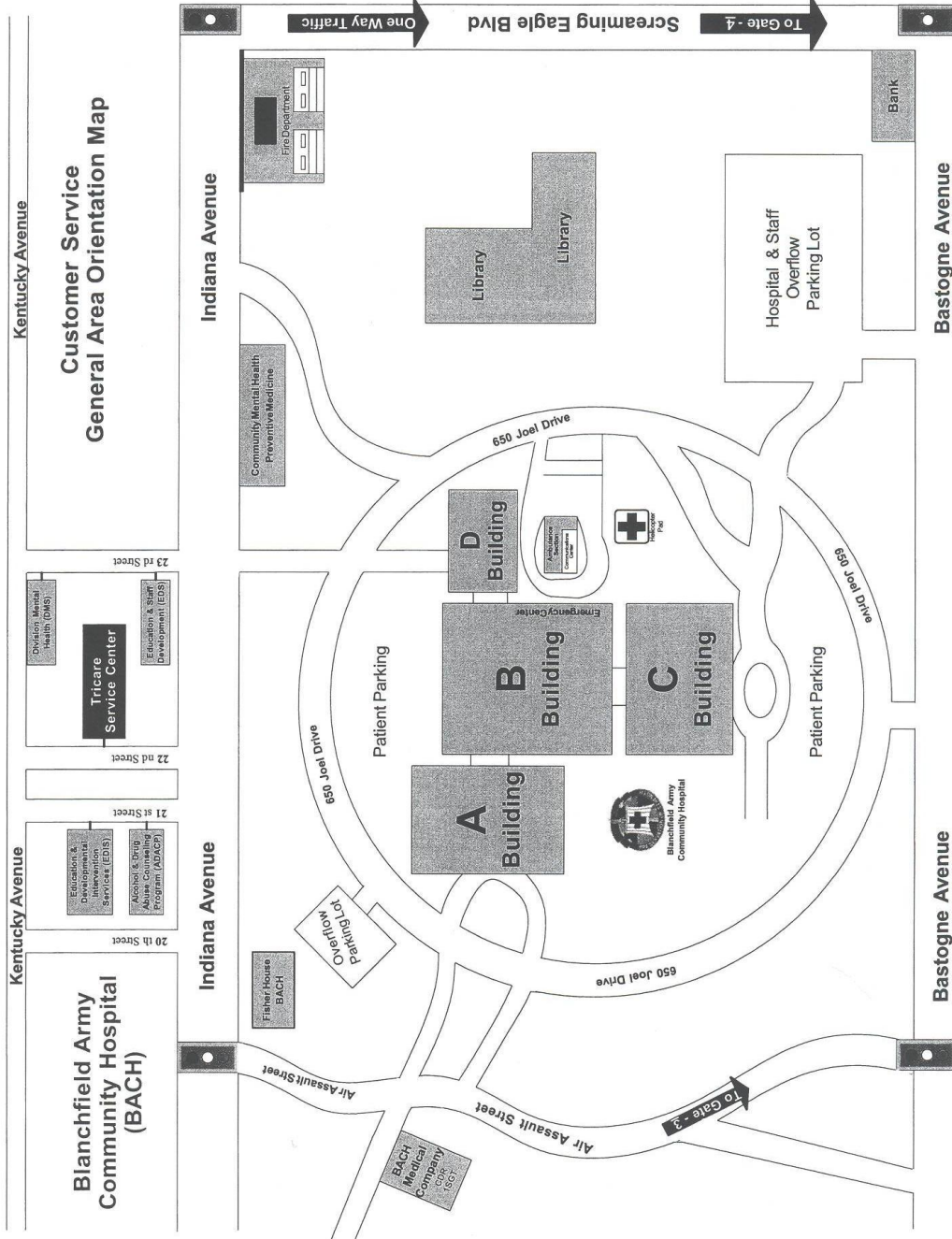
Phone: 270-412-PILL (7455)

