

I Corps and Joint Base Lewis-McChord Enlisted Administrative Separation Guide



1 SEPTEMBER 2024

Headquarters • Joint Base Lewis-McChord • Washington

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I Corps and Joint Base Lewis-McChord
Enlisted Administrative Separation Guide

PURPOSE

The purpose of this guide is to increase the efficiency in the Enlisted Administrative Separation process for Joint Base Lewis-McChord. This will be accomplished through streamlining the chain of command, departments, and interagency procedures and placing them in one consolidated guide.

APPLICABILITY

All unit leadership, agencies, and departments who are assigned or attached to the I Corps and Joint Base Lewis-McChord who play a role in processing an Enlisted Administrative Separation.

REFERENCES

- Army Regulation 40-501, Standards of Medical Fitness
- Army Regulation 635-200, Active Duty Enlisted Administrative Separations
- Army Regulation 600-81, Soldier for Life-Transition Assistance Program
- Army Regulation 600-8-2, Suspension of Favorable Personnel Actions (Flag)
- Department of the Army Form 268, Report to Suspend Favorable Personnel Actions (Flag)
- Department of the Army Form 3822, Report of Mental Status Evaluation
- Department of the Army Form 4856, Developmental Counseling Form
- Department of the Army Form 5138, Separation Action Control Sheet
- Department of Defense Form 2648, Service Member Pre-Separation/Transition Counseling and Career Readiness Standards eForm for Service Members Separating, Retiring, Released from Active Duty (REFRAD)
- Department of Defense Form 2807-1, Report of Medical History
- Department of Defense Form 2802, Report of Medical Examination
- Command Directed Behavioral Health Evaluations (CDBHE) HJB Form 222
- Commander's Request for Behavioral Health Evaluation for Chapter Discharge HJB Form 222-1

STEP 1

DO NOT FLAG THE
RESPONDENT FOR
ELIMINATION
USING THE BA
FLAG CODE, YET!

STEP 2

UNDERSTANDING THE PROCESSING GOALS

2-1 All I Corps and Joint Base Lewis-McChord (JBLM) departments, agencies, and personnel listed in this guide play an important role in processing Enlisted Administrative Separation in an effective and efficient manner.

2-2 Notification Procedure:

a. When the notification procedure is used, an Enlisted Administrative Separation should take no more than 15 working days (three workweeks, Monday to Friday) in accordance with (IAW) Army Regulation (AR) 635-200, Active Duty Enlisted Administrative Separations, paragraph 1-8a.

b. This procedure is used when the Soldiers has less than six (6) years of active and reserves service and is being recommended for an honorable discharge or a general, under honorable conditions discharge.

2-3 Board Procedure

a. When the board procedure is used, an Enlisted Administrative Separation should take no more than 50 working days (10 work weeks, Monday to Friday) IAW AR 635-200 paragraph 1-8b.

b. Soldiers who are recommended for an other-than-honorable characterization of service discharge or Soldiers who have six (6) or more years of active and reserves service are eligible for an Administrative Separation Board IAW AR 635-200, paragraph 3-7c(4) and paragraph 2-2c(4) respectively.

2-4 The timeline for processing an Enlisted Administrative Separation is tracked on the DA Form 5138, Separation Action Control Sheet, IAW AR 630-200 paragraph 1-8f.

2-5 Day one of the processing goal for each procedure starts when the initiating commander notifies the Soldier and the Soldier acknowledges notification. Day 15 or Day 50 is the day the packet is submitted to Transition.

Note: Gathering the required documents to request an Administrative Separation is not included in the processing goals time. Your Brigade (Bde) Legal Office will not accept an incomplete request packet.

DO NOT FLAG THE SOLDIER FOR SEPARATION YET

STEP 3

GATHERING THE REQUIRED DOCUMENTS

3-1 The requesting company commander (Co Cdr) and first sergeant (1SG) or their designee are responsible for gathering all the required documents needed to process the Administrative Separation request. The points of contact for the departments and agencies that play a role in the Administrative Separation process are listed in Appendix A.

3-2 Once an offense is committed that warrants initiation of separation, the Co Cdr, will counsel the Soldier IAW AR 635-200, paragraph 1-17. See APPENDIX B for a counseling statement example.

3-3 The Co Cdr will immediately send the Soldier with a NCO escort to conduct Transition Assistance Program and his/her Medical/Physical Evaluation and Mental Status Evaluation (MSE), if applicable. Additionally, it is encouraged that a NCO in the Soldier's NCO support channel conducts a courtesy layout of the Soldier's Clothing Record. This will help to identify and fix deficiencies early, so that STEP 12 - Central Issuing Facility in this guide, can be expedited.

STEP 3-3a

a. MEDICAL/PHYSICAL EVALUATION PHASE I AND PHASE II

(1) The Co Cdr will create, date, and sign a memorandum requesting that the Soldier to start his/her Phase I and II Physical Evaluation for involuntary separation. See APPENDIX C for an example of the request memo. Hearing and vision appointments can be scheduled through the appointment line (1-800-404-4506) or conducted through walk-in appointments from 0700-0830 Monday through Friday.

(2) The Soldier, the Co Cdr, or the Cdr's designee will call the Winder Family Medicine Clinic PHA appointment line at 253-477-0900 and schedule an appointment for the Soldier's Medical Phase I evaluation. Phase II will be conducted telephonically.

(3) The Soldier and the Soldier's escort will attend the Physical Separation Brief located at the Winder Family Medicine Clinic (9119 Mil Park Ave) at the prescribed date and time. The escort must have the Co Cdr's request for the Physical Evaluation.

(4) At the brief, the escort will give the request memorandum to medical staff, and the Soldier will receive a packet and be given instructions to immediately complete several appointments that day (i.e. Optometry, Audiology, Labs, etc.). See APPENDIX D The escort will also be given instructions that he/she must follow. See APPENDIX E. The Phase I process should take about 24-48 hours as the Soldier must wait until the following day to complete his/her Labs. The escort must ensure that the Soldier stays on task.

(5) At the end of Phase I, any documents requiring the Cdr's signature, must be signed and dated by the Cdr and given to the escort in preparation for the Phase II physical.

(6) When the Soldier is complete with the initial separation medical packet, the Soldiers, Co Cdr, or designee, will call back the appointment line at 253-477-0900 and set the appointment for Phase II.

(7) The representative on the appointment line will tell the Soldier the date, time, and location of the Phase II physical.

(8) The Soldier and his/her escort, at the time prescribed, will go to the appropriate clinic with all required documents from Phase I and all documents that the commander signed. The Soldier will complete the Phase II physical. The Soldier portion of the Physical Evaluation is complete at this time.

(9) After a medical provider reviews the physicals and signs the documents, the Co Cdr will be notified that the packet is available to pick up. The Soldier or Co Cdr are the only personnel who are authorized to pick up the Phase I and Phase II medical documents. See APPENDIX F. If the Soldier is the person who will pick up the packet, have the Soldier escorted to do so.

(10) The Co Cdr will retain the documents and place them in the Administrative Separation Request packet for the Bde Legal Office.

STEP 3-3b

b. MENTAL STATUS EVALUATION (MSE)

(1) Once the Co Cdr has informed the Soldier of his/her intent to initiate separation for Chapters 10, 13, and 14 (sec III), IAW AR 635-200 paragraph 1-33b, the following must occur:

(a) The Co Cdr will complete the Command Directed Behavioral Health Evaluations (CDBHE) HJB Form 222 and Commander's Request for Behavioral Health Evaluation for Chapter Discharge HJB Form 222-1. See APPENDIX G.

(b) The Co Cdr will email the documents to the Counseling Psychologist and the Behavioral Health Officer, who will then schedule the Soldier's behavior health appointment.

(c) The Co Cdr or his/her designee will identify a noncommissioned

officer who outranks the Soldier, who will escort the Soldier his/her behavior health (BH) appointment(s).

(d) The Soldier and the escort will report to the location at the time and the date prescribed for the Soldier's appointment. 62nd MED BDE Soldiers will walk into Rainer Embedded Behavioral Health Clinic.

(e) The escort will remain with the Soldier the entire time that the Soldier is in the clinic.

(f) If there are documents requiring the Co Cdr's signature, the provider will give it directly to the escort.

(g) After the Soldier has completed all MSE appointments, the escort will be given the complete Department of the Army Form 3822, Report of Mental Status Evaluation. See APPENDIX H

(h) The escort will give the DA Form 3822 to the Co Cdr.

(i) The Co Cdr will retain the form and add it to the request for separation packet.

(2) The Co Cdr is the only personnel who can cancel the Soldiers appointment(s).

Note: The following Chapters do not require an MSE

- Chapter 5-13: Personality Disorder = requires Command Directed Mental Health Evaluation (CDMHE)
- Chapter 5-17: (Behavioral Health (BH) = requires CDMHE; Medical = no MSE)
- Chapter 9: ASAP/SUDCC Rehabilitation Failure
- Chapter 18: Failure of Height/Weight standards

STEP 3-3c

c. TRANSITION ASSISTANCE PROGRAM (TAP)

(1) The Soldier's Co Cdr or 1SG must email TAP (usarmy.jblm.imcom.list.dhr-tap@army.mil) and enroll the Soldier into the TAP or Soldier's supervisor must take the Soldier to the TAP office in Hawk Career Center (Bldg 11577, room 124, 11577 41st Division Dr.) to enroll the Soldier.

Note: Only the 1SG, Co Cdr, or superior command team can change a Soldier's TAP appointments once enrolled.

(2) If the Soldiers must be expedited through the TAP process, the Bn Cdr must complete a memorandum for record requesting that the Soldier completes the online

version of the TAP process. See APPENDIX L.

(3) At the Soldier's initial TAP appointment, the TAP Counselor will initiate the electronic version of the DD Form 2648, Service Member Pre-Separation/Transition Counseling and Career Readiness Standards eForm for Service Members Separating, Retiring, Released from Active Duty (REFRAD). See APPENDIX J for the PDF version of the form.

(4) During the Soldier's Pre-Separation Brief the Soldier will fill out all required information on the DD Form 2648. The Counselor will go back and sign the DD Form 2648 later.

(5) During the Soldier's CAPSTONE appointment, the Counselor will fill out all required information to include CDRs email for notification.

(a) The Soldier will digitally sign the DD Form 2648.

(b) The counselor will digitally sign the DD Form 2648.

(6) Once the counselor signs the DD Form 2648, it will be automatically sent to the Co Cdr signature.

(7) The Co Cdr must check his/her junk email and regular mail to ensure that he/she received the electronic version of the DD Form 2648.

(8) The commander must complete the form IAW the DD Form 2648 instruction slides. See APPENDIX K.

(9) Once the commander signs the form, he/she will print it and add it to the Administrative Separation packet

Note: If the Soldier is unable to complete the TAP process prior to the separation authority's directive AND an other-than-honorable discharge is the directed, the Co Cdr can determine if the Soldier will participate in the TAP IAW AR 600-81 paragraph 7-2e(3). Appendix L is a sample memorandum waiving the TAP process when both conditions are present.

STEP 3-3d

d. ENLISTMENT/REENLISTMENT CONTRACT

(1) The Co Cdr, 1SG, or their designee will contact the applicable S1 or Career Counselor to get a copy of the Soldier's original and current enlistment contract for verification of time in service.

(2) The S1 or Career Counselor will provide the Co Cdr/1SG or their designee with a copy of the Soldier's enlistment contract, for first term contracts, or most recent reenlistment contract. See APPENDIX M.

(3) The Career Counselor will calculate the number of active and reserve time when applicable and inform the Bde Legal Office. This information is needed to see if the Soldiers are eligible for an Administrative Separation board based on the time in service. If a DD Form 214, Certificate of Uniformed Service, was issued to the Soldier at the completion of any of his/her time in service, the career counselor/S1 must give a copy of the DD Form 214 to the Co Cdr.

(4) The Co Cdr will place the copy of the contract, the DD Form 214 (when applicable) and the calculated time in service in the separation request packet.

STEP 3-3e

e. ALL OTHER SUPPORTING DOCUMENTS

The Co Cdr, 1SG, or their designees will ensure that all other required supporting documents are enclosed in the Administrative Separation request packet. See Appendix N.

STEP 4

REQUEST FOR ADMINISTRATIVE SEPARATION ACTION

4-1 The Co Cdr will complete the Administrative Separation Request Form and sign it.