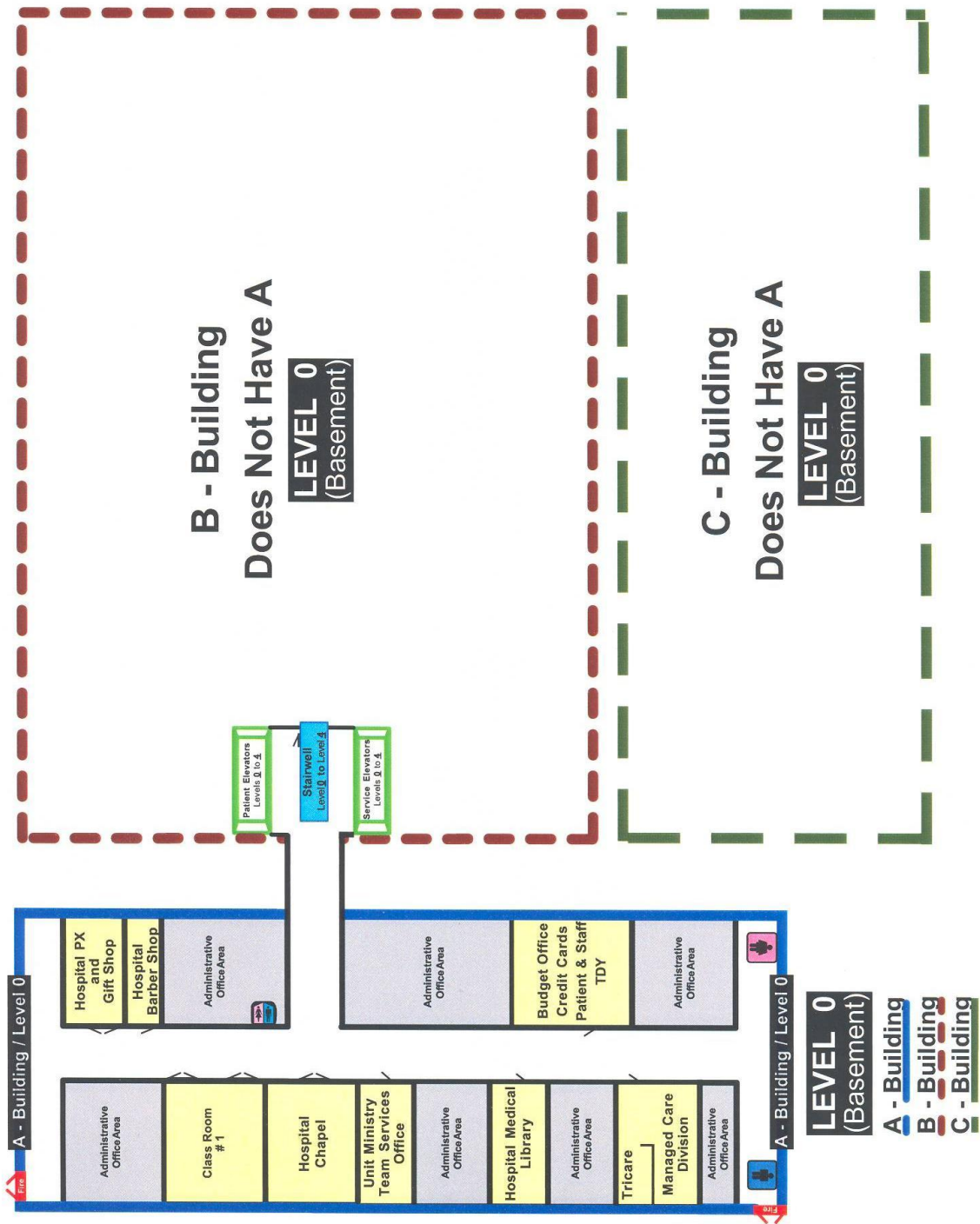
Location: LaPointe Health Clinic

Mon-Fri, 0700-1600

Closed: Weekends, federal and training holidays

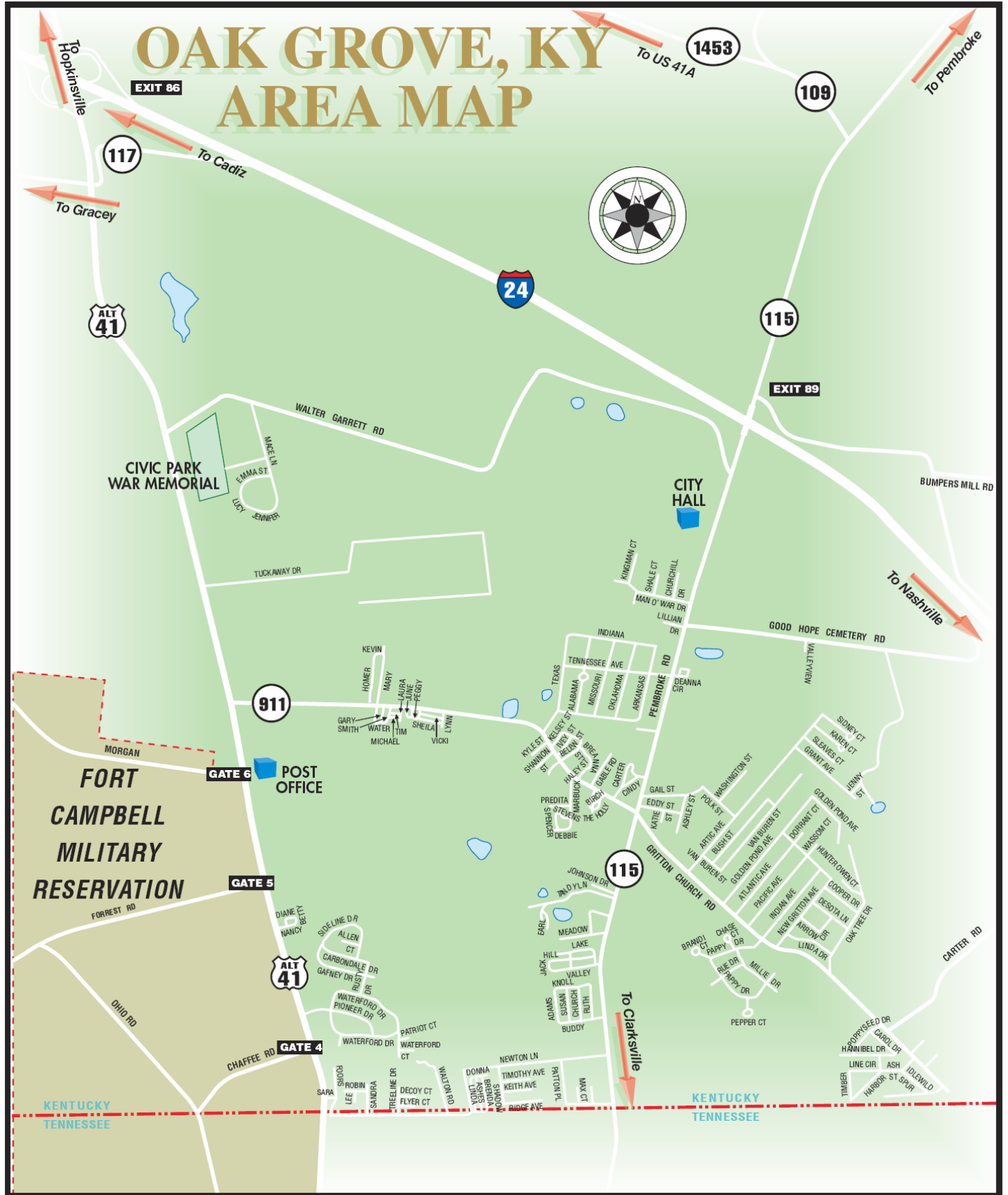
# BACH Maps





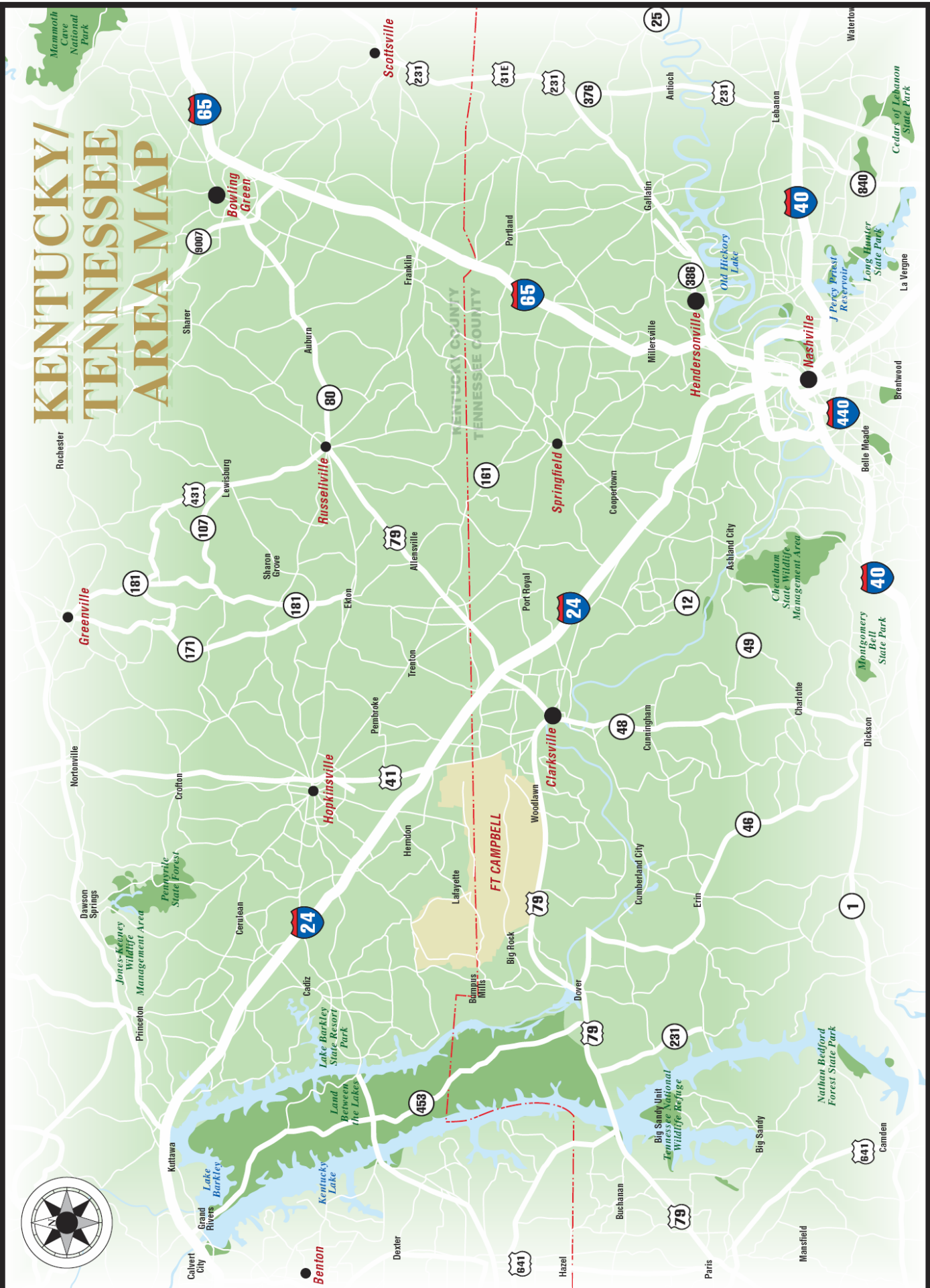


# Area Maps





# KENTUCKY/ TENNESSEE AREA MAP



# FORT CAMPBELL POST MAP

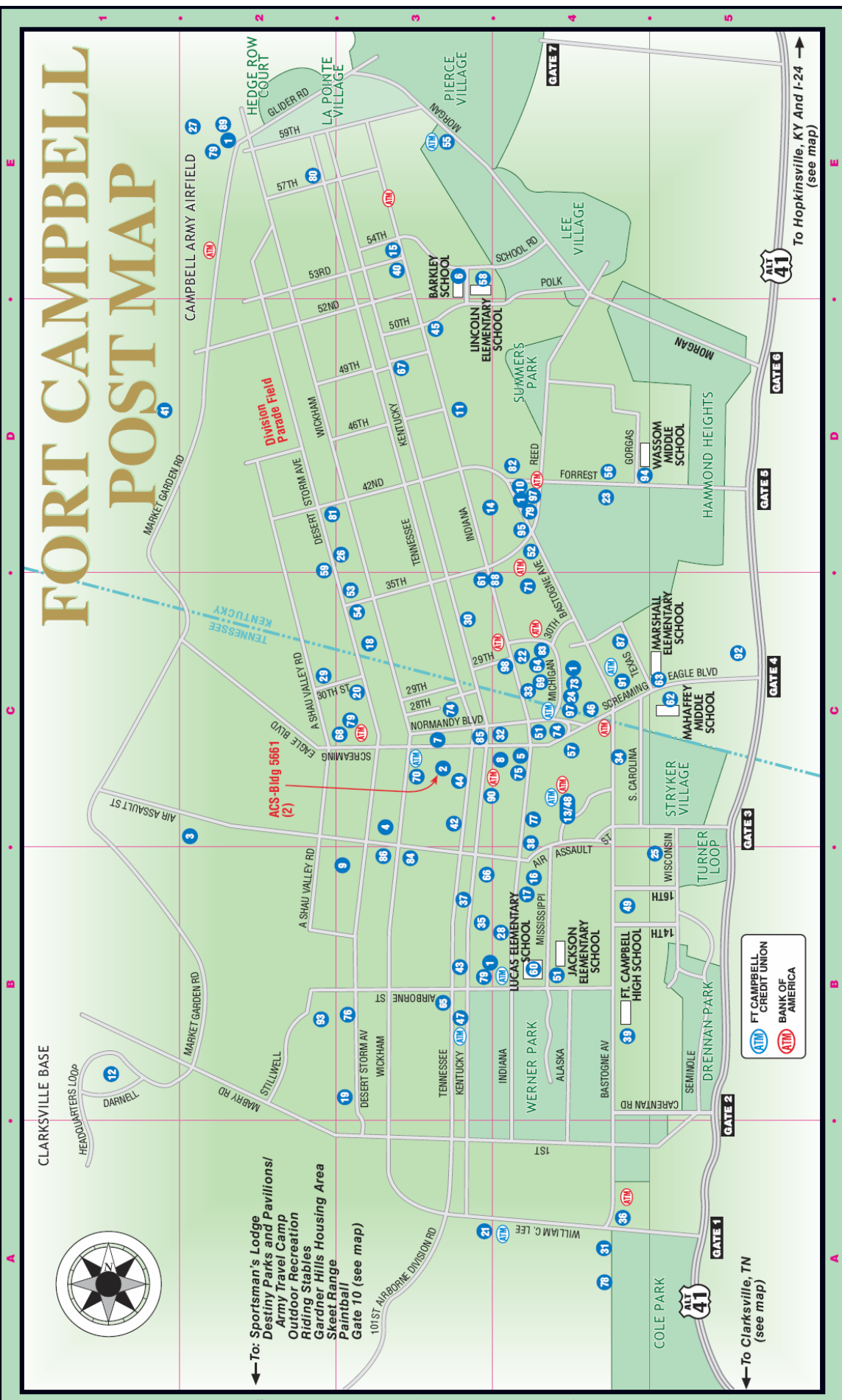
CLARKSVILLE BASE



← To: Sportsman's Lodge  
Destiny Parks and Pavilions/  
Army Travel Camp  
Outdoor Recreation  
Riding Stables  
Gardner Hills Housing Area  
Paintball  
Gate 10 (see map)

← To Clarksville, TN  
(see map)

To Hopkinsville, KY And I-24  
(see map)



Facility	#	Grid	Facility	#	Grid	Facility	#	Grid	Facility	#	Grid
AHES Service Station	1	B3/C4/D4/E2	Installation Chaplain's Office	14	D3	Hospital - Colonel Florence A Blanchfield	30	C3	MWR Car Care Center	85	B3
ACS Leading Obstr/ACS Welcome Center/Army Career and Family Services Center/Army Emergency Relief	2	C3	Memorial Chapel	15	E3	Army Community Hospital	31	A4	Noncommissioned Officers Academy	86	B3
Air Assault School	3	C2	Recreation Education Center	16	B4	James Lee Chapel	32	C4	Soldier Family Assistance Center	87	C4
Auto Craft Shop	4	C3	Soldiers Chapel	17	C3	Insulation Chapel	33	C4	Spousal Support Complex	88	C3
Baldonado Swimming Pool	5	C4	OF	18	C3	Insulation Chapel	34	C4	Taylor Dental Clinic	89	B3
Barker King	6	E3	Civilian Personnel Office	19	C2	Jackson Elementary School	35	D4	Thrift Shop	90	C3
Central In/Out Processing Facility/Chapels and Chaplain Offices	7	C3	Family Resources Center	20	C3	Kentucky Fried Chicken/Taco Bell	52	D4	Turner Guest House	91	C4
Community Center	8	C4	Finance and Accounting Office	37	B3	Kuhn Dental Clinic	53	C3	TRICARE	92	C4
Credit Union	9	B3	Fisher House	38	C4	LaPointe Medical Clinic	54	E3	Turner Guest House	93	C4
DA Photo Lab	10	D4	Fort Campbell High School	39	A3	Lee Village Shopping	55	E3	Vehicle Weapons Registration	94	C4
DA Wayman Recreation Center	11	D4	Fort Campbell High School	40	C3	Legal Assistance Office	56	E3	Wasson Middle School	95	C4
Dawg Hacks Shack Bar	12	B1	Franklin Physical Fitness Center	21	C3	Library	57	D2	Wasson Middle School	96	C4
Directorate of Contracting	13	C4	Franklin Physical Fitness Center	22	C4	Levy Village Shopping	58	E3	Wilson Theater	97	C4
Distributed Learning Centers	13	C4	Garner Indoor Pool	23	D4	Libraries	59	E3	YMCA Enlisted Family Center	98	C4
			Gardner Indoor Pool	24	D4	Luza Physical Fitness Center	60	B4	Youth Ministry Center	99	C4
			DA Photo Lab	25	B5	Luza Physical Fitness Center	61	B4		100	C4
			DA Wayman Recreation Center	26	D3	Magistrate Court	62	C5			
			Dawg Hacks Shack Bar	27	E2	Mahaffey Middle School	63	C5			
			Directorate of Contracting	28	B4	Marshall Elementary School	64	C5			
			Distributed Learning Centers	29	C2	Marshall Elementary School	65	C5			
						Military Clothing Sales	66	C4			
							67	C4			
							68	C4			
							69	C4			
							70	C4			
							71	C4			
							72	C4			
							73	C4			
							74	C4			
							75	C4			
							76	C4			
							77	C4			
							78	C4			
							79	C4			
							80	C4			
							81	C4			

## **CHAPTER 7: INTERNET RESOURCES AND USEFUL NUMBERS**

1. Useful Phone Numbers
2. BACH Frequently Called Numbers
3. Useful Websites

## Useful Phone Numbers

### IN THE EVENT OF AN EMERGENCY CONTACT 911

Fort Campbell Military Police  
270-798-7111/7112

Clarksville, TN Police Department  
931-648-0656

Blanchfield Army Community Hospital  
Operator: 270-798-8400

Montgomery County Sheriff's Office  
(Clarksville)  
Phone: 931-648-0611

Christian County Sheriff's Department  
(Hopkinsville & Oak Grove)  
270-887-4141

Oak Grove, Police Department  
270-439-4602

Hopkinsville Police Department  
270-798-1500

#### A

Abuse, Child and Spouse, Fort Campbell  
270-798-8601

AAFES/PX  
270-439-1841

AIDS Hotline  
800-227-8922

Airport Shuttle  
615-275-0146/593-3230

American Red Cross  
Phone: 270-798-2171  
Emergency After Hours: 1-877-272-7337

Animal Control  
270-798-7112

Army Community Service  
270-798-9322

Army Substance Abuse Program  
270-798-3711 or 412-6883

Austin Peay State University – Fort Campbell  
Phone: 931-221-1400

Auto Craft Shop  
270-956-3408/798-5612

#### B

Bank of America (Fort Campbell)  
931-431-4280

#### C

Campbell Crossing (Fort Campbell Housing)  
931-431-9003

Casualty Assistance Office  
(270) 798-4727/4729/2293

Chambers of Commerce (Clarksville)  
931-647-2331

Chambers of Commerce (Hopkinsville)  
270-885-9096

Child & Youth Services  
270-798-0674

Class Six Store  
270-431-3622

Clarksville Board of Education  
931-648-5600

Commissary (DECA)  
270-798-2606/798-5617

Chaplain Care Line  
Phone: 270-798-2273

Credit Union (Ft Campbell)  
931-431-6800

Crisis Call Line, Clarksville  
Phone: 931-648-1000

Consumer Affairs Office  
270-798-5528

**D**

**E**

Education Center  
Phone: 270-798-3201

Embry-Riddle Aeronautical University- Fort  
Campbell  
Phone: 270-798-2775

**F**

Family Advocacy Program  
270-412-5500

Federal Job Information Center  
270-798-4412

Family Employment Readiness Program (FERP)  
270-798-4289

Family Travel  
270-798-4965/2036

Family Assistance Call Line  
1-866-252-9319 (Toll Free)

Family, Morale, Welfare & Recreation  
270-798-6837

Fort Campbell Sexual Assault Prevention  
Program  
270-798-6383

Financial Planning Office  
Main ACS Phone: 270-798-5518

Fisher House, Fort Campbell  
Phone: 270-798-8330

**G**

**H**

Hopkinsville Community College  
Phone: 270-707-3950

**I**

ID cards  
270 -798-2424/4838

ITR Leisure Travel  
270-798-7436/0509

Information and Referral  
Main ACS Phone: 270-798-9322  
SFAC Phone: 270-412-6000

**J**

**K**

**L**

Library (R. Sink)  
270-798-7466/5729

Lodging, Turner Guest House  
270-439-2229

**M**

Military Clothing & Sales  
270-798-4214/6803

Military One Source  
Phone: 1-800-342-9647  
<http://www.militaryonesource.com>

**N**

New Parent Support Program  
270-412-500

National Caregiver Support Line  
1-855-260-3274

**O**

**P**

Parent Help Line, Christian County, Kentucky  
1-800-432-9251

Post Office, Fort Campbell  
270-439-4114  
Post Exchange  
270-439-1841

Post Information  
270-798-2151

Public Affairs  
270-798-3025

PXTRA  
270-439-5513

**Q**

**R**

Rent a Car (Enterprise)  
270-439-9988

Retirement Services  
270-798-5280/3310

Replacement Detachment  
270-798-2813/2817

**S**

Sanctuary, Inc. (Spouse Abuse & Rape)