4-2 The Co Cdr, 1SG, or member of the NCO support channel will submit the complete request for and the Administrative Separation packet supporting documents to their Bde Legal Office.

4-3 The request packet must include all required documents, based on the type of chapter being requested by the Co Cdr.

DO NOT FLAG THE SOLDIER FOR SEPARATION YET

STEP 5

PREPARATION AND DISTRIBUTION

5-1 Once the request packet is received by the Bde Legal Office, a member of the Bde Legal Office will review the packet to ensure that the packet has all the required documents.

a. The Paralegal will review the MSE documents and ensure that Block 74 of the DD Form 2807-1 is checked indicating that the Soldier is medically qualified for service. The paralegal will also inquire about the Integrated Disability Evaluation System (IDES) process.

b. If this is a dual action packet, meaning a Chapter 10 or 14 **AND** a MEB, the separation will continue. However, IAW paras 1-34d(1) and 1-34d(2) the separation authority cannot take final action until the General Courts-Martial Convening Authority directs to either proceed with the Administrative Separation or proceed with the IDES process.

c. If the Soldier is not in IDES, the processing will continue.

5-2 AR 635-200 does not require the DD Form 2648 from TAP to process the Administrative Separation through the chain of command. However, the DD Form 2648 must be included in the approved separation packet prior to the Bde Legal Office submitting the approved separation to Transition.

5-3 The Bde Legal Office will prepare the Administrative Separation memorandums IAW AR 635-200, within three working days.

5-4 The Cdr/1SG or his/her designee will pick up the Administrative Separation packet from the brigade legal office.

5-5 The Soldier who is the subject of the Administrative Separation is now referred to as the respondent.

DO NOT FLAG THE SOLDIER FOR SEPARATION YET

STEP 6

NOTIFICATION AND ACKNOWLEDGEMENT

6-1 The initiating Cdr will sign the notification and he/she or his/her designee will read notification to the respondent.

Note: This starts day one of the processing goal for the Administrative Separation process.

6-2 The respondent must acknowledge notification. If the respondent refuses to sign the acknowledgement, the Co Cdr will prepare a memorandum for record (See APPENDIX O) stating that the respondent refuses to sign, insert it into the Administrative Separation packet, and immediately inform your Bde Legal Office.

6-3 The Co Cdr will notify the Soldier of his/her right to speak with a Trial Defense Attorney (TDS) attorney. If the respondent declines TDS after being encouraged to Seek advice from counsel the respondent will be ordered to go to TDS to make that election with the TDS paralegal or attorney.

FLAG THE SOLDIER/RESPONDENT AFTER NOTIFICATION OF ELIMINATION WITH A “BA” FLAG CODE.

6-4 After the Co Cdr notifies the respondent, the Co Cdr must Flag the respondent for elimination with a BA Flag Code. See APPENDIX J.

a. IAW AR 600-8-2, paragraph 2-6, the flagging authority, unit Cdr, or first line supervisor will counsel all Soldiers on active duty, in writing, upon initiation of any Flag within 3 working days unless notification would compromise an ongoing investigation. (See APPENDIX I for an example of a flag counseling)

b. IAW AR 635-200, paragraph 2-2b the effective date of the Flag will be the date the Co Cdr signs the intent to separate notification memorandum to the respondent.

6-5 The Co Cdr will include the signed and executed Flag into the Administrative Separation Packet along with an updated Soldier Talent Profile (STP) reflecting the Flag Code.

6-6 The Co Cdr will give the original packet to the respondent's escort and send the escort and the respondent to the Bde Legal Office. The BDE paralegal will scan the updated STP and the signed and executed Flag, and review the packet prior to TDS. The Bde Legal Office will also give the respondent a copy of the packet. The original

packet must stay with the escort. The respondent must not be given the original packet.

STEP 7

TRIAL DEFENSE SERVICE PROCEDURE

7-1 TDS will see Soldiers pending separation on Tuesdays and Thursdays from 1300-1500. All Soldiers must have a physical copy of their packet prior to being seen. Soldiers must arrive to the scheduled time early, to ensure there is time for the TDS Paralegal to review the packet to ensure that all required documents are completed and enclosed.

7-2 At the appointment, the respondent will watch the TDS separation video. The video show times are 1330, 1400, and 1430. When the video is complete, the respondent will decide if he/she would like to consult with a defense counsel or a defense paralegal. TDS is usually able to see clients the same day they arrive. If a Soldier is unable to be seen, the TDS paralegal will forward an extension request memo to respondents' chain of command.

7-4

a. If the respondent **does not elect** to submit matters, TDS will make a copy of the completed election of rights and waiver (when applicable) and give it to the SM or their escort to bring back to BDE Legal Office or the Commander.

OR

b. If the respondent **elects to submit matters**, they will have seven duty days prescribed in AR 635-200 paragraphs 2-2c(6) and 2-4b(7) to provide their matters to their Command team or the BDE legal office.

7- 5 See APPENDIX P for the dates and times of the in-brief. Administrative Separation services are only available on a walk-in basis on the appropriate days and times (Tuesday & Thursday, 1300 - 1500).

7- 6 TDS is located at 2027D Pendleton Avenue, Joint Base Lewis-McChord, WA 42223.

Email: usarmy.jblm.i-corps.list.sja-tds@army.mil or usarmy.jblm.forscom.list.jblm-tds@mail.mil

Number: 253-477-1847

Website: <https://www.facebook.com/JBLMTDS>

STEP 8

BRIGADE LEGAL OFFICES' RESPONSIBILITY AFTER TDS

8-1 The Bde Legal Office will place the respondent's matters and elections into the original Administrative Separation packet.

8-2 The Bde Legal Office will either distribute the packet to the Co Cdr for him/her to complete the commander's report or the Bde Legal Office will walk it through the chain of command based on the urgency of the packet.

STEP 9

COMMANDERS' RESPONSIBILITY

9-1 Upon receipt of the Administrative Separation from the Bde Legal Office, the Co Cdr must review, sign, and date the commander's report.

9-2 The Co Cdr/Bde Legal Office will take the packet to the Bn Cdr.

9-3 The Bn Cdr will review, sign, and date his/her recommendation. **ONLY DO SUBPARAGRAPHS 9-3a AND 9-3b IF THE BN CDR IS THE SEPARATION AUTHORITY.**

a. If the Bn Cdr is the separation authority, he/she will review, sign, and date his/her directive and return the packet to the Bde Legal Office.

b. The Bde Legal Office will distro the Administrative Separation IAW with STEP 11 – TRANSITION, of this guide

9-4 The Bde Legal Office/Bn Cdr will take the separation packet to the Bde Cdr.

9-5 The Bde Cdr will sign and date his/her recommendation. **ONLY DO SUBPARAGRAPHS 9-5a AND 9-5b IF THE BDE CDR IS THE SEPARATION AUTHORITY.**

a. If the Bde Cdr is the separation authority, he/she will review, sign, and date his/her directive and return the packet to the Bde Legal Office.

b. The Bde Legal Office will distro the Administrative Separation IAW with STEP 11 – TRANSITION, of this guide.

9-6 The Bde Legal Office will take the separation packet to the Office Of the Staff Judge Advocate's Military Justice Division for the next commanding general's (CG) appointment.

STEP 10

ACTION AFTER DIRECTIVE FROM THE SEPARATION AUTHORITY

10-1 If the separation authority retains the respondent or suspends the separation, the Bde Legal Office will:

- a. Provide the respondent and the initiating Cdr with a copy of the separation authority's directive; and
- b. File a copy locally.

10-2 If the separation authority directs separation, the Bde Legal Office will submit the complete original packet to Transition.

10-3 If the separation authority directs an other than honorable discharge, the respondent must be reduced to Private (E1) IAW AR 635-200, paragraph 1-14d. The Bde Legal Office will send the separation authority's memorandum to the appropriate S1 for immediate reduction. The effective date of the reduction is the date the separation authority directed the other than honorable discharge.

STEP 11

TRANSITION

11-1 Bde Legal Office will email a copy of the approved Administrative Separation packet along with the DA Form 5138, See APPENDIX Q, to Transition.

11-2 Transition will cut orders within 24 to 48 hours.

11-3 Once orders are cut, Transition will email a copy of the separation orders to the Co Cdr, the Bn S1, and the Bde Legal NCOIC.

11-4 Based on the email the Soldier with an escort, will report to Transition at the appropriate appointment time given.

11-5 The respondent will go to the Transition brief and receive his/her clearing papers.

11-6 The respondent will immediately start clearing within five working days.

11-7 The respondent will be removed from all duty lists and field exercises.

11-8 When the respondent has completed all the clearing requirements including STEP 12 below, the Soldier can final out.

STEP 12

CENTRAL ISSUING FACILITY

12-1 The Co Cdr/1SG will ensure that the Respondent is escorted to Central Issuing Facility (CIF) to make the respondent's initial appointment.

12-2 All initial appointments must be made in person unless the Soldier is out of state. If the Soldier is out of state, the Co Cdr will email CIF to coordinate an appointment on behalf of the respondent.

12-3 CIF will give the respondent an appointment slip for the respondent to return. on the back of the appointment slip is the Standards for Turn-In/Issue of OCIE. A representative will go over the Standards for Turn-In/Issue of OCIE with the respondent.

12-4 The respondent will prepare his/her gear for turn-in and return to CIF on the date and time listed on his/her appointment slip. All gear under the ETS column of the respondent's Clothing Record with a No (N), the Soldier will turn in.

12-5 If the Respondent does not have all his/her gear required for turn in one of the following will occur:

a. If the number of gear missing is 10 or less, the Soldier can do a walk-in to turn in those 10 items or less.

b. If the number of missing gear is more than 10, then CIF will issue the Soldier another appointment slip to return to turn-in the remainder of the gear.

12-6 If the CIF process MUST be expedited, the process must be done IAW CIF SOP (see APPENDIX R) and the Co Cdr must complete an early turn-in memo (see APPENDIX S).



POINTS OF CONTACT



**Headquarters and Headquarters Battalion, I Corps;
201st Expeditionary – Military Intelligence Brigade**
Senior Paralegal NCO: (253) 477-4427



189th Combined Arms Training Brigade
Senior Paralegal NCO: (253) 477-3380

593d Expeditionary Sustainment Command
Senior Paralegal NCO: (253) 967-9622
HQ, 593d ESC Paralegals: (253) 966-0783
13th CSSB Paralegal: (253) 967-7541
533d TB(MC) Paralegal: (253) 966-0783



555th Engineer Brigade
Senior Paralegal NCO: (253) 477-5777
HHC, 555th EN BDE Paralegals: (253) 966-0424
864th EN BN Paralegal: (253) 966-0424
110th CM BN Paralegal: (253) 966-0424
3EOD BN Paralegal: (253) 966-0424

62D Medical Brigade
Paralegal NCO: (253) 966-3719
29th HC, 62D MED BDE Paralegal: (253) 966-3719
56th MMB, 62D MED BDE Paralegal: (253) 966-3719



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**42D Military Police Brigade;
6TH Military Police Group (CID)**
Senior Paralegal NCO: (253) 966-2475



5TH Security Force Assistance Brigade
Senior Paralegal NCO: (253) 966-2275

1ST Multi-Domain Task Force
Senior Paralegal NCO: N/A
Contact Paralegals through MS Teams



17TH Field Artillery Brigade
Senior Paralegal NCO: (253) 477-4735

Madigan Army Medical Center
Paralegal NCO: (253) 968- 4060



22D Signal Brigade
Senior Paralegal NCO: N/A
Contact Paralegals through MS Teams



1-2 Stryker Brigade Combat Team (7 ID)
Senior Paralegal NCO: (253) 477-3234

2-2 Stryker Brigade Combat Team (7 ID)
Senior Paralegal NCO: (253) 477-2240



16th Combat Aviation Brigade
Senior Paralegal NCO: (253) 477-3532

Clinics

McChord Clinic

690 Barnes Blvd.
Joint Base Lewis-McChord, WA 98438
253-982-2222

Winder Soldier-Centered Medical Home (SCMH)

9119 Mil Park Ave
Joint Base Lewis-McChord, WA 98433
253-477-0800 / Front Desk: 253-477-0901

Okubo SCMH

11582 C Street
Joint Base Lewis-McChord, WA 98433
253-966-1991 Option #1

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Allen SCMH

P3849 Railroad Ave
Joint Base Lewis-McChord, WA 98433
253-967-0877

Madigan Army Medical Center

9040 Jackson Ave.
Joint Base Lewis-McChord, WA 98431

Department of Behavioral Health:

Rainier Embedded Behavioral Health:
Building 9921A
Mon-Fri 0730-1630
(253) 968-4851 (option #2 to speak with a receptionist)
Counseling Psychologist: Mr. Kenneth Clifton
kenneth.e.clifton.civ@health.mil

Transition

BLDG 2140 (Waller Hall) 2140 Liggett Ave, Joint Base Lewis-McChord, WA
98433
COM: (253) 967-3882

Transition Assistance Program

BLDG 11577 (Hawk Career Center)
11577 41st Division Drive
Joint Base Lewis-McChord WA 98433
253-967-3258 / 3919
Email: usarmy.jblm.imcom.list.dhr-tap-outreach@army.mil

Trial Defense Service

2027D Pendleton Avenue, Joint Base Lewis-McChord, WA 42223
Office: 253-477-1958



APPENDIX B

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) DOE, John	Rank/Grade E-4	Date of Counseling 01-Sep-2024
Organization HSC, HHBn, I Corps	Name and Title of Counselor SFC Courage Pride, Platoon Sergeant	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: ☐ Non Directive ☒ Combined ☐ Directive

Type of Counseling: ☐ General Form ☐ Professional Growth ☐ Performance ☒ Event Oriented

Events: ☐ Superior Performance ☐ R & I Counseling ☐ Promotion ☐ Crisis ☐ Referral ☐ Transition
☐ Substandard Performance ☒ Adverse Separation

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Separation under AR 635-200, Active Duty Enlisted Administrative Separations, paragraph 5-14, Other designated physical or mental conditions

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

[The Commander must counsel the Soldier when the Soldier has been diagnosed with a mental or physical condition that does not meet criteria for an entry into Integrated Disability Evaluation System, IAW AR 635-200, paragraph 5-14j.

(The commander must also counsel the Soldier that they have been given an opportunity to overcome his/her deficiency IAW AR 635-200, paragraph 1-17b(4), but have failed to do so, IAW paragraph AR 635-200, paragraph 5-14j. The written counseling must also include that the condition does not qualify as a disability.

(There is no need for the "magic bullet" in these counselings IAW AR 635-200, Paragraph I-17a]

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

- ☐ SM will attend all pre-separation appointments.
- ☐ SM will report to and complete Medical Status Evaluation with a medical provider
- ☐ SM will report to applicable clinic and complete the Mental Health Evaluation with a medical provider
- ☐ SM Will Report to Transition assistance Program and complete the required separation process

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:

DATE (YYYYMMDD):

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

I will ensure SM attends/completes all required pre-separation appointments/documents.

I will provide you with a copy of this counseling

I will provide you with an escort

Signature of Counselor:

Date (YYYYMMDD):

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

SIGNATURES

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

Note: Both the counselor and the individual counseled should retain a record of the counseling.

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) DOE, John	Rank/Grade E-4	Date of Counseling 01-Sep-2024
Organization HSC, HHBn, I Corps	Name and Title of Counselor SFC Courage Pride, Platoon Sergeant	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: ☐ Non Directive ☒ Combined ☐ Directive

Type of Counseling: ☐ General Form ☐ Professional Growth ☐ Performance ☒ Event Oriented

Events: ☐ Superior Performance ☐ R & I Counseling ☐ Promotion ☐ Crisis ☐ Referral ☐ Transition
☐ Substandard Performance ☒ Adverse Separation

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Separation under AR 635-200, Active Duty Enlisted Administrative Separations, Chapter 13, Separation for Unsatisfactory Performance

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

(In the body of this counseling you will layout what the Soldier did. Put all dates and what exactly they are being separated for.)

Chapter 13-2. Criteria

a. Commanders may initiate separation for a Soldier for unsatisfactory performance when the three following conditions are met:

- (1) The Soldier's performance has been unsatisfactory.
- (2) After sufficient counseling and rehabilitative efforts have been made, the Soldier's performance continues to be unsatisfactory.
- (3) The Soldier's performance and potential indicate that he or she will not develop sufficiently to become a fully satisfactory Soldier.

b. Commanders will initiate separation for unsatisfactory performance for Soldiers who are eliminated for cause from a Noncommissioned Officer Education System (NCOES) course. Commanders have the discretion to bar Soldiers from reenlistment in lieu of initiation of separation for these Soldiers per AR 601-280 or AR 140-111.

c. Commanders will initiate separation for unsatisfactory performance when the Soldier fails two consecutive record APFTs under AR 350-1. The APFT failures must be within the timeline set forth in AR 350-1. The time a Soldier is on a temporary medial profile, which prohibits taking an APFT, does not count towards the timeline prescribed in AR 350-1. Commanders have the discretion to bar Soldiers from reenlistment in lieu of initiation of separation per AR 601-280 or AR 140-111.

You are hereby counseled in accordance with AR 635-200, paragraph 17-3 regarding the alleged misconduct as described above. The alleged misconduct may result in initiation of separation action to eliminate you from the Army under various chapters of AR 635-200. If you are separated, you could receive an honorable, general, or other than honorable characterization of service. An honorable discharge is a separation with honor based on the quality of service, which meets the standards of acceptable conduct and performance of duty. A general discharge is a separation under honorable conditions based on a military record being satisfactory but not sufficiently meritorious to warrant an honorable discharge. A discharge under other than honorable conditions is based upon one or more acts or omissions that constitute a significant departure from the conduct expected of a Soldier. A general or other than honorable characterization of service could severely prejudice you

OTHER INSTRUCTIONS

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in civilian life. Additionally, an other than honorable characterization of service could deprive you of many or all military and VA benefits, to include forfeiture of all educational benefits. Per AR 635-200, paragraph 1-17, if your misconduct included a serious offense, administrative separation may be initiated without further counseling. Although there are agencies to which you may apply to have your characterization of service changed, such application is not automatic and is often unsuccessful. If you have any questions regarding your rights or benefits, please let me know and I will assist you in seeking legal services. _____ SM Initials

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

- _____ SM will attend all pre-separation appointments.
- _____ SM will report to and complete Medical Status Evaluation with a medical provider
- _____ SM will report to applicable clinic and complete the Mental Health Evaluation with a medical provider
- _____ SM Will Report to Transition assistance Program and complete the required separation process

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:

DATE (YYYYMMDD):

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- I will ensure SM attends/completes all required pre-separation appointments/documents.
- I will provide you with a copy of this counseling
- I will provide you with an escort

Signature of Counselor:

Date (YYYYMMDD):

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Note: Both the counselor and the individual counseled should retain a record of the counseling.

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT**AUTHORITY:** 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.**PRINCIPAL PURPOSE:** These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.**NOTE:** For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.**ROUTINE USE(S):** There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.**DISCLOSURE:** Disclosure is voluntary.**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI) DOE, John	Rank/Grade E-4	Date of Counseling 01-Sep-2024
Organization HSC, HHBn, I Corps	Name and Title of Counselor SFC Courage Pride, Platoon Sergeant	

PART II - BACKGROUND INFORMATION**Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)Approach: ☐ Non Directive ☒ Combined ☐ DirectiveType of Counseling: ☐ General Form ☐ Professional Growth ☐ Performance ☒ Event OrientedEvents: ☐ Superior Performance ☐ R & I Counseling ☐ Promotion ☐ Crisis ☐ Referral ☐ Transition
☐ Substandard Performance ☒ Adverse Separation**Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Separation under AR 635-200, _____ (Chapter 14-12a, Chapter 14-12b, etc.), _____ Minor Disciplinary Infractions Pattern of Misconduct, etc)

PART III - SUMMARY OF COUNSELING**Complete this section during or immediately subsequent to counseling.****Key Points of Discussion:**

Due to your multiple instances of insubordination, communicating threats, and lying to multiple officers, I intend on initiating separation on you under AR 635-200, _____ (Chapter 14-12b for a pattern of misconduct). This counseling serves as your notification of my intent based on your deficiencies, and as the final rehabilitative measure IAW AR 635-200, paragraph 1-17.

I am counseling you for the conduct noted above. If this conduct continues, UCMJ action or adverse administrative action such as a General Officer Memorandum of Reprimand (GOMOR), Bar to Reenlistment, Article 15, or other action may be taken to include action to separate you from the Army. If you are involuntarily separated, you could receive an Honorable discharge; General, under Honorable Conditions discharge; or under Other than Honorable Conditions discharge. An Honorable discharge is a separation with honor based on the quality of service, which meets the standards of acceptable conduct and performance of duty. A General discharge is a separation under honorable conditions based on a military record being satisfactory, but not sufficiently meritorious to warrant an Honorable discharge. A discharge under Other than Honorable Conditions is based upon a pattern of behavior of one or more acts or omissions that constitutes a significant departure from the conduct expected of a Soldier. If you receive an Honorable discharge, you will be qualified for most benefits resulting from military service. If you receive a General discharge, you will be disqualified from service for some period of time and you will be ineligible for some military and VA administered benefits, including the Montgomery/Post 911 GI Bill. If you receive a discharge under Other than Honorable Conditions, you will be ineligible for further service and for most benefits, including payments of accrued leave, transitional benefits, the Montgomery/Post 911 GI Bill, and possibly transportation of dependents and household goods to home. You may also face difficulty in obtaining civilian employment as employers have a low regard for General and under Other than Honorable conditions discharges. Although there are agencies to which you may apply to have your characterization of service changed, it is unlikely that such application will be successful.

____ (Soldier's initials)

OTHER INSTRUCTIONS

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- ☐ SM will attend all pre-separation appointments.
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Individual counseled remarks:

Signature of Individual Counseled:

DATE (YYYYMMDD):

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

I will ensure SM attends/completes all required pre-separation appointments/documents.

I will provide you with a copy of this counseling

I will provide you with an escort

Signature of Counselor:

Date (YYYYMMDD):

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

SIGNATURES

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

Note: Both the counselor and the individual counseled should retain a record of the counseling.





DEPARTMENT OF THE ARMY
UNIT NAME SPELT OUT
UNIT STREET ADDRESS
JOINT BASE LEWIS-MCCHORD, WA 93433-9500

AFZH-DC

1 September 2024

MEMORANDUM FOR RECORD

SUBJECT: REQUEST FOR PHYSICAL EXAMINATION

1. SSG Snuffy, Joe E., C Company, 1st Battalion, 2nd Brigade Combat Team, requires a physical exam for SPECIFIC CHAPTER, conducted by a medical provider.
2. This Soldier is aware they must call the Winder Family Medicine Clinic PHA appointment line at 253-477-0900 to make an appointment in order to have appropriate labs/imaging ordered and the Phase 2 physical appointment scheduled.
3. Failure to have a signed memo and appointment will result in delay of physical exam processing, risking inability to attend specified school or administrative action in the specified timeframe.
4. I am the point of contact for this memorandum. You can reach me at 253-477-XXXX or at the.commander.mil@army.mil.