Christian County, KY  
Phone: 270-866-8174

Safe House (Spouse Abuse)  
Clarksville, TN  
931-552-6900

Schools, Fort Campbell:  
Fort Campbell Schools (Admin Office)  
270-439-3790

School Bus Transportation  
931-431-6213

Barkley Elementary  
270-439-3795

Jackson Elementary  
931-431-6211

Lincoln Elementary  
270-439-3794/7764/7104/7150

Marshall Elementary  
270-439-3793

Lucas Elementary  
931-431-7711

Mahaffey Middle School  
270-439-3792

Wasson Middle School  
270-439-3791

Fort Campbell High School  
931-431-5056

**T**

Transportation Office (Personal Property)  
270-798-7151/52/53/56

Travel Office (ITR) (Leisure)  
270-798-7436/0509

Travel Official  
931-431-6664



Tri-Care Information  
1-888-363-2273

**V**

Wilson Theater  
270-798-6857

**W**

Thrift Shop (270) 640-4769

Wounded Soldier & Family Hotline

Phone: 1-800-984-8523

Overseas DSN: 312-328-0002

Stateside DSN: 328-0002

email: [wsfsupport@conus.army.mil](mailto:wsfsupport@conus.army.mil)

Tobacco Use Cessation Clinic  
270-956-0123/0100

**U**

**X**

UPS Store  
270-697-0011

**Y**

**Z**

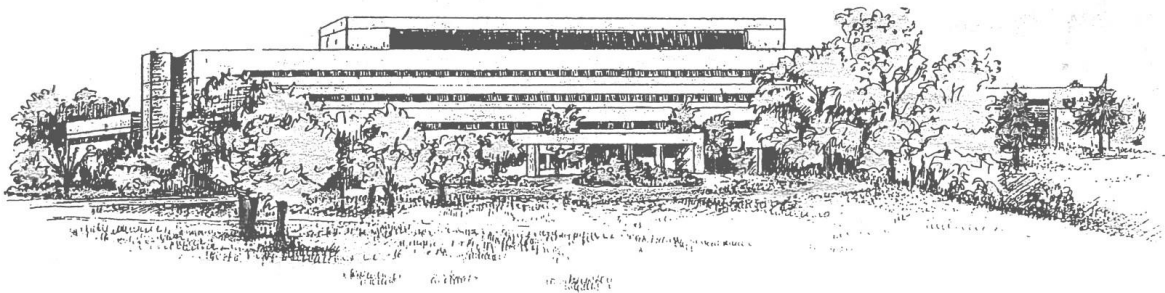
For Additional Telephone Numbers: Please see the Eagle Information Guide and local telephone phone books or call the SFAC Information & Referral at 270-412-6000.

[http://www.campbell.army.mil/tools/Documents/Ft\\_Campbell\\_TD\\_2010.pdf](http://www.campbell.army.mil/tools/Documents/Ft_Campbell_TD_2010.pdf)

<http://www.fortcampbellmwr.com/acs/docs/EagleGuide2010.pdf>

## BACH Frequently Called Phone Numbers

Hospital Information	270-798-8400
<p><b>Behavior Health Services</b></p> <p>Adult Behavioral Health 270-798-4097</p> <p>Army Substance Abuse (Active Duty) 270-798-6883</p> <p>Army Substance Abuse (Dependent) 270-798-5253</p> <p>Child/Teen Psychiatry 270-798-8437</p> <p>Chaplain Services 270-798-8777</p> <p>Emergency Center 270-798-8500</p> <p>Labor/Delivery/Recovery 270-798-8219</p> <p>Mammography 270-956-0033</p> <p>Mother/Baby Unit 270-798-8090</p> <p>Outpatient Records 270-798-8290</p> <p>Patient Advocacy 270-798-8091</p> <p>Preventive Medicine 270-956-0100</p>	<p><b>Pharmacy Information</b></p> <p>Main (BACH) 270-798-8075</p> <p>Town Center 270-798-8887</p> <p>Refill 270-798-3784</p> <p><b>Primary Care Clinics</b></p> <p>Blue Clinic 270-798-8764</p> <p>Gold Clinic 270-798-8227</p> <p>White Clinic 270-412-0089</p> <p>Young Eagle Clinic 270-798-8258</p> <p>Same Day Surgery 270-798-8143</p> <p>Social Work 270-798-8601</p> <p><b>Soldier Health Services</b></p> <p>LaPointe Health Clinic 270-956-0300</p> <p>Aviation Health Clinic 270-412-8688</p> <p>Warrior Care 270-412-3696</p> <p>Well Baby Clinic 270-798-8260</p> <p>Women's Health Clinic 270-798-8151</p>



## Useful Websites

<b>ADVOCACY &amp; SUPPORT</b>		
America's Heroes at Work	<a href="http://www.americasheroesatwork.gov/">http://www.americasheroesatwork.gov/</a>	This organization focuses on employment challenges of returning service members living with Traumatic Brain Injury (TBI) and/or Post-Traumatic Stress Disorder (PTSD).
AMVET 877-726-8387	<a href="http://www.amvets.org">www.amvets.org</a>	Assists veterans and their families by providing information, counseling, and claims services to all honorably discharged veterans and their dependents concerning disability compensation, VA benefits, hospitalization, rehabilitation, pension, education, etc.
AW2 - U.S. Army Wounded Warrior Program	<a href="http://www.aw2.army.mil">www.aw2.army.mil</a>	The official U.S. Army program that assists and advocates for severely wounded, injured, and ill Soldiers and their Families
Army One Source	<a href="http://www.myarmyonesource.com">www.myarmyonesource.com</a>	The <b>one source</b> for information about programs, services and opportunities available for the entire Army Family
Army Well Being	<a href="http://www.armyg1.army.mil">http://www.armyg1.army.mil</a>	Uses an integrated systems approach to sustain and improve the well-being and quality of life of the Army's people to maximize readiness and mission performance
Blue Star Riders	<a href="http://www.bluestarriders.com">www.bluestarriders.com</a>	Support our troops and veterans, as well as honoring all wounded troops and fallen heroes. We visit hospitals and outreach centers, attend funerals for fallen heroes, and spread the word of the Fallen and Wounded Warrior Torch
Blinded Veterans Association 800-669-7079	<a href="http://www.bva.org">www.bva.org</a>	Promotes the welfare of blinded veterans.
Brain Injury Association of America	<a href="http://www.biausa.org">www.biausa.org</a>	Founded in 1980, the mission of the BIAA is "Creating a better future through brain injury prevention, research, education and advocacy." This site includes extensive resources and many links to related websites.

Brainline.org	<a href="http://www.brainline.org">www.brainline.org</a>	Website developed by WETA and the Defense and Veterans Brain Injury Center. The website provides patients, families and providers with information related to preventing, treating, and living with TBI.
Cause - Comfort for America's Uniformed Services	<a href="http://www.cause-usa.org">www.cause-usa.org</a>	Supports Soldiers facing months of medical care and rehabilitation far from home and family. Help wounded warriors begin the normalization process and the re-entry to home and community as they take their long journey back to health.
U. S. Army Comprehensive Soldier Fitness	<a href="http://www.army.mil/csf">www.army.mil/csf</a>	A structured, long term assessment and development program to build the resilience and enhance the performance of every Soldier, Family member and DA civilian.
Dept. of Defense Community Relations	<a href="http://www.ourmilitary.mil">www.ourmilitary.mil</a>	Department of Defense Community Relations connects individuals, organizations and companies to hundreds of home front groups offering support to the military community. The program also connects military service members and their Families to home front groups that provide assistance.
Department of Veterans Affairs	<a href="http://www.va.gov">www.va.gov</a>	Department of Veterans Affairs (VA) Web Sites: The goal of the VA is to provide excellence in patient care and veterans' benefits, striving for high quality, prompt and seamless service to veterans.
DoD/DVA Compensation and Benefits Handbook	<a href="http://www.turbotap.org/portal/transition/resources/PDF/Compensation_and_Benefits_Handbook.pdf">http://www.turbotap.org/portal/transition/resources/PDF/Compensation_and_Benefits_Handbook.pdf</a>	A guide to Compensation and Benefits for the seriously ill and injured.
Disabled American Veterans	<a href="http://www.dav.org">www.dav.org</a>	Provides advocacy and services in communities nationwide
Impact Player Partners	<a href="http://www.impactahero.org">www.impactahero.org</a>	Impact Player Partners provides a simple mechanism for individuals and corporations to help provide emotional and financial support for our severely wounded /disabled Veterans from Overseas Contingency Operations since 9/11.
Homes for our Troops	<a href="http://www.homesforourtroops.org">www.homesforourtroops.org</a>	"Homes For Our Troops" assists severely injured military members and their Families by raising money, building materials and professional labor to build a new home or adapting an existing home for handicapped accessibility.
House Cleaning – Cleaning for Heroes	<a href="http://www.cleaningforheroes.org">www.cleaningforheroes.org</a>	Free house cleaning services to disabled or elderly veterans

Operation Home front	<a href="http://www.operationhomefront.net">www.operationhomefront.net</a>	Operation Homefront provides emergency assistance to Soldiers, Families they leave behind, and wounded warriors when they return home. Programs include providing emergency aid such as food, baby care items, auto donation and repair, financial aid and social outreach.
Military One Source 800-342-9647	<a href="http://www.militaryonesource.com">www.militaryonesource.com</a>	Website and confidential telephonic services 24/7. Provides services and information on topics such as parenting and child care, education, relocation, financial and legal matters, emotional issues, well-being, grief and loss, addiction, and deployment and reunion issues.
Military Severely Injured Center 888-774-1361 (24/7)	<a href="http://www.military.com/support">www.military.com/support</a>	Provides seamless centralized support “for as long as it takes.” Services include: financial resources, education, training, information, home, transportation, and workplace accommodations, personal, couple, and family counseling, personal mobility and functioning.
National Resource Director	<a href="http://www.nationalresourcedirectory.gov">www.nationalresourcedirectory.gov</a>	Provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration
National Veterans Foundation	<a href="http://www.nvf.org">www.nvf.org</a>	Information, referral, crisis, toll free helpline, food, clothing, transportation, and employment.
Salute Inc.	<a href="http://www.saluteinc.org">www.saluteinc.org</a>	Increase awareness and support of issues facing our military personnel, veterans and their families; provide financial support through advocacy and fundraising
Sentinels of Freedom	<a href="http://www.Sentinelsoffreedom.net">www.Sentinelsoffreedom.net</a>	Sentinels Of Freedom provides life-changing opportunities for service members who have suffered severe injuries and need the support of grateful communities to realize their dreams
Silver Stars Families of America	<a href="http://www.silverstarfamilies.org">www.silverstarfamilies.org</a>	Support & assist wounded & ill Soldiers and their Families
Stand Up 4 Vets	<a href="http://www.standup4vets.org">www.standup4vets.org</a>	Advocacy campaign to the DAV. Increase public awareness & support for strengthening federal policies that provide health care assistance to disabled veterans

Operation First Response	<a href="http://www.operationfirstresponse.org">www.operationfirstresponse.org</a>	Supports the nation's wounded heroes and their Families with personal and financial needs. For many Families financial hardship starts quickly, and for others it's the extra costs and lost wages
Operation Quiet Comfort	<a href="http://www.operationquietcomfort.com">www.operationquietcomfort.com</a>	Contributions of time, talent and resources help provide meaningful support to our wounded warriors and the amazing medical professionals who care for them. OQC is positioned at U. S. Combat Support Hospitals, Troop Medical Clinics, and with medic teams on the front lines.
Operation Second Chance	<a href="http://www.operationsecondchance.org">www.operationsecondchance.org</a>	Aid in recovery and rehabilitation efforts of wounded warriors; assist with housing modifications to the disabled veteran, assist the families of wounded warriors transition into civilian society
Paralyzed Veterans of America	<a href="http://www.pva.org">www.pva.org</a>	Paralyzed Veterans of America works to maximize the quality of life for its members and all people with SCI/D as a leading advocate for health care, SCI/D research and education, veterans' benefits and rights, accessibility and the removal of architectural barriers, sports programs, and disability rights
Sew Much Comfort	<a href="http://www.sewmuchcomfort.org">www.sewmuchcomfort.org</a>	Provides custom-made clothing, free of charge, to our injured service members which aides in their recovery
Warrior Care Portal	<a href="http://www.warriorcare.mil">www.warriorcare.mil</a>	WarriorCare.mil serves as a portal to various resources, which range from specific programs to sources of information
TriCare - Wounded, Ill and Injured Toolkit	<a href="http://www.tricare.mil/wij">www.tricare.mil/wij</a>	TRICARE's Toolkit for Wounded, Ill and Injured Service Members OFFER a variety of communication's vehicles for you to view and utilize whenever suitable in educating audiences regarding their TRICARE benefits. Please feel free to share and distribute this information.
Wounded Warrior Project	<a href="http://www.woundedwarriorproject.org">http://www.woundedwarriorproject.org</a>	The WWP seeks to assist those men and women of our armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other locations around the world.

Wounded Warriors Resource Center	<a href="http://www.woundedwarriorresourcecenter.com">www.woundedwarriorresourcecenter.com</a>	The <i>Wounded Warrior Resource Center Website (WWRC)</i> is a Department of Defense website which provides wounded service members, their families, and caregivers with information they need on military facilities, health care services, and benefits. It supports access to the Wounded Warrior Resource Call Center and trained specialists who are available 24 hours a day, 7 days a week by phone at 1-800-342-9647 or by email at <a href="mailto:wwrc@militaryonesource.com">wwrc@militaryonesource.com</a> .
USA Cares	<a href="http://www.usacares.org">www.usacares.org</a>	USA Cares is a worldwide charitable organization serving military servicemembers and their Families of all ranks and branches with direction, advice, and grant assistance for quality of life issues caused by military service.
Wish For Our Heroes	<a href="http://www.wish4ourheroes.org">www.wish4ourheroes.org</a>	Foundation strives to relieve the burdens of family separation, re-integration for deployed soldiers, hardship circumstances, and other means of assistance not covered by existing military charities. The Foundation is driven by an interactive website allowing anyone to request a wish for active duty members of our Armed Forces. The website allows 'wish granters' to view wishes and contribute donations.
Warrior's Wish Foundation (for those battling life-limiting illness)	<a href="http://www.awarriorwish.org">www.awarriorwish.org</a>	The Warrior's Wish Foundation enhances the lives of Soldiers and their families who are battling a life-limiting illness
Wounded Warrior Resources Center (WWRC)	<a href="http://www.woundedwarriorresourcecenter.com">http://www.woundedwarriorresourcecenter.com</a>	The Wounded Warrior Resource Center Web site (WWRC) is a Department of Defense Web site which provides wounded Service Members, their families, and caregivers with information they need on military facilities, health care services, and benefits.
<b>AMPUTEE</b>		
Amputee Coalition of America	<a href="http://www.amputee-coalition.org">www.amputee-coalition.org</a>	Reach out to people with limb loss and to empower them through education, support and advocacy

National Amputee Foundation 516-887-3600	<a href="http://www.nationalamputation.org">www.nationalamputation.org</a>	The National Amputation Foundation has programs and services geared to help the amputee and other disabled people. AMP to AMP Program, Medical Equipment Give-A-Way Program, and additional services.
Military In-Step A web-based publication	<a href="http://www.amputee-coalition.org/military-instep/index.html">http://www.amputee-coalition.org/military-instep/index.html</a>	Publications of the Amputee Coalition of America in partnership with the U.S. Army Amputee Patient Care Program. Topics: The Military Amputee; Caring for Yourself after Amputation; Prosthesis and Its Components; The Rehabilitation Process; Common Problems; The Military Benefits System; Sports and Recreation
Global Tattoo Orthotic Prosthetic Innovations	<a href="http://www.gtopi.com">http://www.gtopi.com</a>	Custom orthotic and prosthetic art tattoo innovations
<b>ASSISTANCE FOR COMBAT HOSPITALS</b>		
Bold, Brave, Courageous	<a href="http://www.boldbravecourageous.com">www.boldbravecourageous.com</a>	Provides comfort items to injured Soldiers who have returned from Afghanistan and Iraq. Items are packaged in rolling suitcases, then delivered to the injured personnel who are recovering in our Nations military hospitals.
Landstuhl Hospital Care Project	<a href="http://landstuhlhospitalcareproject.org">http://landstuhlhospitalcareproject.org</a>	Provides support to our wounded warriors who are receiving treatment at Landstuhl Regional Medical Ctr
In our Boots	<a href="http://inourboots.org/">http://inourboots.org/</a>	Educate wounded and recovering Soldiers of the benefits afforded to them by the U.S. Government and other Charitable/Humanitarian Organizations
Operation Military Embrace	<a href="http://www.operationmilitaryembrace.com">www.operationmilitaryembrace.com</a>	Provides support to our wounded warriors who are receiving treatment at <b>Brooke Army Medical Center</b>



## AWARENESS

Re-MIND (Bob Woodruff Family Fund)	<a href="http://www.remind.org">www.remind.org</a>	Provide resources and support to injured service members, veterans and their families.
Talking with Heroes	<a href="http://www.talkingwithheroes.com">www.talkingwithheroes.com</a>	Help us get the word out to more Americans about the great work our heroes have been and continue doing in Iraq, Afghanistan, in America and around the world.
Wounded Warrior Project	<a href="http://www.woundedwarriorproject.org">www.woundedwarriorproject.org</a>	Purpose is to raise awareness and enlist the public's aid for the needs of severely injured Soldiers and among other things to help severely injured service members

## BLOGS

Army Wounded Warrior Program	<a href="http://aw2.armylive.dodlive.mil">http://aw2.armylive.dodlive.mil</a>	Official blog of the U.S. Army Wounded Warrior Program
War Amputees (Iraq and Afghanistan)		This site compiles information on those who have suffered a limb loss as a result of their service in Iraq and Afghanistan
The Amputee Network Blog	<a href="http://www.amputee-network.blogspot.com">www.amputee-network.blogspot.com</a>	Organization dedicated to educating amputees, their families, and friends
Wife of a Wounded Marine (Step by Step to Freedom) by Karie Fugett	<a href="http://www.cinchouse.com">www.cinchouse.com</a>	I'm 23 years old and married to an amazing man who was injured by an I.E.D. in April of 2006...
Wife of a Wounded Soldier by Cheryl Gansner	<a href="http://www.cinchouse.com">www.cinchouse.com</a>	I am the wife of a severely injured War Wounded Soldier...
Warriors Wall	<a href="http://warriorwall.com/">http://warriorwall.com/</a>	The <i>Warriors Wall</i> is a free, hosted blogging service for veterans and military families who want to share their stories

## BURN RESOURCES

Burn Survivor Resources	<a href="http://www.burnsurvivor.com">www.burnsurvivor.com</a>	This premier one stop resource center ensures professional information is made available to the burn survivor, to the many people who are searching for critical information on behalf of a loved one, to the family and to the professionals.
Face the Fire Ministry	<a href="http://www.facethefire.org">www.facethefire.org</a>	To glorify the Lord and Savior, Jesus Christ, in all of our endeavors, to provide financial assistance to the families of burn victims, to financially, and otherwise, assist medical facilities specializing in the research, treatment and care of burn survivors, to help burn survivors and their families understand the rehabilitation process and enable them to live a full, meaningful and productive life after enduring such a tragedy

## CHILD CARE

National Association of Child Care Resource and Referral Agencies	<a href="http://www.naccrra.org/MilitaryPrograms/">http://www.naccrra.org/MilitaryPrograms/</a>	NACCRRRA is working with the U.S. Military Services to help those who serve in the military find and afford child care that suits their unique needs through several innovative civilian/military efforts
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## EDUCATION

American Soldier Foundation	<a href="http://www.soldierfoundation.org">www.soldierfoundation.org</a>	To assist Soldiers on extended active duty and their dependents, and the dependents of those lost in the line of duty. Foundation can provide grants or interest-free loans for: food, rent or utilities, funeral expenses, family/marriage counseling.
Military to Medicine	<a href="http://www.militarytomedicine.org">www.militarytomedicine.org</a>	Military to Medicine combines healthcare training and career opportunities to enhance the lives of military families. Serves Soldiers and Families
Honor Their Service	<a href="http://www.honortheirserviceinc.org">www.honortheirserviceinc.org</a>	The Mission of <i>Honor Their Service</i> is to provide assistance and comfort to wounded armed service veterans and their families; offer educational, social, and therapeutic resources that facilitate their efforts to live productive and independent lives.

Louis H. Schilt Scholarship	<a href="http://www.sessions.edu/scholarship/military">www.sessions.edu/scholarship/military</a>	The Louis H. Schilt Memorial Scholarship offers service members injured in the line of duty and their spouses the chance to develop skills for a graphic or Web design career.
<b>FAMILY &amp; CAREGIVER SUPPORT</b>		
After Deployment	<a href="http://www.afterdeployment.org">www.afterdeployment.org</a>	Our mission is to help you and your loved ones manage the challenges that are often faced following a deployment
Camp C.O.P.E. for children	<a href="http://www.campcope.org">www.campcope.org</a>	Help children of service members cope with the transitions and/or trauma they are facing in response to the deployment or injuries sustained by their Soldiers.
Caregiver Home Companion	<a href="http://www.caregivershome.com">www.caregivershome.com</a>	Caregiver's Home serves the caregiver with education, information, resources and support
Defenders of Freedom	<a href="http://www.defendersoffreedom.us">www.defendersoffreedom.us</a>	A nonprofit organization with the purpose of raising money to support our troops who are currently deployed around the world.
Family Caregiver Alliance	<a href="http://www.caregiver.org/caregiver">www.caregiver.org/caregiver</a>	Information, education, services, research and advocacy support and sustain the important work of families nationwide caring for loved ones with chronic, disabling health conditions.
Family Care Giving 101	<a href="http://www.familycaregiving101.org">www.familycaregiving101.org</a>	This site was created exclusively for people who are caring for loved ones. It is designed to assist the caregiver with practical information and moral support.
Fisher House	<a href="http://www.fisherhouse.org">www.fisherhouse.org</a>	Supporting America's military in their time of need, we provide "a home away from home" that enables family members to be close to a loved one at the most stressful time -- during hospitalization for an illness, disease or injury

Healing Heroes	<a href="http://www.healingheroes.org">www.healingheroes.org</a>	Heal America's Heroes by providing quality medical care to the men and women of the armed forces injured in the line of duty on or after 9/11/01
Heartbeat for Warriors	<a href="http://www.heartbeatforwarriors.org">www.heartbeatforwarriors.org</a>	Our morale-building programs are critical to the well-being of our wounded warriors and their families.
Hope for the Warriors	<a href="http://www.hopeforthewarriors.org">www.hopeforthewarriors.org</a>	Seeks to ensure that the sacrifices of wounded and fallen warriors and their families are never forgotten nor their needs unmet, particularly with regard to the short and long-term care of the severely injured
Laptops for the Wounded	<a href="http://www.laptopsforthewounded.com">www.laptopsforthewounded.com</a>	Provides laptops with webcams to wounded troops in military hospitals to remain in contact with their loved ones while recuperating.
Not Alone (Find other warriors and families experiencing life after war)	<a href="http://www.notalone.com">www.notalone.com</a>	A confidential online community where warriors can congregate to help each other. Our personal experiences with war trauma led us to reach out to those that need help.
Military Family Support Centers	<a href="http://www.foh.dhhs.gov">www.foh.dhhs.gov</a>	The Federal Occupational Health Family Support Center Program provides a range of customized support services to military and civilian personnel at installations nationwide
Military Warriors Support Foundation	<a href="http://www.militarywarriors.org">www.militarywarriors.org</a>	Individual and family Mentoring, Recreation Outings, Financial Planning, Adapt-a-Lab Program and Family Counseling
Our Military Kids	<a href="http://www.militarykids.org">www.militarykids.org</a>	Provides support to children of deployed and severely injured el through grants for enrichment activities and tutoring that nurture and sustain the children during deployments.
Operation Life Transformed	<a href="http://www.lifetransformed.org">www.lifetransformed.org</a>	Enable caregivers and military spouses to find job placement, flexible business models or participate in training and educational programs in fields that readily fit around medical schedules, deployment, disabilities, future rehabilitation and transitioning.
Operation We Are Here	<a href="http://www.operationwearehere.com/WoundedWarriorFamilies.html">http://www.operationwearehere.com/WoundedWarriorFamilies.html</a>	Resources for Wounded Warriors and their Families

Salute America's Heroes	<a href="http://www.saluteheroes.org">www.saluteheroes.org</a>	America's Heroes is the leading non-governmental provider of emergency financial relief to wounded Soldiers from Operation Enduring Freedom/Operation Iraqi Freedom and their families.
Virtual Army Family Readiness Group	<a href="http://www.armyfrg.org">www.armyfrg.org</a>	We are on the vFRG! Check out all the great benefits and resources available to you! Once you get to the site find FT Campbell, KY WTB. Some resources are VA Benefits by state, Social Security, and more
Veteran CareGiver	<a href="http://www.veterancaregiver.com">www.veterancaregiver.com</a>	Veteran CareGiver was developed squarely in response to expressed challenges by Wounded Warrior and Veteran families, and Veterans Affairs leadership
VA's Updated Caregiver Site	<a href="http://www.caregiver.va.gov/">http://www.caregiver.va.gov/</a>	The Department of Veterans Affairs comprehensive website to help support caregivers who support their loved one.
Well Spouse Association	<a href="http://www.wellspouse.org">www.wellspouse.org</a>	A home for the husbands, wives and partners of those with any chronic illness, disease or disability. We hope you will find the information presented here easy to navigate and helpful in your caregiver journey.
The Wounded Warrior Family Care Project (Quality of Life Foundation)	<a href="http://golfoundation.org">http://golfoundation.org</a>	The Community Resource Coordinator Program provides a locally-based, personal resource coordinator to effectively leverage local, county, state and national resources to develop a system of support and meet emergency needs.
Wounded Warrior Family Support	<a href="http://www.woundedwarriorhospitalfund.org">www.woundedwarriorhospitalfund.org</a>	Our mission is to provide support to the families of those who have been wounded, injured or killed during combat operations. The families of our casualties suffer in many ways: some financially, some psychologically
Wounded Warrior Project Alumni Caregiver Retreats	<a href="http://alumni.woundedwarriorproject.org/programs/details/caregiver_retreats">http://alumni.woundedwarriorproject.org/programs/details/caregiver_retreats</a>	Committed to supporting not only our wounded warriors, but also the individuals who sustain them on their path to recovery
Wounded Warrior Wives (Operation HomeFront)	<a href="http://www.operationhomefront.net">www.operationhomefront.net</a>	Through on-site support communities, and our virtual community that includes an online discussion forum, Wounded Warrior Wives provides female caregivers with opportunities to build relationships, access resources and enjoy brief moments of rest and respite from their care giving responsibilities.