THE COMMANDER
CPT, LG
Commanding



REPORT OF MEDICAL ASSESSMENT

PRIVACY ACT STATEMENT

AUTHORITY: PL 103-160, EO 9397.**PRINCIPAL PURPOSE:** To be used by the Medical Services to provide a comprehensive medical assessment for active and reserve component service members separating or retiring from active duty.**ROUTINE USES:** A copy of this form will be released to the Department of Veterans Affairs.**DISCLOSURE:** Voluntary; however, failure to disclose the requested personal information may result in delay in processing any disability claim.**SECTION I - TO BE COMPLETED BY SERVICE MEMBER. Any service member who requests a physical examination may have one.**

1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER		3. RANK
4. COMPONENT		5. UNIT OF ASSIGNMENT		
6a. HOME STREET ADDRESS (Or RFD, including apartment number)	b. CITY	c. STATE	d. ZIP CODE	7. HOME TELEPHONE NUMBER (Include area code)
8. DATE OF LAST PHYSICAL EXAMINATION BY THE MILITARY (YYMMDD)		9. DATE ENTERED ON CURRENT ACTIVE DUTY (YYMMDD)		
10. COMPARED TO MY LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, MY OVERALL HEALTH IS (X one. If "Worse," explain.) <input type="checkbox"/> THE SAME <input type="checkbox"/> BETTER <input type="checkbox"/> WORSE				
11. SINCE YOUR LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, HAVE YOU HAD ANY ILLNESSES OR INJURIES THAT CAUSED YOU TO MISS DUTY FOR LONGER THAN 3 DAYS? (X one. If "Yes," explain.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
12. SINCE YOUR LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, HAVE YOU BEEN SEEN BY OR BEEN TREATED BY A HEALTH CARE PROVIDER, ADMITTED TO A HOSPITAL, OR HAD SURGERY? (X one. If "Yes," explain.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
13. HAVE YOU SUFFERED FROM ANY INJURY OR ILLNESS WHILE ON ACTIVE DUTY FOR WHICH YOU DID NOT SEEK MEDICAL CARE? (X one. If "Yes," explain.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
14. ARE YOU NOW TAKING ANY MEDICATIONS? (X one. If "Yes," list medications.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
15. DO YOU HAVE ANY CONDITIONS WHICH CURRENTLY LIMIT YOUR ABILITY TO WORK IN YOUR PRIMARY MILITARY SPECIALTY OR REQUIRE GEOGRAPHIC OR ASSIGNMENT LIMITATIONS? (X one. If "Yes," explain.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
16. DO YOU HAVE ANY DENTAL PROBLEMS? (X one. If "Yes," explain.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
17. DO YOU HAVE ANY OTHER QUESTIONS OR CONCERN ABOUT YOUR HEALTH? (X one. If "Yes," explain.) <input type="checkbox"/> NO <input type="checkbox"/> YES				
18. AT THE PRESENT TIME, DO YOU INTEND TO SEEK DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY? (X one. If "Yes," list conditions for which you will ask for VA Disability.) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNCERTAIN				
19. CERTIFICATION. I certify that the information provided above is true and complete to the best of my knowledge.				
a. SIGNATURE OF SERVICE MEMBER				b. DATE SIGNED (YYMMDD)

SECTION II - TO BE COMPLETED BY INDIVIDUALLY PRIVILEGED HEALTH CARE PROVIDER

This Report of Medical Assessment is to be used by the Medical Services to provide a comprehensive medical assessment for active and reserve component service members separating or retiring from active duty. The assessment will cover, as a minimum, the period since the service member's last medical assessment/physical examination, or the period of this call or order to active duty. Any service member who requests a physical examination may have one. Any service member who has indicated "yes" to Item 18 will have an appropriate physical examination, if the last examination is more than 12 months old and/or there are new signs and/or symptoms. If the service member answers "Worse" to Item 10 or "Yes" to Items 11, 12, or 14 through 18, documentation of the injury, illness, or problem should be included in the service member's medical or dental record.

20. HEALTH CARE PROVIDER COMMENTS *(All patient complaints must be addressed)***21. WAS PATIENT REFERRED FOR FURTHER EVALUATION?** *(X one. If "Yes," specify where.)*

- ☐ NO
☐ YES

22. PURPOSE OF ASSESSMENT *(X one. If "Other," explain.)*

- ☐ **SEPARATION** *(Includes discharge from military service and release from active duty, including release of National Guard and Reserve personnel voluntarily or involuntarily called or ordered to active duty.)*
- ☐ **RETIREMENT**
- ☐ **OTHER**

23. MEDICAL FACILITY**24. DATE OF ASSESSMENT**
(YYMMDD)**25. HEALTH CARE PROVIDER**

a. NAME *(Last, First, Middle)* b. GRADE/RANK c. SIGNATURE



ATTENTION SOLDIERS AND ESCORTS

CHAPTER PHYSICAL EXAMS

- ❖ Most Chapter Physicals require the presence of an E-5 or above for the duration of the physical exam (exceptions pregnancy, family care or hardship discharges).

NO EXCEPTIONS

- ❖ All Chapter Physicals require a memo signed by the Soldier and by the Commander. Your packet will need to include both commander's memo-
*Request for Physical Examination and Notification to Separate AR635-200.

You must have your Chapter Packet with you. If your paperwork is not Complete- with ALL of your YES answers explained- your appointment will need to be re-scheduled by calling the appointment line 253-477-0900.

Make sure that your AUDIOLOGY Report is attached to your Physical.

- ❖ The escort is responsible for this Soldier- this includes having all required paperwork completed and with them, making sure that the soldier is in PT Uniform and arrives at least 30 minutes prior to appointment with provider.
- ❖ The escort is required to accompany the soldier for the duration of his physical- escort needs to be in the building with his Soldier at all times.
- ❖ FAILURE TO DO SO WILL RESULT IN THE CANCELATION OF YOUR PHYSICAL APPOINTMENT AND NOTIFICATION SENT TO UNIT COMMANDER.

*****ATTENTION*****

**YOU CAN NOT DO YOUR LABS OR CHEST X-RAY THE SAME DAY AS
YOU DO YOUR BRIEFING.**

YOU WILL NEED TO WAIT UNTIL THE FOLLOWING DAY.



APPENDIX F

REPORT OF MEDICAL EXAMINATION			1. DATE OF EXAMINATION (YYYYMMDD)		2a. SOCIAL SECURITY NUMBER		2b. DoD ID NUMBER (If applicable)																																																																																																																
PRIVACY ACT STATEMENT																																																																																																																							
<p>AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, Regular components: qualifications, term, grade; 10 U.S.C. 507, Extension of enlistment for members needing medical care or hospitalization; 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency: testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>																																																																																																																							
3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)			4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)			5a. HOME TELEPHONE NUMBER (Include Area Code)		5b. E-MAIL ADDRESS																																																																																																															
6. GRADE/ RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9b. PREFERRED GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	10a. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		10b. RACIAL CATEGORY (Select one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander																																																																																																																
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)				13. ORGANIZATION UNIT AND UIC/CODE																																																																																																																	
14a. RATING OR SPECIALTY (Aviators Only)			14b. TOTAL FLYING TIME			14c. LAST SIX MONTHS																																																																																																																	
15a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		15b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		15c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Retirement <input type="checkbox"/> Commission <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Retention <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other _____		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)																																																																																																																	
MEDICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)						43. DENTAL DEFECTS AND DISEASE Acceptable <input type="checkbox"/> (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.) Not Acceptable <input type="checkbox"/> Class _____																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Normal</th> <th>Abnormal</th> <th>NE</th> </tr> </thead> <tbody> <tr><td>17. Head, face, neck and scalp</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>18. Nose</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>19. Sinuses</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>20. Mouth and throat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>22. Tympanic Membranes (Perforation)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>23. Eyes - General</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>24. Ophthalmoscopic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>25. Pupils (Equality and reaction)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>26. Ocular motility (Associated parallel movements, nystagmus)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>27. Heart (Thrust, size, rhythm, sounds)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>28. Lungs and chest (Include breasts)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>29. Vascular system (Varicosities, etc.)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>31. Abdomen and viscera (Include hernia)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>32. External genitalia (Genitourinary)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>33. Upper extremities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>34. Lower extremities (Except feet)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>35. Feet (Check category)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>35a. <input type="checkbox"/> Normal Arch <input type="checkbox"/> Pes Planus <input type="checkbox"/> Pes Cavus</td> <td colspan="3" rowspan="3" style="background-color: #cccccc;"></td> </tr> <tr> <td>35b. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</td> </tr> <tr> <td>35c. <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Rigid</td> </tr> <tr><td>36. Spine, other musculoskeletal</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>37. Body marks, scars, tattoos</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>38. Skin, lymphatics</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>39. Neurologic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>40. Psychiatric (Specify any personality disorder)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>41. Pelvic (Females only)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>42. Endocrine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>										Normal	Abnormal	NE	17. Head, face, neck and scalp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Mouth and throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Tympanic Membranes (Perforation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Eyes - General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Ophthalmoscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Pupils (Equality and reaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Ocular motility (Associated parallel movements, nystagmus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Heart (Thrust, size, rhythm, sounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Lungs and chest (Include breasts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Vascular system (Varicosities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Abdomen and viscera (Include hernia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. External genitalia (Genitourinary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Upper extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Lower extremities (Except feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Feet (Check category)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35a. <input type="checkbox"/> Normal Arch <input type="checkbox"/> Pes Planus <input type="checkbox"/> Pes Cavus				35b. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	35c. <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Rigid	36. Spine, other musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Body marks, scars, tattoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Skin, lymphatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Psychiatric (Specify any personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Pelvic (Females only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Endocrine
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44. NOTES: (Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)																																																																																																																							

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)										SOCIAL SECURITY NUMBER					DoD ID NUMBER																
LABORATORY FINDINGS																															
45. URINALYSIS					a. Albumin					b. Sugar					46. URINE HCG					47. H/H					48. BLOOD TYPE						
TESTS					RESULTS					HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL																
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b. EKG																															
c. CXR																															
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT (in.)				54. WEIGHT (lbs.)				55a. MIN WGT				55b. MAX WGT				55c. MAX BF %				55d. BMI				56. TEMPERATURE				57. HEART RATE			
58. BLOOD PRESSURE										59. RED/GREEN										60. OTHER VISION TEST											
a. 1ST				b. 2ND				c. 3RD																							
SYS.				SYS.				SYS.																							
DIAS.				DIAS.				DIAS.																							
61. DISTANCE VISION						62. REFRACTION						<input type="checkbox"/> AUTO <input type="checkbox"/> MANIFEST <input type="checkbox"/> CYCLO				63. NEAR VISION															
Right Uncorr. 20/		Corr. to 20/		Sph:		Cyl:		Axis:		Right Uncorr. 20/		Corr. to 20/		Add:																	
Left Uncorr. 20/		Corr. to 20/		Sph:		Cyl:		Axis:		Left Uncorr. 20/		Corr. to 20/		Add:																	
64. HETEROPHORIA																															
ES		EX		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD																	
65. ACCOMMODATION						66. COLOR VISION (Pass/Fail and Score)						67. DEPTH PERCEPTION (Pass/Fail and Score)																			
Right		Left		PIP		RED/GREEN		Color Dx		AFVT				RANDOT/MCST																	
68. FIELD OF VISION								69. NIGHT VISION								70. INTRAOCULAR PRESSURE															
																O.D.		O.S.													
71a. AUDIOMETER Unit Serial Number								71b. Unit Serial Number								72a. READING ALOUD TEST:		<input type="checkbox"/> SAT		<input type="checkbox"/> UNSAT											
Date Calibrated (YYYYMMDD)								Date Calibrated (YYYYMMDD)								72b. VALSALVA:		<input type="checkbox"/> SAT		<input type="checkbox"/> UNSAT											
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	72c. OTHER TESTING																	
Left							Left																								
Right							Right																								
73. NOTES AND/OR INTERVAL HISTORY																															

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)						SOCIAL SECURITY NUMBER			DoD ID NUMBER		
74. EXAMINEE <input type="checkbox"/> IS MEDICALLY QUALIFIED <input type="checkbox"/> IS NOT MEDICALLY QUALIFIED						75. I have been advised of my disqualifying condition(s).					
						75a. SIGNATURE OF EXAMINEE			75b. DATE (YYYYMMDD)		
76. PHYSICAL PROFILE											
P	U	L	H	E	S	X	D	PROFILER INITIALS		DATE (YYYYMMDD)	
77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES											
ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED			
								SERVICE	DATE (YYYYMMDD)		
78. SUMMARY OF MEDICAL DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary).											
79. RECOMMENDATIONS (Specify) (Use additional sheets if necessary).											
80. MEPS WORKLOAD (For MEPS use only)											
WKID	ST	DATE (YYYYMMDD)	INITIALS			WKID	ST	DATE (YYYYMMDD)	INITIALS		
81. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE		
82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						82b. Signature					
83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						83b. Signature					
84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						84b. Signature					
85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY (Indicate which)						85b. Signature					
86. This examination has been administratively reviewed for completeness and accuracy.											
a. SIGNATURE				b. GRADE				c. DATE (YYYYMMDD)			
87. WAIVER GRANTED (If yes, date and by whom)				YES <input type="checkbox"/>		NO <input type="checkbox"/>		88. NUMBER OF ATTACHED SHEETS			

89. ADDITIONAL REMARKS

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
20241031

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reaction suggestions to the Department of Defense, Washington Headquarter Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense For Personnel and Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted.

ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: <http://dpold.defense.gov/Privacy/SORNs/Index/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/>

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2.a SOCIAL SECURITY NO.	b. DoD ID NO. (If applicable)	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Stress, Apartment No., City, State, and ZIP Code)			
b. HOME TELEPHONE (Include Area Code)			
c. EMAIL ADDRESS			
5. EXAMINING LOCATION AND ADDRESS (Include Zip Code)			

X ALL APPLICABLE BOXES:

6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	b. COMPONENT <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> Other (Specify)	7.a. POSITION (Title, Grade, Component)
			b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-Counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine, or other substance)
--	---

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts, or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s), or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids, or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss or vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings, or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES NO	YES NO
15.a. Dizziness or fainting spells	<input type="radio"/> <input type="radio"/>	
b. Frequent or severe headache	<input type="radio"/> <input type="radio"/>	
c. A head injury, memory loss or amnesia	<input type="radio"/> <input type="radio"/>	
d. Paralysis	<input type="radio"/> <input type="radio"/>	
e. Seizures, convulsions, epilepsy, or fits	<input type="radio"/> <input type="radio"/>	
f. Car, train, sea, or air sickness	<input type="radio"/> <input type="radio"/>	
g. A period of unconsciousness or concussion	<input type="radio"/> <input type="radio"/>	
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/> <input type="radio"/>	
16.a. Rheumatic fever	<input type="radio"/> <input type="radio"/>	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/> <input type="radio"/>	
c. Pain or pressure in the chest	<input type="radio"/> <input type="radio"/>	
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/> <input type="radio"/>	
e. Heart trouble or murmur	<input type="radio"/> <input type="radio"/>	
f. High or low blood pressure	<input type="radio"/> <input type="radio"/>	
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/> <input type="radio"/>	
b. Habitual stammering or stuttering	<input type="radio"/> <input type="radio"/>	
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/> <input type="radio"/>	
d. Frequent trouble sleeping	<input type="radio"/> <input type="radio"/>	
e. Received counseling of any type	<input type="radio"/> <input type="radio"/>	
f. Depression or excessive worry	<input type="radio"/> <input type="radio"/>	
g. Been evaluated or treated for a mental condition	<input type="radio"/> <input type="radio"/>	
h. Attempted suicide	<input type="radio"/> <input type="radio"/>	
i. Used illegal drugs or abused prescription drugs	<input type="radio"/> <input type="radio"/>	
18. FEMALES ONLY. Have you ever had or do you now have:	<input type="radio"/> <input type="radio"/>	
a. Treatment for a gynecological (female) disorder	<input type="radio"/> <input type="radio"/>	
b. A change of menstrual pattern	<input type="radio"/> <input type="radio"/>	
c. Any abnormal PAP smears	<input type="radio"/> <input type="radio"/>	
d. First day of last menstrual period (YYYYMMDD)		
e. Date of last PAP smear (YYYYMMDD)		
19. Have you been refused employment, or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/> <input type="radio"/>	
b. Inability to perform certain motions	<input type="radio"/> <input type="radio"/>	
c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/> <input type="radio"/>	
d. Other medical reasons (If yes, give reasons.)	<input type="radio"/> <input type="radio"/>	
20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/> <input type="radio"/>	
21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/> <input type="radio"/>	
22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/> <input type="radio"/>	
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/> <input type="radio"/>	
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/> <input type="radio"/>	
25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/> <input type="radio"/>	
26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/> <input type="radio"/>	
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/> <input type="radio"/>	
28. Have you ever been denied life insurance?	<input type="radio"/> <input type="radio"/>	
29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)		

NOTE: HAND TO THE DOCTOR OR NUSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
a. COMMENTS		
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>



Command Directed Behavioral Health Evaluations (CDBHE)

Procedures for Command Directed Mental Health Evaluations IAW by DOD Instruction 6490.04

Rank:	Service Member Name:	DoD ID #:	DoB:
Time In Service: Years Months	Time In Grade: Years Months	Time In Unit: Years Months	Unit:
Commander / Supervisor:		Phone:	E-Mail:
1SG:		Phone:	E-Mail:
Check The Type Of CDBHE You Are Requesting			
<input type="checkbox"/> Routine CDBHE (Suitability for duty and/or service, but NO imminent risk for harm to self and/or others). Consult with a Behavioral Healthcare Provider regarding proper CDBHE procedures, and obtained appointment date and time. 1. Call your assigned Behavioral Health Clinic or call 968-2700 for routing to your unit's clinic.			
<input type="checkbox"/> Emergency CDBHE Procedural Requirements 1. A Commander or Supervisor will refer a Service Member (SM) for an emergency CDBHE as soon as is practicable whenever: a. A Service Member, by actions or words, such as actual, attempted, or threatened violence, intends or is likely to cause serious injury to him or herself or others. b. When the facts and circumstances indicate that the Service Member's intent to cause such injury is likely. c. When the commanding officer believes that the Service Member may be suffering from a severe behavioral disorder (e.g., not performing basic self-care (bathing, eating, etc.), appears to hear or see things not present, etc.). 2. A senior enlisted Service Member may be designated by the Commander or Supervisor for ordering an emergency CDBHE for enlisted Service Members. In cases involving a commissioned officer, a commissioned officer of rank senior to the officer to be referred may be designated. During duty hours, if possible, consult with a Behavioral Health Provider at your assigned Behavioral Health Clinic before executing the referral and escorting the Service Member to the Clinic. After duty hours (1545 - 0730), weekends and holidays escort Service Member to the Emergency Department. In some emergencies where the Commander or Supervisor is not able to consult prior to executing the referral, the Commander or Supervisor should contact the clinic while the SM is being escorted to the clinic.			
Reason For Referral: Explanation of general observations of Soldier. How does the Soldier interact and react in general, to include valid collateral information from friends, family, and/or co-workers? What is the nature of the current situation and problem? Impact on military duty and rehabilitation attempts. Reference supporting documents as appropriate.			
Military Performance: How does the Soldier perform assigned duties and responsibilities, and get along with other and with supervisors? Annotate both positive and negative observations.			
Disciplinary Action: Previous Article 15: <input type="checkbox"/> Yes <input type="checkbox"/> No Pending Article 15: <input type="checkbox"/> Yes <input type="checkbox"/> No List past and pending dates of legal actions, charges, articles, etc.:			
Rehabilitation Attempts: (List counseling in unit, transfers, job changes, etc.)			
Rank / Grade	Commander / Supervisor Name	Signature	Date

Command Directed Behavioral Health Evaluations (CDBHE)

Procedures for Command Directed Mental Health Evaluations IAW DOD Instruction 6490.04

Background: DoDI 6490.04 establishes the minimum procedures Commanders must follow and the rights of Service members referred for Command Directed Mental Health Evaluations. This form and the current policy at JBLM are supplemental to the DoDI 6490.04.

Purpose: The DoDI is designed to protect Service Members from a referral to the behavioral health system as a means of "whistleblower actions/ reprisal." Only a Commander or a Supervisor (commissioned officer or civilian employee equivalent, in a grade level comparable to a commissioned officer, who exercises supervisory authority over the Service member's duty assignment) can refer a Service Member for a Command Directed Evaluation. It is the Commander's and supervisor's responsibility to educate the Service Member that there is no stigma associated with obtaining behavioral health services.

CDBHE may be for the following reasons: fitness/suitability for duty, occupational requirements, safety issues, significant changes in performance, or behavior changes that may be attributable to possible behavioral health issues.

Scope: Applies to Command Directed Mental/Behavioral Health Evaluations, not referrals for routine evaluations required for administrative separations or to attend schools.

CDMHE Procedural Requirements (complete when possible in context of an emergency evaluation)

1. Consult with a Behavioral Healthcare Provider by telephone before executing the referral.
2. Inform the Service member of the intent of this evaluation and provide him/her a copy of this form if desired to include:
 - a. Name of Behavioral Healthcare Provider consulted: _____
 - b. Date and Time of Evaluation: _____
 - c. Location of Evaluation: _____
 - d. Name of the Behavioral Healthcare Provider, who will complete evaluation: _____
 - e. Contact information for the clinic/provider: _____
 - f. Telephone number for JAG Attorneys, IG, and Chaplains whom the Service Member can access, if so requested. _____
3. Have the Service Member sign this written notice or annotate that the Service Member refuses to sign and his/her stated reason.
4. **Soldier:** Arrive 15 minutes early to the appointment.
5. **Escort:** An NCO equal to or one grade higher to that of the Soldier. In the case of an Officer, the Commander must make the determination of the escort

I have read this form, which states the reasons for this referral. I understand that I may consult with individuals of support/guidance (e.g., Chaplains, JAG etc.) and that this referral is not punitive and is not associated with stigma. I understand that I can obtain a copy of this form if desired.

Service Member's Printed Name: _____

Signature: _____ Date & Time: _____

OR (SM writes reason below for not signing)

Service member declined to sign this form (give reason and/or quote Service member):

COMMANDER'S REQUEST FOR BEHAVIORAL HEALTH EVALUATION FOR CHAPTER DISCHARGE

IAW with AR 635-200 (paragraph 1-32)

SERVICE MEMBER NAME		RANK	SSN	AGE	MARITAL STATUS
TIME IN SERVICE	CURRENT UNIT ASSIGNMENT			TIME IN UNIT	UNIT TELEPHONE
COMMANDER			FIRST SERGEANT		

ADMINISTRATIVE SEPARATIONS THAT REQUIRE A MENTAL STATUS EVALUATION:

Please indicate the Chapter you are currently processing on this service member.

☐ Chapter 13 (Discharge for Unsatisfactory Performance)☐ Chapter 14 - Section III only (Discharge for Acts or Patterns of Misconduct)**COMMANDER'S COMMENTS.** (Please provide information on the the issues of concern and the impact on military duty)
PROBLEM(S) WITH MILITARY PERFORMANCE:DISCIPLINARY ACTION: PREVIOUS ARTICLE 15 ☐ NO ☐ YES ARTICLE 15 PENDING ☐ NO ☐ YES

REHABILITATION ATTEMPTS: (list counseling in unit, transfers, and job changes)

PREVIOUS CONTACT WITH:BEHAVIORAL HEALTH ☐ NO ☐ YES ASAP ☐ NO ☐ YES FAMILY ADVOCACY ☐ NO ☐ YESESTIMATE OF RETENTION POTENTIAL: ☐ NONE ☐ QUESTIONABLE (Low) ☐ GOOD ☐ VERY GOOD

COMMANDER'S PRINTED NAME	RANK	COMMANDER'S SIGNATURE (Required)	DATE SIGNED
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APPENDIX H

REPORT OF MENTAL STATUS EVALUATION

For use of this form, see AR 40 - 66; the proponent agency is OTSG.

SECTION I – REASON FOR BEHAVIORAL HEALTH EVALUATION

Select Reason for MSE

☐ Other: _____

SECTION II – BEHAVIORAL HEALTH DISPOSITION DETERMINATION

- ☐ SM shows no evidence of an impairing behavioral health (BH) condition. SM is cleared for advanced military training.
- ☐ No duty limitations due to behavioral health reasons. SM currently meets behavioral health medical retention standards (IAW AR 40-501).
- ☐ BH condition meets retention standards but may require waiver for deployability within specific areas of operation.
- ☐ SM is on a Profile which expires _____ See Profile for details.
- ☐ SM currently does NOT meet medical retention standards, has reached medical retention determination point, and a Disability Evaluation System referral is:
☐ indicated or ☐ has already occurred.
- ☐ Further assessment is needed to determine behavioral health medical readiness status.

For Ch. 5-13/17, AR 635-200

- ☐ SM meets criteria for Ch. 5-13/17 administrative. SM currently meets medical retention standards.
- ☐ Yes ☐ No SM deployed to an imminent danger pay area IAW MEDCOM Policy 19-001 (**YES** Requires OTSG-Level approval using BHAR).
- ☐ There is no evidence of a documented change in diagnosis from a boardable to a non-boardable condition within the past 90 days.
- ☐ The condition is of sufficient severity to interfere with the SM's ability to function in the military. The SM is not amenable to BH treatment and is unlikely to respond to Command efforts at rehabilitation.

SECTION III – PERTINENT FINDINGS ON MENTAL STATUS EVALUATION

Screening performed: ☐ Post-Traumatic Stress Disorder ☐ Depression ☐ Traumatic Brain Injury ☐ Substance Misuse ☐ Sexual Trauma

COGNITION: <input type="checkbox"/> Not Impaired <input type="checkbox"/> Impaired	BEHAVIOR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
PERCEPTIONS: <input type="checkbox"/> Not Impaired <input type="checkbox"/> Impaired	IMPULSIVITY: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
BH RISK FOR HARM TO SELF: <input type="checkbox"/> Not Elevated <input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	
BH RISK FOR HARM TO OTHERS: <input type="checkbox"/> Not Elevated <input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	

Positive Screens/Findings/Elevated Risks (*Use further Comment section if space is needed*):

SECTION IV - DIAGNOSES

(ONLY REPORT DIAGNOSES REQUIRED FOR SUPPORTING SECTION II FINDINGS)

BH DIAGNOSES:

OTHER MEDICAL DIAGNOSES:

SECTION V - FOLLOW-UP RECOMMENDATIONS

☐ No follow-up needed ☐ Follow-up recommended (*see below*) ☐ Follow-up as already scheduled (*see below*)

Clinic:	Phone:	Location:	Date:	Time:

☐ Recommend Command referral to: ☐ Family Advocacy Program ☐ Substance Use Disorder Evaluation ☐ Other: _____

PATIENT INFORMATION

Patient Name:	Rank/Grade:	Status:
Prefix:	DOB (YYYYMMDD):	Sponsor DOD ID:
		MTF:
		Date:

SECTION VI - RECOMMENDATIONS AND COMMENTS FOR COMMANDER

<input type="checkbox"/> No safety precautions are indicated.
<input type="checkbox"/> Yes <input type="checkbox"/> No SM can understand and participate in administrative proceedings and appreciate the difference between right and wrong.
<input type="checkbox"/> Yes <input type="checkbox"/> No SM's behavioral health condition was likely a mitigating factor in the alleged behavior leading to administrative separation.
<input type="checkbox"/> Ch. 10,14 & Officer elimination: The effects of PTSD and TBI likely constitute matters in extenuation that relate to the basis for separation. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
<input type="checkbox"/> Ensure SM attends all follow-up appointments.
<input type="checkbox"/> Prohibit use of alcohol. Alcohol can interfere with medication, decrease rational judgment, and increases risk for impulsive behavior.
<input type="checkbox"/> Increase leader/supervisory support with intent of keeping SM engaged with unit members and other sources of support.
<input type="checkbox"/> Consider placement of Service member in barracks for increased support and potentially reduced access to weapons.
<input type="checkbox"/> Encourage SM to use gun locks and gun safes or temporarily secure personal weapons with MPs, unit arms room, or other trusted source.
<input type="checkbox"/> Restrict access to or disarm all military weapons and ammunition. No range duties.
<input type="checkbox"/> Consider no contact order between Service member and _____ to limit risk of harm to self/others.
<input type="checkbox"/> If Service member shows concerning changes in mood, behavior, or safety, then Command should call: Name: _____ Phone: _____ during duty hours. After hours, Command should escort Service member to the nearest emergency room.
<input type="checkbox"/> The Service Member has a condition that is likely to impair his/her judgment or reliability to protect classified information. (If checked, Commanders will ensure prompt notification to the Army Central Clearance Facility IAW AR 380-67 DA Personnel Security Program, by providing an incident report via the Joint Personnel Adjudication System (JPAS) or its successor.)

For Recruiting Command Assessments:

<input type="checkbox"/> The Service member's current needs can be met in geographically dispersed environment. Recommend USAREC assignment.
<input type="checkbox"/> The Service member's current needs cannot be met in geographically dispersed environment. Recommend Behavioral Health reevaluation no earlier than
Month _____ Year _____
<input type="checkbox"/> The Service member's historical and current needs cannot be met in a geographically dispersed environment. USAREC assignment is not recommend.

For CID Candidate Assessments:

<input type="checkbox"/> The Service member appears suitable for CID assignment at this time.
<input type="checkbox"/> The Service member is not suitable for CID assignment at this time.
<input type="checkbox"/> The Service member has been treated for a behavioral health condition and has demonstrated stability _____ (months/years), per the requirements outline in the CID applicant matrix. Recommend consideration of a behavioral health waiver for CID assignment.

For Positions of Significant Trust and Authority:

SHARP VAs, SARCs, Drill Sergeants, AIT Platoon Sergeants, Army National Guard Recruit Sustainment Program Cadre.
<input type="checkbox"/> At the time of evaluation, the Service member does not have a BH condition of sufficient severity to impair his/her judgment and reliability or that otherwise prevent him/her from serving in the assigned or nominated position. This evaluation is neither capable of nor intended to detect the predilection towards sexual or other violence or other unethical or illegal conduct. These conclusions are made solely on the SM's current BH status. He/She is cleared for assignment to this position of significant trust and authority.

Further Comments:

Command representative contacted. Name:	Duty Position:	Phone:
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BEHAVIORAL HEALTH PROVIDER SIGNATURE(S)

Behavioral Health Provider's Signature	Date	Behavioral Health Supervisor Signature (if needed):	Date
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PATIENT INFORMATION

Patient Name:	Rank/Grade:	Status:
Prefix:	DOB (YYYYMMDD):	Sponsor DOD ID:
	MTF Code:	Date:



APPENDIX I

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT**AUTHORITY:** 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.**PRINCIPAL PURPOSE:** These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.**NOTE:** For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.**ROUTINE USE(S):** There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.**DISCLOSURE:** Disclosure is voluntary.**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI) DOE, John	Rank/Grade E-4	Date of Counseling 01-Sep-2024
Organization HSC, HHBn, I Corps	Name and Title of Counselor SFC Courage Pride, Platoon Sergeant	

PART II - BACKGROUND INFORMATION**Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)Approach: ☐ Non Directive ☒ Combined ☐ DirectiveType of Counseling: ☐ General Form ☐ Professional Growth ☐ Performance ☒ Event OrientedEvents: ☐ Superior Performance ☐ R & I Counseling ☐ Promotion ☐ Crisis ☐ Referral ☐ Transition
☐ Substandard Performance ☒ Adverse Separation**Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Imposing Involuntary Separation FLAG, IAW AR 600-8-2

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

In accordance with AR 600-8-2, I am initiating an involuntary separation (B) Flag Code on you. I have initiated the administrative separation process based on your _____ (pattern of misconduct, Commission of a serious Offense, Minor Disciplinary Infraction, etc). The effective date of the B Flag Code is today, _____. The B Flag Code will remain in effect until you are either separated or retained. Upon retention, the Flag will be removed effective the date the approving authority makes the decision to retain you. If your separation is suspended, you will remain flagged until the period of the suspension is complete. If the separation is withdrawn at any point during the process, the FLAG will be removed effective the date of the withdrawal.

The following personnel actions are prohibited while you are flagged:

- a) Reenlistment or extension
- b) Reassignment
- c) Appearance before a semi-centralized promotion board
- d) Promotions in grade
- e) Recommendation for, and receipt of, individual awards and decorations
- f) Attendance at military or civilian schools
- g) Unqualified resignation, retirement, or discharge
- h) Advance or excess leave
- i) Payment of enlistment bonus or selective reenlistment bonus

OTHER INSTRUCTIONSThis form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

____ Soldier will retain a copy of the Flag for his/her records

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:

DATE (YYYYMMDD):

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

I will provide you with a copy of this counseling and your FLAG.

Signature of Counselor:

Date (YYYYMMDD):

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

SIGNATURES

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

Note: Both the counselor and the individual counseled should retain a record of the counseling.



APPENDIX J

SERVICE MEMBER PRE-SEPARATION/TRANSITION COUNSELING AND CAREER READINESS STANDARDS EFORM FOR SERVICE MEMBERS SEPARATING, RETIRING, RELEASED FROM ACTIVE DUTY (REFRAD)

SECTION I - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1142, Pre-separation Counseling; transmittal of medical records to Department of Veterans Affairs.

PURPOSE(S): To record pre-separation counseling services and benefits requested by and provided to Service members; to identify pre-separation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed pre-separation counseling checklist will be maintained in the Service member's official personnel file. Title 10 USC 1142, requires that not later than 365 days before the date of separation, for anticipated losses, pre-separation counseling for Service members be made available. For unanticipated losses, or in the event a member of a reserve component is being demobilized under circumstances in which operational requirements make the 365-day requirement unfeasible, pre-separation counseling shall be made available as soon as possible within the remaining period.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Routine Use(s) are: To the Department of Veterans Affairs for available benefits to the Service member; additional routine uses are listed in the applicable system of records notice, DMDC 01, Defense Manpower Data Center Data Base; at <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570563/dmdc-01>

DISCLOSURE: Voluntary; however, it may not be possible to initiate pre-separation counseling and other transition assistance services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II – SERVICE MEMBER PERSONAL INFORMATION

1. NAME	2. DOD ID NUMBER	3. GRADE	4. DATE OF BIRTH	5. SERVICE	5a. COMPONENT
6. UNIT NAME		6a. UNIT ID CODE		7. MILITARY INSTALLATION	
8. ANTICIPATED DATE OF SEPARATION	8a. REASON FOR SEPARATION		8b. TYPE OF SEPARATION		9. DATE FORM WAS INITIATED
10. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION:					
10a. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AND OTHER AGENCIES WHO LOOK FOR CRITICAL LANGUAGE SKILLS AND/OR REGIONAL EXPERTISE THAT COULD BE VITAL DURING TIMES OF NEED, CRISIS, AND/OR NATIONAL EMERGENCIES:					
10b. MEMBER ALLOWS THIS FORM TO BE SENT TO STATE AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION:					
10c. POST-SEPARATION EMAIL:			10d. POST-SEPARATION PHONE NUMBER:		

SECTION III – INITIAL COUNSELING

Service members shall receive individualized initial counseling pursuant to Title 10 U.S.C., Section 1142 and DoD policies.

11. SPOUSE/CAREGIVER/LEGAL GUARDIAN/DESIGNEE GOING TO BE PRESENT DURING PRE-SEPARATION COUNSELING:	
12. HAS THE SERVICE MEMBER COMPLETED A PERSONAL SELF-ASSESSMENT:	
13. HAS THE SERVICE MEMBER COMPLETED AN INITIAL COUNSELING:	13a. INITIAL COUNSELING COMPLETION DATE:
14. WHAT ARE THE SERVICE MEMBER'S POST-TRANSITION GOALS:	
15. REQUIRED CRS AND SESSIONS BY SELECTED PATHWAY AND TIER:	

SECTION IV – PRE-SEPARATION / TRANSITION COUNSELING, PRE-SEPARATION / TRANSITION COUNSELING NEEDS ASSESSMENT, REVIEW, AND VERIFICATION TO MEET CAREER READINESS STANDARDS (CRS), AND TITLE 10 U.S.C. COMPLIANCE

Service members will be counseled on all items prescribed in Title 10, United States Code (U.S.C.), Sections 1142(b) (1-18), Sections 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1154, and 1155 and DoD policies. Involuntarily separated Service members receive alternative benefits and programs that apply to them. Service member completed the following to meet Career Readiness Standards (CRS): *Required

16. Completed Pre-Separation Counseling*	Pre-Sep Assessment	Capstone CRS Review
17. Registered on eBenefits *		
18. Completed resume or provided employment verification in support of the Individual Transition Plan (ITP)		
19. Prepared a criterion-based, post separation financial plan		
20. Completed a criterion-based Individual Transition Plan (ITP) *		
21. Completed a Continuum of Military Service Opportunity Counseling (Required Active Component Only)		
22. Verify a completed Gap Analysis or provide verification of employment		
23. Completed a comparison of higher education or vocational technical training institution options		
24. I WAS COUNSELED AND RECEIVED DOCUMENTATION ON ALL ITEMS IN SECTION IV, WHICH INCLUDES ALL ITEMS LISTED ON THE PRE-SEPARATION / TRANSITION COUNSELING ADDENDUM SHEET:		
25. PRE-SEPARATION / TRANSITION COUNSELING WAS COMPLETED WITH 364 DAYS OR LESS REMAINING BEFORE SEPARATION:		
25a. PRE-SEPARATION / TRANSITION COUNSELING COMPLETED 364 DAYS OR LESS JUSTIFICATION:		