## PET ASSISTANCE

Canine Companions for Independence	<a href="http://www.cci.org">www.cci.org</a>	Provides highly-trained assistance dogs for children and adults with disabilities
Dog Tags (Service Dogs for Those Who've Served Us)	<a href="http://www.puppiesbehindbars.com">www.puppiesbehindbars.com</a>	Service Dogs for Those Who've Served Us was established by Puppies Behind Bars to provide service dogs to veterans returning home from Iraq (OIF) and Afghanistan (OEF) who have suffered a physical injury, traumatic brain injury (TBI) or exhibit Post Traumatic Stress Disorder (PTSD).
Hero Dogs	<a href="http://www.hero-dogs.org">www.hero-dogs.org</a>	Hero Dogs, Inc. is a Maryland non-profit corporation whose purpose is to train and place service dogs with military veterans who have been injured and/or disabled while serving in the U.S. Armed Forces.
Paws 4 Vets	<a href="http://www.paws4vets.org">www.paws4vets.org</a>	The paws4people™ foundation ( <a href="http://www.paws4people.org">www.paws4people.org</a> ) privately places trained, certified and insured Assistance Dogs (AD) with individuals with physical, neurological, psychological and/or emotional disabilities.
Patriot Paws Service Dogs	<a href="http://www.patriotpaws.org">www.patriotpaws.org</a>	Patriot PAWS trains and provides service dogs for the benefit of disabled American Veterans
Pawz 4 Wounded Vets (Canine Support Team)	<a href="http://www.caninesupportteams.org/paws4vets">www.caninesupportteams.org/paws4vets</a>	Canine Support Teams provides service dogs free of charge to those who have been wounded in the service of our country and who are now seeking the enhanced mobility and independence as assistance dog offers.
National Military Family Association	<a href="http://www.nmfa.org">www.nmfa.org</a>	The National Military Family Association – “The Voice for Military Families” – is dedicated to serving the Families and survivors of the seven uniformed services through education, information, and advocacy. NMFA is the only national organization dedicated to identifying and resolving issues of concern to military Families.
Penny's from Heaven Foundation	<a href="http://www.pennysfromheaven.com">www.pennysfromheaven.com</a>	Our mission is providing physical and emotional rehabilitation through pet assisted therapy.

Pets for Patriots (Southeastern Guide Dogs)	<a href="http://www.guidedogs.org">www.guidedogs.org</a>	Southeastern Guide Dogs' Paws for Patriots™ Program provides professionally trained guide dogs to American veterans free of charge.
Vet Dogs	<a href="http://www.vetdogs.org">www.vetdogs.org</a>	Helping those who served to live with dignity and independence whether they are visually impaired or have other special needs, by using guide dogs, service dogs, and innovative technologies.
<b>REHABILITATION</b>		
Association for Service Disabled Vets	<a href="http://www.asdv.org">www.asdv.org</a>	Rehabilitation programs serving military veterans who sacrificed their well-being for the freedom of the world.
Battlemind	<a href="http://www.battlemind.org">www.battlemind.org</a>	Provides links to multi-media resources developed by the Walter Reed Army Institute of Research Department of Military Psychiatry on Battlemind, which is a Soldier's inner strength to face fear and adversity in combat with courage.
Bunkers in Baghdad	<a href="http://www.bunkersinbaghdad.com">www.bunkersinbaghdad.com</a>	Not for Profit charity that collects and sends new and used golf balls, clubs and equipment to our troops currently serving in combat zones in Iraq and Afghanistan. Bunkers also supplies golf equipment to Wounded Warriors Programs around the country to aid in the rehabilitation of our injured veterans.
The Defense and Veterans Brain Injury Center (DVBIC)	<a href="http://www.dvbic.org">www.dvbic.org</a>	The mission of the Defense and Veterans Brain Injury Center (DVBIC) is to serve active duty military, their dependents and veterans with traumatic brain injury (TBI) through state-of-the-art medical care, innovative clinical research initiatives and educational programs.
Center for the Study of Traumatic Stress	<a href="http://www.centerforthestudyoftraumaticstress.org/">http://www.centerforthestudyoftraumaticstress.org/</a>	Center activities include conducting brain imaging studies on victims of motor vehicle crashes, researching the effects of 9/11 on Pentagon employees, developing military health fact sheets to improve the well-being of deployed soldiers and their families, writing books and articles that advance the science, treatment and management of trauma and consulting with Congress, public health and business leaders on mitigating traumatic stress.

Combat Veterans Sports Foundation	<a href="http://www.combatvetsports.org">www.combatvetsports.org</a>	We are an organization that is based on allowing recovering combat injured Soldiers the opportunity to work with professional sports franchises.
Department of Assistive and Rehabilitative Services	<a href="http://www.dars.state.tx.us">http://www.dars.state.tx.us</a>	See the Dept. of Health & Human Services for your area.
Disabled Sports USA	<a href="http://www.amputee-coalition.org/military-instep/sports-recreation-resources.html">http://www.amputee-coalition.org/military-instep/sports-recreation-resources.html</a>	Walter Reed selected Disabled Sports USA (DSUSA) as the lead agency in providing sports and recreation opportunities to help military amputees focus on their abilities, speed their recovery, and regain their self-confidence and mobility skills. With the cooperation of other organizations, such as the <i>Wounded Warrior Project</i> ( <a href="http://www.dsusa.org/WoundedWarrior.html">www.dsusa.org/WoundedWarrior.html</a> ) and the <i>Adaptive Sports Foundation</i> ( <a href="http://www.adaptivesportsfoundation.org">www.adaptivesportsfoundation.org</a> ), DSUSA provides opportunities for military amputees to try a variety of sports.
Exit Wounds (A project of the American Pain Foundation)	<a href="http://www.painfoundation.org">www.painfoundation.org</a>	Improve the quality of life of people with pain by raising public awareness, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management
Guitars for Vets	<a href="http://www.guitarsforvets.org">www.guitarsforvets.org</a>	A non-profit organization designed to enhance the lives of ailing and injured veterans by providing them with guitars and music instruction. It is our hope that self expression through the gift of music will help restore the feelings of joy and purpose that can be lost after suffering trauma.
Mil Health Directory	<a href="http://www.milhealthsdirectory.com">www.milhealthsdirectory.com</a>	Milhealth's Directory is a compilation of carefully selected and evaluated military health information resources
National Shooting Sports (M1 for Vets)	<a href="http://www.m1forvets.com">www.m1forvets.com</a>	M1 for Vets is a non-profit organization dedicated to financial and logistical support of returning OIF/OEF and GWOT "Transitioning Combat Wounded Veterans" for the purpose of competing in national shooting sports



Operation Injured Soldiers	<a href="http://www.injuredSoldiers.org">www.injuredSoldiers.org</a>	The goal of Operation Injured Soldiers is to help our wounded heroes get back to doing the sports and hobbies they enjoyed before being deployed.
Operation Mend	<a href="http://www.uclahealth.org/body.cfm?id=403&amp;action=detail&amp;ref=161">http://www.uclahealth.org/body.cfm?id=403&amp;action=detail&amp;ref=161</a>	Operation Mend," a unique new partnership between UCLA Medical Center and Brooke Army Medical Center in San Antonio, Texas, has been established to help treat several U.S. military personnel wounded during service in Iraq and Afghanistan
Psychological Fitness – Keeping Your Mind Fit	<a href="http://www.realwarriors.net/active/treatment/psychologicalhealth.php">http://www.realwarriors.net/active/treatment/psychologicalhealth.php</a>	Psychological fitness is one of those factors. Understanding what makes up psychological fitness and how to develop a healthier mental state can improve your readiness to confront the challenges of life – both in the military and in civilian life.
Post Traumatic Stress Disorder	<a href="http://www.ncptsd.va.gov/ncmain/index.jsp">http://www.ncptsd.va.gov/ncmain/index.jsp</a>	National Center for PTSD (Posttraumatic Stress Disorder)
Road 2 Recovery	<a href="http://www.road2recovery.us.com">www.road2recovery.us.com</a>	Help make a difference in the lives of Wounded Warriors by assisting with their mental and physical rehabilitation programs
Therapy Trainer (Interactive physical therapy equipment for Wounded Warriors)	<a href="http://www.therapytrainer.com">www.therapytrainer.com</a>	Our research and development team is working daily to develop new products to accommodate the changing needs of the Wounded Hero's. We welcome calls and e-mails from anyone who has a need or a specific request for a modification that would better suit a particular need.
Center of Excellence for Medical Multimedia (CEMM)	<a href="http://www.traumaticbraininjuryatoz.org">www.traumaticbraininjuryatoz.org</a>	The CEMM is a dynamic initiative from the Office of the Surgeon General aimed at supplying the most powerful interactive technologies available to Medical Treatment Facilities (MTF), Health and Wellness Centers (HAWC), and TRICARE civilian medical facilities. <a href="http://www.cemm.org">www.cemm.org</a>
True to the Red White and Blue	<a href="http://www.true-to-the-red-white-and-blue.com">www.true-to-the-red-white-and-blue.com</a>	Non-profit organization helps Veterans get much needed rehabilitation after returning home, and to support, thank and help re-educate them.

Wounded Warrior Disabled Sports Project	<a href="http://www.dsusa.org/programs-wwdsp-about.html">http://www.dsusa.org/programs-wwdsp-about.html</a>	<i>The Wounded Warrior Disabled Sports Project is a partnership between Disabled Sports USA, its chapters and the Wounded Warrior Project, providing year round sports programs for severely wounded service members from the Iraq and Afghanistan conflict and the Global War on Terrorism.</i>
<b>SUICIDE PREVENTION</b>		
Suicide Hotline Call is confidential	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a>	Call 1-800-273-TALK (8255) and Press 1
<b>VETERANS</b>		
Iraq War Veterans Organization	<a href="http://www.iraqwarveterans.org">www.iraqwarveterans.org</a>	The Iraq War Veterans Organization website has links to information about Veterans Administration health care, readjustment after deployment, education, employment, military discounts, PTSD issues, support-chat forums, family support and deployment information
The Kitchen Table Gang	<a href="http://www.kitchentablegang.org">www.kitchentablegang.org</a>	The Kitchen Table Gang Trust is a free resource designed to provide news and valuable content to veterans, active duty military personnel, and their families
Veterans Benefits (Medical Related Issues) - Wounded Soldier and Family Hotline <b>888-777-4443</b>	<a href="http://www.nvf.org">www.nvf.org</a>	Our Mission is to serve the crisis management, information and referral needs of all U.S. Veterans and their families

## **APPENDICES**

### **APPENDIX A: ACRONYMS**

### **APPENDIX B: SOLDIER & FAMILY CARE ARTICLES**

1. Common Reactions to Trauma
2. Warzone related stress reactions what families need to know
3. Taking care of you
4. Reunion tips
5. When you become your spouse's caregiver
6. Taking care of you
7. Blanketing military children with security
8. Talking to your children about wartime injury
9. Preparing a child to see an injured family member
10. Becoming a caregiver for your adult son or daughter
11. Twelve tips for dealing with others and the media

## APPENDIX A: ACRONYMS

<b>AAFES</b>	Army Air Force Exchange Service	<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>ABH</b>	Adult Behavioral Health	<b>ID</b>	Identification Card
<b>ACAP</b>	Army Career and Alumni Program	<b>ITO</b>	Invitational Travel Orders
<b>ACES</b>	Army Continuing Education System	<b>JAG</b>	Judge Advocate General (legal branch of Army)
<b>AD</b>	Active Duty	<b>JFTR</b>	Joint Federal Travel Regulation
<b>ADME</b>	Active Duty Medical Extension	<b>JTR</b>	Joint Travel Regulation
<b>AER</b>	Army Emergency Relief	<b>LES</b>	Leave and Earnings Statement
<b>AMAP</b>	Army Medical Action Plan	<b>LNO</b>	Liaison Officer
<b>AMEDD</b>	Army Medical Department	<b>LOD</b>	Line of Duty
<b>ASAP</b>	Army Substance Abuse Program	<b>MAMC</b>	Madigan Army Medical Center
<b>AW2</b>	Army Wounded Warrior Program	<b>MEB</b>	Medical Evaluation Board
<b>AWT</b>	Army Warrior Training	<b>MEDCOM</b>	United States Army Medical Command
<b>BACH</b>	Blanchfield Army Community Hospital	<b>MEDDAC</b>	Medical Department Activity
<b>BAMC</b>	Brooke Army Medical Center	<b>MEDEVAC</b>	Medical Evacuation
<b>CAC</b>	Casualty Assistance Command	<b>METL</b>	Mission Essential Task List
<b>CBHCO</b>	Community Based Health Care Organization	<b>MH</b>	Medical Hold
<b>CDC</b>	Child Development Center	<b>MHO</b>	Medical Holdover
<b>CIF</b>	Central Issue Facility	<b>MHS</b>	Military Health System
<b>CONLEAVE</b>	Convalescent Leave	<b>MMRB</b>	Military Occupational Specialty Medical Retention Board
<b>CONUS</b>	Continental United States	<b>MODS</b>	Medical Operational Data System
<b>CYSS</b>	Child and Youth School Services	<b>MP</b>	Military Police
<b>DA 2984</b>	Official request for Families to travel done by attending physician	<b>MRI</b>	Magnetic Resonance Imaging
<b>DA</b>	Department of the Army	<b>MTF</b>	Medical Treatment Facility
<b>DAV</b>	Disabled American Veterans	<b>NARSUM</b>	Narrative Summary
<b>DCCS</b>	Deputy Commander for Clinical Services	<b>NCM</b>	Nurse Case Manager
<b>DOD</b>	Department of Defense	<b>NGO</b>	Nongovernmental Organization
<b>DTAP</b>	Disability Transition Assistance Program	<b>NMA</b>	Non-Medical Attendant
<b>EAP</b>	Employee Assistance Program	<b>NNMC</b>	Bethesda / National Naval Medical Center
<b>EC</b>	Emergency Center	<b>NSI</b>	Not Seriously Ill
<b>ERB</b>	Enlisted Records Brief	<b>OCONUS</b>	Outside the Continental United States – including Alaska and Hawaii
		<b>OEF</b>	Operation Enduring Freedom
		<b>OIF</b>	Operation Iraqi Freedom
		<b>OMB</b>	Optimal Medical Benefit
		<b>ORB</b>	Officer Records Brief