26. SERVICE MEMBER SIGNATURE & DATE	27. TRANSITION COUNSELOR SIGNATURE & DATE
-------------------------------------	---

SECTION V – MANDATORY CURRICULUM ATTENDANCE	
28. DoD TRANSITION DAY:	
29. VETERANS AFFAIRS (VA) SERVICES AND BENEFITS:	
30. DOL ONE-DAY:	
SECTION VI – OTHER CURRICULUM ATTENDANCE	
31. DOL EMPLOYMENT TRACK:	
32. DOD EDUCATION TRACK:	
33. SBA ENTREPRENEURSHIP TRACK:	
34. DOL VOCATIONAL TRACK:	
SECTION VII – WARM HANDOVER REQUIREMENTS	
35. EVALUATED POST-TRANSITION TRANSPORTATION REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS:	
36. EVALUATED POST-TRANSITION HOUSING REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS:	
37. EVALUATED POST-TRANSITION PEER SUPPORT REQUIREMENTS AND DEVELOPED A PLAN TO MEET THESE NEEDS:	
SECTION VIII – WARM HANDOVER TO SUPPORTING AGENCIES CONTACT INFORMATION	
38. VETERANS AFFAIRS:	
39. DEPARTMENT OF LABOR:	
40. MILITARY ONE SOURCE:	
41. OTHER RESOURCE:	
SECTION IX – CAPSTONE REVIEW	
42. SERVICE MEMBER SIGNATURE & DATE:	43. TRANSITION COUNSELOR SIGNATURE & DATE:
SECTION X – COMMANDER OR COMMANDER'S DESIGNEE VERIFICATION	
44. APPLICABLE CAREER READINESS STANDARDS MET:	47. COMMANDER OR COMMANDER'S DESIGNEE SIGNATURE & DATE:
45. VIABLE ITP COMPLETED:	
46. WARM HANDOVERS EXECUTED:	
SECTION XI – REMARKS	
48. REMARKS	

SECTION XI – REMARKS (CONTINUED)

48. REMARKS

INITIATE A FLAG IN IPPS-A

1. The HR Pro or 1SG logs into IPPS-A and clicks on HR Professional menu at the top of the screen.
2. Select HR Personnel Action Requests (PAR)
3. Enter Soldier's data (Empl ID and Last Name) and click Search
4. Click on the Soldier's name
5. Click Create Personnel Action (green button)
6. Enter the effective date of the initiation of separation
7. For Action, select "Miscellaneous"
8. For Reason, select "Request for SFPA Flag"
9. Description example: "Administrative Separation Flag for SPC XXXX"
10. Restriction Category: FLAG
11. Restriction Code: FLAGB – Involuntary Separation or Discharge
12. Report Type Code: Initial
13. Begin Date: Enter the effective date of the initiation of separation
14. Click Submit (will send to S1 Pool to be reviewed)
15. S1 must review PAR, insert the workflow, and send to Commander
16. Commander approves PAR in IPPS-A



APPENDIX K

Commander's Verification

DD Form 2648 Completion

AUGUST 2024

Email Token

Transition Assistance eForm Approval Required for ' '

dodhra.dodc-mb.dmdc.mbx.tacl-helpdesk@mail.mil

To:

Friday, October 02, 2020 1:06 PM

You have a Transition Assistance eForm that is ready for your review and approval for correctly notified by following the steps at the bottom of this email.

. If you received this email in error, please ensure the proper Commander/designee is

Please login to the DoDTAP for Commanders website by copying and pasting the hyperlink below into your web browser to review and electronically sign the designated eForm for the specified Service member. There is specific guidance inside the eForm for each item in the Commander's Verification Phase that requires you to take action or respond, or review the User's Guide on the website. You must complete the 6-8 items (radio button, checkbox, remarks, etc.) as applicable for that eForm, and save the eForm with the Save button on top. After saving the eForm (and assuming all the required fields were completed correctly), you should be able to scroll to the bottom and the signature button should be active for you to sign.

<https://pki.dmdc.osd.mil/tacl/CDRTOKENLogin?eFormToken=4c5c3030087e4a42a7ff0f2c3bd085fa>

Please note, due to a change in 2018, the only way to access an electronic DD Form 2648 (eForm) or the TAP Commander's Portal is to use an email token, which is the unique URL/weblink sent via email from the DoDTAP website (e.g., the hyperlink you see above). For questions or concerns, please see the Commander FAQ list on the DoDTAP website or within the Commander's Portal after logging in.

- DoD Transition Assistance Program (DoDTAP) <https://www.dodtap.mil/>

Steps to ensure the eForm is sent to the correct Commander/designee for approval:

- Forward this email (you must include the original email/subject line)
- In the "To" line, search the Global Address List (GAL) for this transition counselor: MIKEL GILL
- Email the counselor with the below message:

Hello,

I received a "Transition Assistance eForm Approval Required" email notification to approve and sign an eForm for a separating Service Member - but I am not the correct commander/designee for this individual. I am forwarding the email notification I received, so you can look-up the eForm on your dashboard by the individual's name. Can you please go into their eForm, remove my email entirely, and resend the notification to the proper commander/designee?

Thank you.

Copy and Paste the link
into your browser. Do NOT
use Internet Explorer as it
is not supported.

Use MS Edge, Google
Chrome, Mozilla Firefox, or
another modern browser.

This should automatically
open up the Soldier's
eForm for signature.

1. Service Member Personal Information

The Commander may update the Soldier's #9 Anticipated Date of Separation or #10 Date started Pre-Separation Counseling if needed.

DoDTAP
Transition Assistance Program
for Commanders & Commander's Designee

Remember to close your browser after logout to protect your personally identifiable information.

Home Transition Documents

MIKEL GILL

Transition Assistance eForm (DD2648) -- Data Entry

All sections and data fields of this eForm shall be completed for compliance with all applicable statutory requirements of Chapter 58, Title 10 U.S. Code and DoD policies as prescribed in DoD Instruction 1332.35

Close Save Print

Phase: Commander's Verification Created: 10/19/2020 Last Updated: 3/9/2021

Internet Explorer is no longer supported. If you use IE the website will not render correctly, you will not be able to scroll, etc. Please use Google Chrome, MS Edge, Mozilla Firefox or another modern web browser.

As the Commander or Commander's Designee, you are required to complete this eForm in accordance with the requirement according to the Transition Assistance Counselor, while the Soldier is in the Pre-Separation Counseling phase.

1 Service Member Personal Information

1. Name	2. Grade	
	O3	
3. Service	4. Personnel Category Code	5. Component
Army	Active Duty Member	Active
6. Unit ID Code	7. Unit Name	8. Military Installation
W0GR28	W0GR CO C 2BN 13 INF	Fort Jackson
9. Anticipated Date of Separation		
7/28/2021		
10. Date Started Pre-Separation Counseling		
9/30/2020		
11. Reason for Separation	12. Type of Separation	
Discharge	Separating Voluntarily	

2. Initial Counseling

CRS	Required	Not Required	Can be Waived	Completed ?
Completed a Self-Assessment / Individual Transition Plan (ITP)	✓			✓
Registered on eBenefits	✓			✓
Completed a Continuum of Military Service Opportunity Counseling (Required Active Component Only)	✓			✓
Prepared a criterion-based, post-separation financial plan (budget)		✓		✓
Verify a completed Gap Analysis or provide verification of employment		✓		
Mandatory Courses				
DoD Transition Day	✓			
Managing Your Transition (My Transition)	✓			✓
Military Occupational Code Crosswalk	✓			✓
Financial Planning for Transition	✓			✓
VA Benefits and Services	✓			✓
DOL One-Day	✓			
Required CRS Based on Service member's two-day (2-Day) track/course election (Note: Service member's election is mandatory, but attendance is waivable)				
DOL Employment Track				
Completed a resume or provided verification of employment in support of the Individual Transition Plan (ITP)		✓	✓	
DOD Education Track				
Completed a comparison of higher education or technical training institution options		✓	✓	
DOL Vocational Track				
Completed a comparison of higher education or technical training institution options		✓	✓	
SBA Entrepreneurship Track				
		✓	✓	

The Commander may review the CRS required by tier level and CRS completed in section 2 under CRS.

This information assists in verifying the correct warm handovers have been given if the Soldier is CRS non-compliant.

3. Pre-Separation/ Transition Counseling, Pre-Separation/ Transition Counseling Needs Assessment, Review and Verification

3

Pre-Separation / Transition Counseling, Pre-Separation / Transition Counseling Needs Assessment, Review and Verification

2

1. Pre-Separation Counseling Completed with 364 Days or Less Remaining on Active Duty

⊗

Number of Days: 301

Justification: Change in Career Decision

Justification Remarks: None

2. Preliminary VOW Compliance Summary

⊙

Compliant: Yes

1. Pre-Separation Counseling

Status: COMPLETED

✓

Date Completed: 09/30/2020

2. VA Benefits and Services

Status: COMPLETED

✓

Date Completed: 10/19/2020

3. DOLEW / DOL One-Day

Status: EXEMPT

✓

Date Completed: Not Completed

Exemption Justification: Confirmed Education/Training Enrollment

Remarks: None

Number of items that need the Commander's attention

1.Pre-Separation Counseling completion

- Will be **red** if Pre-Separation Counseling is completed within 364 days of separation date.
- Will be **green** if Pre-Separation Counseling was complete prior to 365 days before separation date.


2.VOW Compliance

- Will be **green** when Pre-Separation Counseling, DOLEW/One-Day, and VA Benefits & Services have a date recorded or waiver input.
- Will be **red** if there is not a date recorded for each event or is missing the waiver.

Under Section 3 mandated requirements are reported by a transition counselor and are either **green** or **red** based on completion/warm handover need.

3. Pre-Separation/ Transition Counseling, Pre-Separation/ Transition Counseling Needs Assessment, Review and Verification

3. Individual Transition Plan Document Summary


 Reported as: Completed

[Click Here to View Guidance for Verifying an Individual Transition Plan \(ITP\) Document was Completed](#)

I verify a viable ITP was completed. ☐ Yes ☐ No

Required

4. Career Readiness Standards Summary

 Number of CRS Items Reported as Incomplete: 2

[Click to View All Career Readiness Standards \(CRS\)](#)

[Click Here to View Guidance for Verifying Career Readiness Standards \(CRS\)](#)

I verify all applicable Career Readiness Standards were met. ☐ Yes ☐ No ☐ N/A

Required

3. ITP completion


- Should be **green** if counselor verified or
- **Red** if that CRS was not verified.
- Commander answers yes for completed ITP or no for incompleteness.

4. CRS completion-number of CRS shows if any were listed as “No” by counselor.

- Will be **green** if all CRS were verified by counselor.
- Will be **Red** if any CRS were missing or not verified by the counselor at Capstone.
- Commander answers yes for all completed CRS or no for incompleteness, or select N/A if CRS are not applicable to the Service Member.

Under Section 3 mandated requirements are reported by a transition counselor and are either **green** or **red** based on completion/warm handover need.

3. Pre-Separation/ Transition Counseling, Pre-Separation/ Transition Counseling Needs Assessment, Review and Verification

4. Career Readiness Standards Summary		
 Number of CRS Items Reported as Incomplete: 3		
Click to View All Career Readiness Standards (CRS)		
#	Met?	CRS Description
1	Yes	Registered on eBenefits
2	No	Prepared a criterion-based, post-separation financial plan (budget)
3	No	Completed a criterion-based Individual Transition Plan (ITP)
4	Yes	Completed a Continuum of Military Service Opportunity Counseling (Required Active Component Only)
5	Yes	Verify a completed Gap Analysis or provide verification of employment
6	No	Completed a resume or provided verification of employment in support of the Individual Transition Plan (ITP)
7	N/A	Completed a comparison of higher education or technical training institution options

4. CRS completion -number of CRS shows if any were listed as “No” by counselor.

- **Red** if not all CRS were verified.
- If red, Commander can click to view all career readiness standards and see which CRS were incomplete as shown.

4. Other Warm Handovers and Supporting Agencies

Number of items that need the Commander's attention

4

Other Warm Handovers and Supporting Agencies

5

A warm handover requires a Counselor to do a person-to-person (face-to-face, telephonic, or email) connection with the Service member and the appropriate agency or resource. The warm handover does not go beyond making the connection between Service member and agency or resource. This section of the eForm documents the initial contact information of this connection (which should also be annotated on the Service member's Individual Transition Plan (ITP)), and the Commander is responsible for verifying the warm handovers were executed.

Type	Warm Handover Reason	Saved Warm Handovers Content	Comments
Other		SFL-TAP VC, 18003254715, SFL-TAP, Florida, Fort Knox	SM can utilize the SFL-TAP Virtual Center for 180 days after transition date
VA		VA Rep, 18446982311, Regional Benefit Office, Florida, 9500 Bay Pines Blvd. St. Petersburg, FL 33744	benefits.va.gov
DOL		VA and DOL Rep, 7274843400, Career One Stop, Tampa, FL, 4440 Grand Boulevard Trouble Creek Square New Port Richey, FL 34652	www.veterans.gov or careeronestop.org
<div>Add</div>			

In Section 4, Warm Handovers are shown if any have been reported by the transition counselor.