<b>OTSG</b>	Office of the Surgeon General	<b>SFMS</b>	Soldier Family Management Specialist associated with AW2
<b>PAD</b>	Patient Administration Division	<b>SGLV</b>	Service members' Group Life Insurance Election and Certificate
<b>PAO</b>	Public Affairs Office	<b>SI</b>	Seriously ill
<b>PCC</b>	Primary Care Clinic	<b>SL</b>	Squad Leader
<b>PCM</b>	Primary Care Manager	<b>SM</b>	Service Member
<b>PCP</b>	Primary Care Provider	<b>SWS</b>	Social Work Service
<b>PDA</b>	US Army Physical Disability Agency	<b>TAMP</b>	Transition Assistance Management Program
<b>PDES</b>	Physical Disability Evaluation System	<b>TAPS</b>	Tragedy Assistance Program for Survivors
<b>PDHA</b>	Post Deployment Health Assessment	<b>TBD</b>	To Be Determined
<b>PDHRA</b>	Post Deployment Health Reassessment	<b>TBI</b>	Traumatic Brain Injury
<b>PEB</b>	Physical Evaluation Board	<b>TCS</b>	Temporary Change of Station
<b>PEBLO</b>	Physical Evaluation Board Liaison Officer	<b>TDRL</b>	Temporary Disability Retirement List
<b>PMR</b>	Patient Movement Request	<b>TRAC2ES</b>	United States Transportation Command Regulating and Military health insurer
<b>POA</b>	Power of Attorney	<b>TRICARE</b>	Department of Veterans Affairs
<b>POST</b>	Army installation	<b>VA</b>	Veterans Health Administration
<b>POV</b>	Privately Owned Vehicle	<b>VHA</b>	Veterans Health Administration
<b>PT</b>	Physical Therapy	<b>VR&amp;E</b>	Vocational Rehabilitation and Employment
<b>PTSD</b>	Post-Traumatic Stress Disorder	<b>VSI</b>	Very Seriously Ill
<b>PX</b>	Post Exchange	<b>WCC</b>	Warrior Care Clinic
<b>RC</b>	Reserve Component	<b>WIA</b>	Wounded In Action
<b>REAR – D</b>	Rear Detachment Commander – liaison with the Soldier's unit	<b>WRAMC</b>	Walter Reed Army Medical Center
<b>REFRAD</b>	Release from active duty	<b>WT</b>	Warrior in Transition
<b>RSRP</b>	Reverse Soldier Readiness Program	<b>WTB</b>	Warrior Transition Battalion
<b>RTD</b>	Return to duty	<b>WTU</b>	Warrior Transition Units
<b>SCM</b>	Supervisor Nurse Case Manager	<b>WWP</b>	Wounded Warrior Project
<b>SFAC</b>	Soldier and Family Assistance Center		

## **APPENDIX B: SOLDIER AND FAMILY CARE ARTICLES**

1. Common Reactions to Trauma
2. Warzone Related Stress: What Families Need to Know
3. Taking Care of You
4. Reunion Tips
5. When you Become Your Spouses Caregiver
6. Taking care of yourself
7. Blanketing Military Children with Security
8. Talking to Your Children about Wartime Injury
9. Preparing a Child to See an Injured Family Member
10. Becoming a Caregiver for your Adult Son/Daughter
11. Coping with Stress
12. Tips for Dealing with Others and the Media

## COMMON REACTIONS TO TRAUMA

A National Center for PTSD Fact Sheet

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A traumatic experience produces emotional shock and may cause many emotional problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumatic events, you may have some of these reactions more than others, and some you may not have at all.

Remember, many changes after a trauma are normal. In fact, most people who directly experience a major trauma have severe problems in the immediate aftermath. Many people then feel much better within three months after the event, but others recover more slowly, and some do not recover enough without help. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described below.

- **Fear and anxiety.** Anxiety is a common and natural response to a dangerous situation. For many it lasts long after the trauma ended. This happens when views of the world and a sense of safety have changed. You may become anxious when you remember the trauma. But sometimes anxiety may come from out of the blue. Triggers or cues that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to the times you feel afraid you can discover the triggers for your anxiety. In this way, you may learn that some of the out-of-the-blue anxiety is really triggered by things that remind you of your trauma.
- **Re-experiencing of the trauma.** People who have been traumatized often re-experience the traumatic event. For example, you may have unwanted thoughts of the trauma, and find yourself unable to get rid of them. Some people have flashbacks, or very vivid images, as if the trauma is occurring again. Nightmares are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So in order to understand what happened, your mind keeps bringing the memory back, as if to better digest it and fit it in.
- **Increased arousal is also a common response to trauma.** This includes feeling jumpy, jittery, shaky, being easily startled, and having trouble concentrating or sleeping. Continuous arousal can lead to impatience and irritability, especially if you're not getting enough sleep. The arousal reactions are due to the fight or flight response in your body. The fight or flight response is the way we protect ourselves against danger, and it occurs also in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive.
- People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that increased arousal is useful in truly dangerous situations, such as if we find ourselves facing a tiger. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to freeze, like the deer in the headlights, and this reaction can also occur during a trauma.
- **Avoidance** is a common way of managing trauma-related pain. The most common is avoiding situations that remind you of the trauma, such as the place where it happened. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way to reduce discomfort is trying to push away painful thoughts and feelings. This can lead to feelings of numbness, where you find it difficult to have both fearful and pleasant or loving feelings. Sometimes the painful thoughts or feelings may be so intense that your mind just blocks them out altogether, and you may not remember parts of the trauma.
- **Anger and Irritability.** Many people who have been traumatized feel angry and irritable. If you are not used to feeling angry this may seem scary as well. It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair.
- **Feelings of guilt and shame.** Many people blame themselves for things they did or didn't do to survive.

For example, some assault survivors believe that they should have fought off an assailant, and blame themselves for the attack. Others feel that if they had not fought back they wouldn't have gotten hurt. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma. Feeling guilty about the trauma means that you are taking responsibility for what occurred. While this may make you feel somewhat more in control, it can also lead to feelings of helplessness and depression.

- **Grief and depression** are also common reactions to trauma. This can include feeling down, sad, hopeless or despairing. You may cry more often. You may lose interest in people and activities you used to enjoy. You may also feel that plans you had for the future don't seem to matter anymore, or that life isn't worth living. These feelings can lead to thoughts of wishing you were dead, or doing something to hurt or kill yourself. Because the trauma has changed so much of how you see the world and yourself, it makes sense to feel sad and to grieve for what you lost because of the trauma.
- **Self-image** and views of the world often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma ("I am a bad person and deserved this.").
- It is also very common to **see others more negatively**, and to feel that you can't trust anyone. If you used to think about the world as a safe place, the trauma may suddenly make you think that the world is very dangerous. If you had previous bad experiences, the trauma convinces you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel they have been changed completely by the trauma. Relationships with others can become tense and it is difficult to become intimate with people as your trust decreases.
- **Sexual relationships may also suffer** after a traumatic experience. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted, since in addition to the lack of trust, sex itself is a reminder of the assault.
- **Some people increase their use of alcohol or other substances after a trauma.** There is nothing wrong with responsible drinking, but if your use of alcohol or drugs changed as a result of your traumatic experience, it can slow down your recovery and cause problems of its own.

Many of the reactions to trauma are connected to one another. For example, a flashback may make you feel out of control, and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful. Again, as you become aware of the changes you have gone through since the trauma, and as you process these experiences during treatment, the symptoms should become less distressing.



## **WAR-ZONE-RELATED STRESS REACTIONS: WHAT FAMILIES NEED TO KNOW**

*A National Center for PTSD Fact Sheet*

Military personnel in war zones frequently have serious reactions to their traumatic war experiences. Sometimes the reactions continue after they return home. Ongoing reactions to war-zone fear, horror, or helplessness are connected to posttraumatic stress and can include:

- *Nightmares or difficulty sleeping*
- *Unwanted distressing memories or thoughts*
- *Anxiety and panic*
- *Irritability and anger*
- *Emotional numbing or loss of interest in activities or people*
- *Problem alcohol or drug use to cope with stress reactions*

### **How Traumatic Stress Reactions Can Affect Families**

- Stress reactions may interfere with a service member's ability to trust and be emotionally close to others. As a result, Families may feel emotionally cut off from the service member.
- A returning war veteran may feel irritable and have difficulty communicating, which may make it hard to get along with him or her.
- A returning veteran may experience a loss of interest in Family social activities.
- Veterans with PTSD may lose interest in sex and feel distant from their spouses.
- Traumatized war veterans often feel that something terrible may happen "out of the blue" and can become preoccupied with trying to keep themselves and Family members safe.
- Just as war veterans are often afraid to address what happened to them, Family members are frequently fearful of examining the traumatic events as well. Family members may want to avoid talking about the trauma or related problems. They may avoid talking because they want to spare the survivor further pain or because they are afraid of his or her reaction.
- Family members may feel hurt, alienated, or discouraged because the veteran has not been able to overcome the effects of the trauma. Family members may become angry or feel distant from the veteran.

### **The Important Role of Families in Recovery**

The primary source of support for the returning Soldier is likely to be his or her Family. Families can help the veteran not withdraw from others. Families can provide companionship and a sense of belonging, which can help counter the veteran's feeling of separateness because of his or her experiences. Families can provide practical and emotional support for coping with life stressors.

If the veteran agrees, it is important for Family members to participate in treatment. It is also important to talk about how the post traumatic stress is affecting the Family and what the Family can do about it. Adult Family members should also let their loved ones know that they are willing to listen if the service member would like to talk about war experiences. Family members should talk with treatment providers about how they can help in the recovery effort.

### **What Happens in Treatment for PTSD**

Treatment for PTSD focuses on helping the trauma survivor reduce fear and anxiety, gain control over traumatic stress reactions, make sense of war experiences, and function better at work and in the Family. A standard course of treatment usually includes:

- Assessment and development of an individual treatment plan
- Education of veterans and their Families about post traumatic stress and its effects
- Training in relaxation methods, to help reduce physical arousal/tension
- Practical instruction in skills for coping with anger, stress, and ongoing problems
- Detailed discussion of feelings of anger or guilt, which are very common among survivors of war trauma
- Detailed discussions to help change distressing beliefs about self and others (e.g., self-blame)

- If appropriate, careful, repeated discussions of the trauma (exposure therapy) to help the service Member reduce the fear associated with trauma memories
- Medication to reduce anxiety, depression, or insomnia
- Group support from other veterans often felt to be the most valuable treatment experience

Mental health professionals in VA medical centers, community clinics, and Readjustment Counseling Service Vet Centers have a long tradition of working with Family members of veterans with PTSD. Couples counseling and educational classes for Families may be available. Family members can encourage the survivor to seek education and counseling but should not try to force their loved one to get help. Family members should consider getting help for themselves, whether or not their loved one is getting treatment.

### **Self-Care Suggestions for Families**

- Become educated about PTSD.
- Take time to listen to all Family members and show them that you care.
- Spend time with other people. Coping is easier with support from others, including extended Family, friends, church groups, or other community groups.
- Join or develop a support group.
- Take care of yourself. Family members frequently devote themselves totally to those they care for and, in the process, neglect their own needs. Pay attention to yourself. Watch your diet and exercise, and get plenty of rest. Take time to do things that feel good to you.
- Try to maintain Family routines, such as dinner together, church, or sports outings.
- If needed, get professional help as early as possible, and get back in touch with treatment providers if things worsen after treatment has ended.

For more information about PTSD please visit the VA website as [www.va.gov](http://www.va.gov) A PTSD guide for Families can be found at the following web address <http://www.ptsd.va.gov/public/pages/felist-family-relationships.asp>

## TAKING CARE OF YOU

### *A Family Member's Trauma*

From the moment you were informed that your Soldier was deploying into a combat zone, your life altered. The normal routine shifted to include the underlying concern felt when a loved one is in harm's way, the knowledge that something could happen to them. The day you received notification that your Soldier was wounded, you were wounded as well. Families are connected, what happens to one member affects all the other members of the Family. While attention is focused on supporting your Soldier, time needs to be spent as well acknowledging your own traumatic experience and the on going effects this experience will have on you and your life.

Notification can be a traumatic experience in and of itself. It is often a shock when you receive a phone call stating that something has happened. That phone call triggers a series of events that eventually lead you to travel from the comfort of your home to the unfamiliar hospital bedside of the Soldier. Travel, even under the best of circumstances, is a stressful event. When combined with reuniting with your seriously wounded Soldier it becomes even more so. All these experiences in such a short amount of time can be overwhelming especially when you begin to factor in the reality of the injuries and condition of the Soldier. Life can suddenly feel out of control.

Whether you are a spouse, parent, child or other relative of the Soldier, your life has been irrevocably changed by the events that brought you here. Change is a challenging thing and often uncomfortable while you adapt to the new reality the change has brought to your life. With change, something of the old way of life is lost and as with all loss, there is a normal period where grieving occurs. No one can know what your loss is. Each of us is unique, and what may be significant to one person may not be to another. Your grieving process is personal. Take some time to think about what you have lost. Acknowledge your own loss and grieve for it. Understand that the extent of your own loss is not fully apparent now. It will take time to realize how much your life will be changed by this experience. Be patient with yourself while you come to grips with the shift in your life.

Your trauma is real and while you might tell yourself it is nothing compared to what your Soldier is enduring, it will have an effect on you and being aware of that gives you some measure of control to lessen that effect. You have the right to feel pain and sorrow. Take care of yourself. Focus on what you have the power to do and that is to change your own actions or reactions. Actively pursue stress management. Utilize the resources available to you. Seek out and utilize support services for yourself and your children. The social worker assigned to your Soldier is there for you as well. Your entire Family has been wounded along with your Soldier and deserves the same care and concern as you are giving your Soldier.

## COMING HOME

### *A Guide for Parents, Extended Family Members or Friends of Service Member Returning from Mobilization/Deployment*

As a parent, extended Family member, or friend of an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you've been through a mobilization/ deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service member's assignment, there will be a period of adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

#### **What to Expect When the Service Member Comes Home:**

- You have certainly missed your Service member, as they have missed you. Reestablishing relationships will take time and communication.
- It's normal for the returning Service member to "need space" upon their return.
- It's normal to feel nervous and anxious about the homecoming. Plan for homecoming day. After homecoming, allow the returning Service member to schedule the next few days or weeks.
- Expect things to be different. Take time to understand how the Service member has changed. Be prepared and flexible.
- The Service member may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others who were there and/or counselors trained in crisis stress reactions is very important. The Service member may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard and Reservists who are transitioning back into civilian life.

#### **Making the Reunion Easier:**

- Take time to get reacquainted. Communicate your love and concern.
- **COMMUNICATE!!** Tell each other how you feel—nervous, scared, happy, that you love and missed them. Listen to each other. The best way to get through the reacquaintance jitters and regain closeness is to talk and actively listen.
- Reassure the Service member that they are needed, and that you are happy he/she has returned safely.
- Be calm and assertive, not defensive, when discussing events that have taken place during the Service member's absence. The service member may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.
- Prepare children of the extended Family for homecoming and involve them in reunion activities.

#### **Take Time for Yourself to Make the Reunion for Everyone Concerned Easier:**

Make time to rest. Negotiate social events and activities.

Limit your use of alcohol. Remember alcohol was restricted during the Service member's deployment and tolerance is lowered.

Go slowly in getting back into the swing of things. Depend on Family and friends for support. You are part of the Service member's support network.

#### **Remember...**

*Go slowly – don't try to make up for lost time.*

*Accept that your Service member may be different.*

*Take time to get reacquainted.*

*Reassure your loved ones.*

*Seek help for Family members, if needed.*

Many of these tips have cross-application to the Service member, spouse, children, extended Family members,

and friends. If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

**Reunion Resources:**

- Army Community Service
- Chaplains
- Department of Social Work Services
- American Red Cross
- Behavioral Health Services Social Worker

**More reunion resources can be found on line at:**

- Army OneSource <http://www.myarmyonesource.com> ,
- Military Homefront [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)
- National Military Family Association [www.nmfa.org](http://www.nmfa.org)

## WHEN YOU BECOME YOUR SPOUSE'S CAREGIVER

[This article is provided to service Members and their Families as part of the Army OneSource program, which offers information and support on a wide range of Family and personal issues. © {copyright date of article} Ceridian Corporation. All rights reserved. Used by permission.]

When the reality of your spouse's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- a chapter that you hadn't expected. Becoming your spouse's caregiver will affect you both emotionally and physically. You may feel overwhelmed by all that is involved with caring for your spouse and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the relationship that you and your spouse had. At this point, it's important for you and your spouse to accept that things have changed and to surround yourselves with resources and support.

### HOW YOU MAY BE FEELING

It's common to experience many different emotions when a loved one requires long-term care at home.

- Grief. It's natural to mourn the loss of your spouse's good health as well as your own expectations of what the future might have been like.
- Anxiety. You may be anxious that you won't be up to the task of caring for your spouse; that you and your spouse will lose your close, emotional bond; that you will not be able to keep up with your medical and household expenses.
- Fear. You may be afraid that this will not be a temporary situation and that you won't be able to cope or manage if this becomes a more permanent situation.
- Anger. You didn't choose to be your spouse's caregiver. It's not a position you asked for. It's normal to feel bitter about being handed a role you didn't expect or prepare for.
- Isolation. There may be times when you feel very much alone, and as though no one else could possibly understand what you're going through.
- Guilt. It's common to feel glad that you're OK but upset that your spouse isn't. It's also common to feel burdened by the role of caregiver even though you love your spouse and are compassionate.

### WHEN TO SEEK HELP

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, talk to a health care professional about getting help.

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your spouse
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek help immediately if you or your spouse have thoughts of death or suicide.

## LEARNING ABOUT YOUR SPOUSE'S CONDITION AND AVAILABLE RESOURCES

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available to their spouses and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your spouse's condition and the resources that are available isn't just good for your spouse -- it's also good for you.

- Educate yourself about your spouse's condition. Become a knowledgeable member of your spouse's health care team by learning everything you can about your spouse's condition. This will enable you to ask health care providers the right questions, allow you to anticipate your spouse's needs, and help you to react appropriately when issues arise. It will also help you gain confidence and a sense of control.
- Learn to communicate with members of the health care profession.
- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your spouse's health care provider.
- If you have many things to talk about with the health care provider, schedule a consultation and be sure to take notes during the meeting.
- Think about having someone else -- a friend or Family member -- go with you to meetings with your spouse's health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a little bit of shock at this time.)
- Learn the routines of your spouse's medical facilities. This will help you access the facilities more easily. Ask about office hours; the best time to reach your spouse's health care provider; what to do in the event of a medical emergency; and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mails of doctors and other care providers, information about special diets, and other pertinent information (for example, banking and insurance information, a living will, health care proxy). Bring copies of your spouse's health insurance card and the names and doses of you spouse's medications with you to health care appointments.
- Learn about assistive devices. Seek out information about devices and tools that will help make life easier for you and your spouse. There are many illness-specific resources available through the Internet and from various associations such as the Paralyzed Veterans of America at
  - <http://www.pva.org>, and the Amputee Coalition of America at
  - <http://www.amputee-coalition.org>.
  - For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://cap.tricare.mil/>
  - Your MSI Center care manager
- Take advantage of supportive and skilled-care assistance. Different levels of assistance may be available to you and your spouse. For example, home health aides, home care aides, and nursing assistants can assist with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand what benefits and services your spouse is eligible for.

## TAKING CARE OF YOURSELF

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your spouse.

- *Know your strengths and weaknesses.* You may enjoy preparing your loved one's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that chore for you if possible. There are also professionals who will make home visits to attend to your spouse's needs, such as beauticians, podiatrists, and therapists.
- *Take breaks.* Care giving is all-consuming and demanding work. Give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies will take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted Family members to take over care, or look into respite care (provided for a weekend, a week or even more). Your MSI Center care manager should be able to help you locate resources for respite care.
- *Take care of your own health needs.* Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs. If you become sick yourself, your situation can only become more complicated.
- *Learn to lift properly.* If lifting is part of your care giving routine, have someone show you how to do it without damaging your back.
- *Create a team of professionals to help you.* To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, Family, friends, co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help reduce your own stress.
- *Accept help.* Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your spouse's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your spouse while you take a break.
- *Hold a Family meeting.* Call together children and other Family members, even if they live far away, to discuss your spouse's needs. Determine how each Family member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. If someone lives far away, they can be given the task of making phone calls and following up so they can feel included in the process. They can also make tapes and send pictures if they can't visit.
- *Set realistic expectations for your spouse and yourself.* No one is able to do anything "perfectly" at all times, which is also true for care giving and recovery. When you realistically adjust to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.
- *Subscribe to care giving newsletters and magazines.* Today's Caregiver (<http://www.caregiver.com>).
- *Connect with other caregivers.* Whether it's a formal support group or an informal network of other caregivers, having people to turn to will ease feelings of isolation and help you get through this challenging time. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn care giving tips, and gain insider's information about resources and services. You can also ask your health care provider or visit online resources such as: the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.
- *Get professional assistance.* It is very important that you're able to get objective help for your ongoing stress, frustrations and sadness.
- *Find out about alternatives to home care.* Caring for your spouse may prove too difficult for you, even with assistance. You may want to ask your MSIC care manager for information about Department of Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.

Written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is a certified employee assistance professional and a board certified expert in traumatic stress. She is a corporate consultant and CEO of The Full Spectrum in New York City. © 2005 Ceridian Corporation. All rights reserved.



## **BLANKETING MILITARY CHILDREN WITH SECURITY**

By Stephen J. Cozza, M.D. COL, U.S. Army, Chief Department of Psychiatry, WRAMC

Military life is inherently one of great accomplishments and benefits, but it also presents significant risks and dangers to active duty personnel. Injury or death are possibilities that can be faced by military personnel and their Families at any time. If something does happen to a military service member, it affects everyone in his or her Family; no Family member is immune to the impact of such an incident. Even when children are too young to be able to speak and clearly reveal their thoughts and feelings, research and experience reveals that they are profoundly influenced by these significant events. Some experts refer to these as “transforming” experiences. While powerless to protect military children from difficult life experiences, there are many ways we can work together to help children through these challenges and make transformations as positive as possible. Below are some simple steps that might be taken by Families facing uncertainty or grief:

- Keep lines of communication open. Parents and educators are both Members of the child’s support team. Since teamwork is more effective when communication is direct, talk and keep talking about what is happening in the child’s life. Every team member is responsible for this activity. Parents need to let educators know about changes that may affect their child. Teachers need to ask about any changes they observe in a child’s understanding. Parents may be so overwhelmed by the events and critical decisions they have to make that they may forget to communicate important information to the school in a timely manner.
- Limit disruption to routines as much as possible. Continuity represents stability. A predictable schedule can be extremely comforting. Children know what to expect at school, making it a potential haven for children who feel that their life has been turned upside-down. Keeping to a routine can also help adults see how a child is doing since they know how the child used to behave in the same situation.
- Talk about changes in the way that works best for your child. Children of different ages and abilities will require different amounts of information, explained in various ways. A thirteen year old will have more questions and want more information than a three year old. A child who has special needs may need to discuss or express his or her reactions to the changes in a different way. A verbal child may want to talk about what has happened more than a visual child, who would be better served by drawing pictures. Tailor your reactions and responses to the needs of that individual child.
- Discuss feelings. Just as children have to learn the names of colors and shapes, they also have to learn the names of feelings. They need to understand that everyone has all kinds of feelings; and that even grown-ups feel scared or alone at times. Children are also incredibly perceptive. If they think an adult is sad or worried, it can be confusing if the adult denies those emotions and says that he/she is not. Talk about how they feel, how you feel, and what you can each do to cope with those feelings. Show children that all feelings are OK; it is what you do about them that is most important.
- Tap into existing resources. The military has a host of resources to help military members and their spouses. Communities also have sources of support for Families. Schools are a great place to learn about community resources. Remember that the Internet can link you to supportive people no matter where you live.
- Engage children in creating coping mechanisms. The most effective ways to support children are the ones that they take part of creating. Rather than pitying children, honor their sacrifices and their courage in expressing their feelings and involve them in creating coping mechanisms that work for them. In this way, you will be supporting their strength and encouraging their courage while helping them feel more in control.
- Provide extra time and support whenever possible. Children, just like adults, may not react to changes in the way that those around them may expect. Special events, such as Father’s Day and Mother’s Day, may reveal grief that had been hidden from view. Day to day activities may be abandoned because they are difficult to face at first- for example, the book that was always shared at bedtime may be shelved for awhile. Since grief is such an intensely personal experience, make sure that those grieving have access to support for a while instead of confining your support to the period just after the change. Knowing that someone else is thinking of their mother on her birthday may be just what a Family needs. Support should be there any time grieving is detected or suspected.

# TALKING TO YOUR CHILDREN ABOUT WARTIME INJURY

By: Walter Reed Army Medical Center Child and Adolescent Psychiatry Service

## Preparing the Child for a Hospital Visit

- Be sure hospital allows “underage” visitors
- Don’t force the child to go to the hospital; be sure to ask them if they want to go
- Try to do a dress rehearsal before actually going, so that the child is familiar with what they may see, hear, smell, feel
- Make the first visit brief, and be sure to ask them if they want a 2nd visit
- Prepare for varied emotional reactions, and involve the child in conversation and interaction; don’t let them feel unimportant or excluded
- Let child know medical staff is doing all they can to help their injured loved one
- If child asks questions, parent should be honest and let them know they’ll try to find the answer

## How to Help at Home

- Very young children need a lot of cuddling and verbal support
- Answer questions honestly, but don’t dwell on frightening details or allow the subject to dominate Family time indefinitely
- Encourage children of all ages to express emotions through conversation, drawing, or painting, but allow silences
- Limit viewing of TV and paper news coverage
- Listen attentively; provide reassurance without minimizing their fears
- Maintain a normal household and encourage children to participate in recreational activity

## Common Reactions to Learning about Parent’s Injury Infants & Toddlers

Before age 3

- Crying, clinging
- Searching for parents/caregivers
- Change in sleep and eating habits
- Regression to earlier behavior (e.g. bedwetting, thumb sucking)
- Repetitive play or talk

Preschoolers/Young Children (3-5 yrs)

- Separation fears, clinging
- Fighting, crying, tantrums, irritable outbursts
- Withdrawal, regression to earlier behaviors
- Sleep difficulty
- Acting/talking as if the person is not injured
- Increased usual fears (the dark, monsters)

Early School-Age Children (6-9 yrs)

- Anger, fighting, bullying
- Denial, irritability, self-blame
- Fluctuating moods, withdrawal
- Regression to earlier behavior
- Fear of separation and being alone
- Physical complaints (stomach/headaches)

- School problems (avoidance, academic difficulty, difficulty concentrating)

Middle School-Age Children (9-12 yrs)

- The sooner, the better
- When the panic subsides and you can do it more calmly
- When you know more about the nature and the extent of the injury
- When you can deliver the news rather than someone else

Early Teens/Adolescents (13-18 yrs)

- Numbing, avoidance of feelings
- Resentment, loss of trust, guilt, shame
- Depression, suicidal thoughts
- Distancing, withdrawal, panic, anxiety
- Mood swings, irritability, anger
- Acting out (engaging in risky, antisocial, or illegal behavior), substance abuse
- Appetite and/or sleep changes
- Physical complaints or changes
- Academic decline, school refusal
- Fear or similar events/illness/death/future

## When to Talk to Your Child

- The sooner, the better
- When the panic subsides and you can talk about it more calmly
- When you know more about the nature and the extent of the injury
- When you can deliver the news rather than someone else

## How to Talk to Your Child (be prepared to repeat information to the child)

- Explain the injury based on the child’s age and using the child’s language (e.g., boo boo, broken leg, etc.)
- Calmly and as truthfully as possible

- Keep it short/brief and simple
- Face-to-face is better than phone
- Uninterrupted, non-distracting, private, quiet environment; keep eye contact

**What to Tell Your Child**

- Who has been injured
- The nature/type of injury
- What is being done to help the injured parent/guardian
- That the child is NOT the cause of it
- That the child is safe and will be taken care of
- Reassurance is the key

**Internet Resources:**

American Academy of Child/Adolescent Psychiatry [www.aacap.org](http://www.aacap.org)

American Academy of Pediatrics <http://www.aap.org/disasters/landing-terrorism.cfm>

## **PREPARING A CHILD TO SEE AN INJURED FAMILY MEMBER**

### **Before the Visit**

There are concrete steps you can take to help your child prepare for the first visit to an injured Family Member. It can be a good idea to:

Explain in age-appropriate language what to expect during the visit. If the Family member is in the hospital, describe the scene for your child ahead of time. Be sure to talk about the medical apparatus and what everything does ("There will be a tube in Daddy's arm so his body gets plenty of fluids."). For very young children, you might demonstrate with a doll or draw a sketch showing the placement of IVs and other equipment.

Use accurate language when describing the Family member's injury. This is especially important with young children, who tend to take things literally. If you say the loved one "lost a limb," the child may think it was simply misplaced.

Describe how the Family member looks. This is especially important if his or her appearance has changed -- for instance, a shaved head, a lost limb, or severe burns. Try to use simple, age-appropriate language when discussing the changes. ("The burn on Daddy's face is very red. Some of it is covered with bandages now.")

Reassure your child that the Family member is still the same person even though he or she may look different. Again, it's important to use simple, age-appropriate language. ("Daddy's face looks different now. But he is still your same Daddy, and he still loves you very much and likes to hear you sing.")

Prepare your child for how he or she may feel upon seeing the Family member. Your child may be frightened, sad, or angry. Let your child know that all of these feelings are perfectly acceptable. Tell your child that it's OK to leave the room if she becomes too upset, and that you'll be right there for extra hugs. Be sure to prepare the injured service member for strong emotions from your child as well.

Teach your child the vocabulary of the injury. Knowing words such as "prosthesis," "rehabilitation," and "physical therapy" can help take the mystery out of the experience for your child and help him feel more in control.

Arrange for your child to meet with the Family member's medical team. This can happen either just before or after the visit. Your child may have questions about the injury or rehabilitation process that the team can answer in age-appropriate ways.

### **During the Visit**

Here are some steps you can take to help ease the stress for your child:

Schedule the visit for a time when there is no other business to take care of. If your child becomes frightened or bored you can just cut the visit short.

Let your child know that it's OK to touch or hug the Family member (assuming that it is).

Take your cues from your child. If your child doesn't want to go near the Family member, don't force her to. Depending on your child's age and personality, it could take a while for her to adjust to the change.

Give your child something to bring. A drawing to tape to the wall, a photograph to keep next to the bedside, or flowers for the bedside table can help your child feel as though he's doing something to make the loved one feel better.

Fill the time as much as possible. It will be easier for the Family to relax during the visit if you bring a book for you or your child to read out loud; a board game, such as checkers; completed schoolwork; or a photo album to look through. Doing these activities together and with the injured service member can help everyone feel more

comfortable and reinforce the relationships among Family members.

Keep the visit short. Younger children may become bored and older children may feel uncomfortable if the visit seems to go on too long.

Give your child a way to opt out of a visit. Your child may not be ready for the visit, but feel guilty saying so. Tell your child that it's OK not to go just yet, but suggest that she make a special drawing or write a letter for you to bring. The gesture will help your child feel better about staying home. Find ways to keep the connection between your child and the Family member alive -- through e-mail, telephone calls, and letters. It's important for the Soldier to stay involved in the child's routines as much as possible.

#### **After the visit**

Even if you prepare your child thoroughly beforehand, he may still react intensely to the visit. Often these reactions are unpredictable and changeable. After the visit, make sure to keep an eye on your child for signs that she was overly disturbed by the experience and is not coping well.

Watch out for behavior changes. Keep in mind that younger children may become clingy and return to old habits and behaviors, such as bed-wetting or thumb-sucking. Older children may suffer physical symptoms, including headaches and stomachaches; become irritable or aggressive; do poorly in school; and engage in risk-taking behaviors. If any of these behaviors continue for several weeks, seek out the advice of a professional who can help your child cope with the changes in your child's life.

Let your child know that it's OK to talk about his feelings. Do this by talking about your own feelings. If you notice behavior changes, be sure to encourage younger children to draw pictures of how they feel inside, and reassure your child that you are there to provide help and support.

This article was written with the help of Ryo Sook Chun, M.D., COL, Medical Corps, U.S. Army Chief, Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center; and Patricia Lester, M.D., Medical Director, Child and Family Trauma Clinic, UCLA Neuropsychiatric Institute

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## BECOMING A CAREGIVER FOR YOUR ADULT SON OR DAUGHTER

[This article is provided to service Members and their Families as part of the Army OneSource program, which offers information and support on a wide range of Family and personal issues. © {copyright date of article} Ceridian Corporation. All rights reserved. Used by permission.]

When the reality of your son's or daughter's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- one you hadn't expected. Becoming your adult child's caregiver will affect you emotionally and physically. You may feel overwhelmed by all that is involved and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the life you had envisioned for your son or daughter. At this point it's important to accept that things have changed and to surround yourself with resources and support.

### HOW YOU MAY BE FEELING

It's common to experience many different emotions when a loved one requires long-term care at home, including:

- *Grief.* It's natural to mourn the loss of your child's good health as well as your own expectations of what you had hoped your child's future would be like.
- *Anxiety.* You may be anxious that you won't be up to the task of caring for your son or daughter. You may also worry that you won't be able to keep up with medical and household expenses.
- *Fear.* You may be afraid that this won't be a temporary situation and that you won't be able to cope or manage if it becomes a more permanent arrangement. If you are involved in a long-term situation, you may be anxious about your ability to care for your son or daughter as you age.
- *Anger.* You didn't choose to be your adult child's caregiver. It's not a position you asked for. It's normal to feel angry about being expected to handle this role.
- *Isolation.* There may be times when you feel very much alone -- that nobody else could possibly understand what you are going through. As a result, you may not share with others what your concerns are or what you're actually thinking and feeling.
- *Guilt.* It's common to feel burdened by this new role even though you love your child very much and want to help with the challenges ahead. And it's normal to feel guilty about feeling burdened.

### WHEN TO SEEK HELP

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, it's important to speak with a mental-health professional about getting help. Your Military Severely Injured Center (MSI Center) care manager can put you in touch with someone you can talk to. (Call 888-774-1361, 24 hours a day, 7 days a week.)

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, interrupted sleep, or oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your son or daughter
- difficulty concentrating, remembering, making decisions
- persistent physical symptoms that don't respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek professional help immediately if you or your loved one talks about or has thoughts of death or suicide.

## LEARNING ABOUT YOUR LOVED ONE'S CONDITION AND AVAILABLE RESOURCES

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available for their loved ones and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your son's or daughter's condition and the resources that are available isn't good just for your son or daughter -- it's also good for you.

- *Educate yourself about your son's or daughter's condition.* Become a knowledgeable member of your loved one's health care team by learning everything you can about your child's condition. This will allow you to ask health care providers the right questions, to anticipate your son's or daughter's needs, and to react appropriately when issues arise. It will also help you become more confident about being your child's advocate.
- *Learn to communicate with members of the health care profession.*
- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your son's or daughter's health care provider.
- Think about having someone else -- a friend or Family member -- go with you to meetings with health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a degree of shock at this time.)
- *Learn the routines of your son's or daughter's medical facilities.* Ask about office hours, the best time to reach the health care provider, what to do if there is a medical emergency, and whom to contact after office hours.
- *Keep good records.* Have a central place, such as a notebook, where you can keep telephone numbers and e-mail addresses of doctors and other care providers; information about special diets; other pertinent information (for example, banking and insurance information; a living will, health care proxy). Be sure to write down the names and doses of your son's or daughter's medications to bring with you to health care appointments.
- *Learn about assistive devices.* Seek out information about devices and tools that will help make life easier for you and your spouse. There are many illness-specific resources available through the Internet and from various associations such as the Paralyzed Veterans of America at
  - <http://www.pva.org>, and the Amputee Coalition of America at
  - <http://www.amputee-coalition.org>.
  - For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://cap.tricare.mil/>
  - Your MSI Center care manager
- *Take advantage of supportive and skilled-care assistance.* Different levels of assistance that may be available to you and your loved one. For example, home health aides, home care aides, and nursing assistants can help with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- *Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere.* Your MSI Center care manager can help you understand the benefits for which your son or daughter may be eligible.

## COPING WITH STRESS

Have you ever:

- Felt so tense, discouraged, or angry that you were afraid you just couldn't cope?
- Had an extremely stressful experience that you try not to think about, but it still continues to bother you or is repeated in nightmares?
- Felt constantly on guard or watchful, or been on edge or jumpy more than you really need to be?
- Had a Family member who seemed troubled in these ways?

If so, this information is for you.

### *EVERYONE EXPERIENCES STRESS*

Stress is a normal response of the body and mind. Everyone feels stress when gearing up to deal with major life events (such as marriage, divorce, births, deaths, or starting or ending a job) or handling everyday hassles like arguments, financial headaches, deadlines, or traffic jams.

Physical signs of a stress response include:

- Rapid heartbeat
- Headaches
- Stomach aches
- Muscle tension

Emotional signs of stress can be both positive and upsetting:

- Excitement Frustration Anxiety
- Exhilaration Nervousness Anger
- Joy Discouragement

### Stress Can Become a Problem

Repeated stress drains and wears down your body and mind. Stress is like starting a car engine or pushing the accelerator pedal to speed up. If you keep revving up the car, you'll burn out the starter and wear out both the brakes and the engine. Burnout occurs when repeated stress is not balanced by healthy time outs for genuine relaxation. Stress need not be a problem if you manage it by smoothly and calmly entering or leaving life's fast lane.

### Managing Stress

Stress Management involves responding to major life events and everyday hassles by relaxing as well as tensing up. Relaxation actually is a part of the normal stress response. When faced with life's challenges, people not only tense up to react rapidly and forcefully, but they also become calm in order to think clearly and act with control.

Techniques for managing stress include:

- Body and mental relaxation
- Positive thinking
- Problem solving
- Anger control
- Time management
- Exercise
- Responsible assertiveness
- Interpersonal communication

- Increased quality of life and well-being
- Reduced anxiety, depression, and irritability

Physical benefits of managing stress include:

- Better sleep, energy, strength, and mobility
- Reduced tension, pain, blood pressure, heart problems, and infectious illnesses

Emotional benefits of managing stress include:



## TIPS FOR DEALING WITH OTHERS AND THE MEDIA

Here are some tips from those who have had dealings with the media and well-wishers. Be aware that local media may be knocking at your door.

- It is your choice to respond to the media. You have the right to say “No, thank you”, “I don’t know”, or “No comment” if approached by a reporter. You have no obligation to explain yourself or why you prefer not to talk to the media.
- If you are considering talking to the media or have been approached, utilize the Public Affairs Office (PAO) at BACH to help you (270) 798-3025 from 0730 to 1630 Mon-Fri or (270) 798-9793 after hours. As a Family member you are not required to report to the PAO, but as they deal with the media on a regular basis, they can offer valuable support and advice.
- When you put information out in public domain, there is no calling it back. Whatever you say can and will be repeated. Consider carefully what details you may want to reveal to well wishers or the media.
- No matter what you say, understand that rumors will circulate about your Soldier’s injury, progress, and circumstances surrounding the injury.
- You may wish to designate a Family “spokesperson” who will update others on your Soldier’s progress. (see “Caring Bridge” in section G under Resources for more information about creating a web site for your Soldier)
- Don’t feel you have to respond to all phone calls, emails or cards from well wishers. You and your Soldier decide when visitors are welcome.
- Everyone responds differently to crisis. Some feel an intense desire to help and others may stay away because they don’t know what to say and are uncomfortable. Just because you don’t hear from someone doesn’t mean that they don’t care. Keep expectations realistic.
- Keep a list of “needs” and when approached with offers of help give specific suggestions (i.e. mow the yard, get the mail, walk the dog, help with meals).
- If you are feeling emotionally overwrought, count to 10 before replying to someone. Believe that everyone is genuinely trying to help even if you feel they have said the “wrong” thing. Watch for questions designed to provoke an emotional response.
- Try to maintain a positive attitude when people approach.
- Keep the unit apprised of your Soldier’s condition. Other Soldiers still deployed will want to know how your Soldier is doing.