4. Other Warm Handovers and Supporting Agencies

1. Reported Warm Handover Information

[Click Here to View Guidance for Verifying Warm Handovers](#)

I verify that a warm handover was executed for all applicable CRSs not met. ☐ Yes ☐ No ☐ N/A

Required

2. Did the Service member report that they have adequate transportation to meet their personal/family needs post-separation, or a plan to address their transportation needs?

☒ Reported as: Yes Remarks: None

[Click Here to View Guidance for the Warm Handover Requirement Based on the Post-Transition Transportation Plan](#)

I verify that a warm handover was executed because the Service member did not have a post-transition transportation plan. ☐ Yes ☐ No ☐ N/A

Required

3. Did the Service member report that they have adequate housing to meet their personal/family needs post-separation, or a plan to address their housing needs?

☒ Reported as: Yes Remarks: None

[Click Here to View Guidance for the Warm Handover Requirement Based on the Post-Transition Housing Plan](#)

I verify that a warm handover was executed because the Service member did not have a post-transition housing plan. ☐ Yes ☐ No ☐ N/A

Required

The Commander must verify warm handovers were provided for the following areas:

1. Met all applicable CRS.
2. Has adequate transportation to meet the Soldier's post-transition needs.
3. Has adequate housing to meet the Soldier's post-transition needs.
 - If Warm handover(s) was already listed, then the Commander selects Yes.
 - If the Warm Handover was not listed, the Commander selects No.
 - If Warm Handover was not needed then N/A would be selected.

4. Other Warm Handovers and Supporting Agencies

The Commander must also verify warm handovers were provided for:

4. Has adequate peer support to meet the Soldier's post-transition needs.
5. Warm Handover based on Less than Honorable Discharge.

- If Warm handover(s) was already listed, then the Commander selects Yes.
- If the Warm Handover was not listed, the Commander selects No.
- If Warm Handover was not needed then N/A would be selected.

4. Does the Service member have adequate peer support to meet their personal/family needs post-separation, or a plan to address these needs?

☒ Reported as: Yes

I verify that a warm handover was executed because the Service member did not have a plan to have adequate peer support. ☐ Yes ☐ No
Required

5. Warm Handover Requirement Based on Less than Honorable Discharge

[Click Here to View Guidance for the Warm Handover Requirement Based on Less than Honorable Discharge](#)

I verify that a warm handover was executed to Department of Labor because the Service member is separating with less than an Honorable Discharge.

☐ Yes ☐ N/A

Required

4. Other Warm Handovers and Supporting Agencies

4

Other Warm Handovers and Supporting Agencies 5

A warm handover requires a Counselor to do a person-to-person (face-to-face, telephonic, or email) connection with the Service member and the appropriate agency or resource. The warm handover does not go beyond making the connection between Service member and agency or resource. This section of the eForm documents the initial contact information of this connection (which should also be annotated on the Service member's Individual Transition Plan (ITP)), and the Commander is responsible for verifying the warm handovers were executed.

Type	Warm Handover Reason	Saved Warm Handovers Content	Comments
Other		SFL-TAP VC, 18003254715, SFL-TAP, Florida, Fort Knox	SM can utilize the SFL-TAP Virtual Center for 180 days after transition date
VA		VA Rep, 18446982311, Regional Benefit Office, Florida, 9500 Bay Pines Blvd. St. Petersburg, FL 33744	benefits.va.gov
DOL		VA and DOL Rep, 7274843400, Career One Stop, Tampa, FL, 4440 Grand Boulevard Trouble Creek Square New Port Richey, FL 34652	www.veterans.gov or careeronestop.org
<div>Add</div>			

If the Commander finds a new Warm Handover is warranted, then they may add any needed Warm Handover(s) here.

5. Signatures and Remarks

Any Remarks made by the Transition Counselor or Soldier can be seen here. The Commander can also make any remarks if needed.

5

Signatures and Remarks

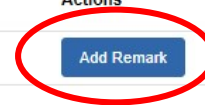
Remarks

By	Role	Message	Date	Actions
No remarks have been added.				

1. Method to Notify Commander or Commander's Designee

☒ Notify Commander Via Email Token

☐ I am the Commander's Designee



Lists how signature were obtained through both phases for counselor and service member.

Signature request can be completed from Commander once all required fields have been answered.

Pre-Separation Counseling Signatures

Service Member's Pre-Separation Counseling Signature

Disconnected Operations Reporting Method: Originally Signed on 07/08/2020 Transcribed via Disconnected Operations by on 07/08/2020.

Counselor's Pre-Separation Counseling Signature

Electronic Signature Reporting Method: Signed on 07/08/2020 by I.

Capstone Review Signatures

Service Member's Capstone Review Signature

Disconnected Operations Reporting Method: Originally Signed on 10/02/2020 Transcribed via Disconnected Operations by I on 10/02/2020.

Counselor's Capstone Review Signature

Electronic Signature Reporting Method: Signed on 10/02/2020 by

Commander / Designee Verification Signature

Commander/Designee Verification Signature

By clicking "Click here to sign and complete", as the Commander / Commander's Designee you are verifying and approving this eForm. This document will be signed with your electronic signature as the Commander / Commander's Designee, which will lock the eForm from further editing and complete the Commander's Verification phase. The eForm will be available on your DoDTAP dashboard on this website, where it can be downloaded as a PDF.

Commander's Signature: Click Here to Sign and Complete eForm

Close

Save

Print

Unlock

Commander's eForm Dashboard

DoDTAP
Transition Assistance Program
for Commanders & Commander's Designee

Remember to close your browser after logout to protect your personally identifiable information.

Home Transition Documents MIKEL GILL

Commander's eForm Dashboard

As the Commander or the Commander's Designee, it is your responsibility to review, approve, and electronically sign the designated eForm for your separating Service members. There is specific guidance inside the eForm for each item in the Commander's Verification Phase that requires you to take action or respond. You must complete the 6-8 items (radio button, checkbox, remarks, etc.) as applicable for that eForm, and save the eForm using one of the Save buttons located at the top and bottom of the eForm. The signature button is not available until all required fields are answered. Once all fields are answered, click the signature button to sign and complete the form.

How Do I Find an eForm Assigned to Me for Action?

Commanders and Commander's Designees are connected to an eForm when they use an email token, which is a unique URL/web link sent via email from the DoDTAP website. To find an eForm for a specific Service member, you will need to search your email inbox for a "Transition Assistance eForm Approval Required" email from the DoDTAP website (dodhra.dodc-mb.dmdc.mbx.taol-helpdesk@mail.mil) that notifies you the eForm is ready for the Service member. Copy and paste the unique URL/web link in that email into your web browser (IE is not supported) to access the eForm. If you cannot find your email, first look in your "Junk" email folder, and then contact the Transition Assistance Capstone Review Counselor to have the email resent to you.

To open an In-Progress eForm, select the Service member's name from the In-Progress table, and the system will refresh the page, allowing you to review, approve, and electronically sign the eForm.

In-Progress eForms

Service Member	Grade	Anticipated Separation Date	Current Phase	Last Updated Date	Last Updated By	Remove
[REDACTED]	E3	12/31/2020	Commander's Verification	10/02/2020	MIKEL GILL	[Remove]

Commanders and Commander's Designees can view/print completed eForms for the only the specific forms they electronically signed. After you electronically sign an eForm, the Service member's name in the Completed eForms table will be hyperlinked for you view/print that specific eForm. Names that you cannot click on in the table were previously viewed by you, but signed by another Commander or Designee; you cannot view/print those eForms.

Completed eForms

Service Member	Grade	Anticipated Separation Date	Completed Date	Last Updated By	Remove
You do not have any Completed eForms					

- After signing a DD2648 or closure of a Soldier's record, the Commander/designee will be able to view their dashboard.
- eForms that have not been completed/signed will be under In-Progress eForms.
- eForms that have been signed by that individual will be under Completed eForms.

In-Progress eForm should be signed NLT 14 days after receipt of email token.



APPENDIX L



DEPARTMENT OF THE ARMY
UNIT
UNIT
JOINT BASE LEWIS-MCCHORD, WA 93433-9500

AFZH-DC

1 September 2024

MEMORANDUM FOR RECORD

SUBJECT: Expedited TAP: PFC Doe, John C. (A CO 2-11 IN BN)

1. Requesting PFC Doe, John (A CO 2-11 IN BN) be expedited through the completion of minimum Transition Assistance Program Career Readiness Standards (TAP-CRS) requirements as outlined in AR 600-81. This command asks that the Soldier complete all requirements online, rather than in class.

2. Justification: PFC Doe is being separated from the military involuntarily and will be separated from the Army as soon as feasible. Explain here why Soldier needs to be expedited through TAP Process.

3. The point of contact for this memorandum is CPT Michael Jordan at 253-477-1234 or michael.b.jordan.mil@army.mil.

COURAGE PRIDE
LTC, IN
Commanding

GIVE THIS TO YOUR 1SG OR COMMANDER: To schedule/change TAP Un-Programmed Loss (a.k.a. Chapter) classes and appointments, have your 1SG or Commander send an email request with the following information to:

usarmy.jblm.imcom.list.dhr-tap@army.mil using SUBJECT LINE: **UPL REQUEST**

- First and last name as listed on CAC.
- Last four of their SSN
- SM's contact number
- DOD ID #
- SM's **Civilian** email **ONLY**
- MOS
- Company Commander full name and email as listed
- Include if needing specific dates for UPL TAP week classes.**
- Dates SM will be unavailable to avoid scheduling conflicts**

Also include any other important information you would like us to know in the email. Please Cc all leaders that has a need to know and/or can reschedule classes.

******PLEASE NOTE:** The SM **CANNOT** schedule/change their own classes and appointments! ****

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usarmy.jblm.imcom.list.dhr-tap@army.mil using SUBJECT LINE: **UPL REQUEST**

- First and last name as listed on CAC.
- Last four of their SSN
- SM's contact number
- DOD ID #
- SM's Civilian email ONLY
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- Include if needing specific dates for UPL TAP week classes.**
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Also include any other important information you would like us to know in the email. Please Cc all leaders that has a need to know and/or can reschedule classes.

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- Company Commander full name and email as listed
- Include if needing specific dates for UPL TAP week classes.**
- Dates SM will be unavailable to avoid scheduling conflicts**

Also include any other important information you would like us to know in the email. Please Cc all leaders that has a need to know and/or can reschedule classes.

******PLEASE NOTE:** The SM **CANNOT** schedule/change their own classes and appointments! ****



Getting Started Guide

(All DoD Service Branches, Federal Agencies, All Separation Categories)

Welcome to the Transition Assistance Program (TAP). This is a Mandatory Commander’s program designed to prepare and connect Service Members, DoD Civilians, retirees, and family members, who are making critical career and transition decisions long before their separation date. All Service members serving 180 continuous days or more on active duty must begin the TAP process no later than 365 days before the date of their anticipated transition from active duty(date on their DD Form 214).

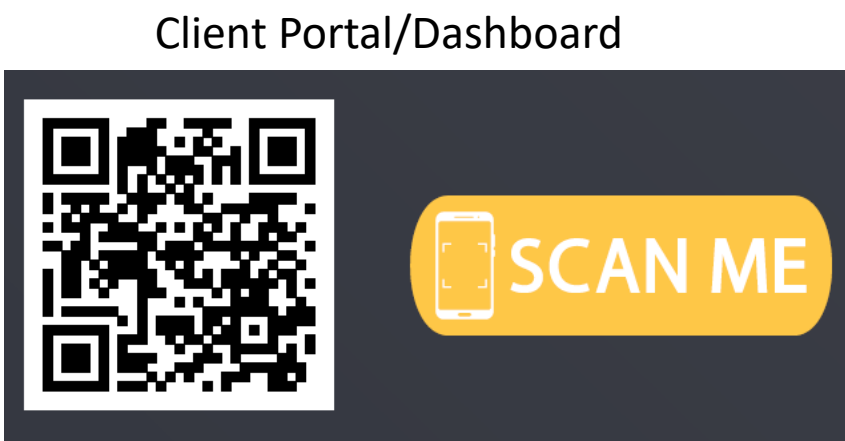
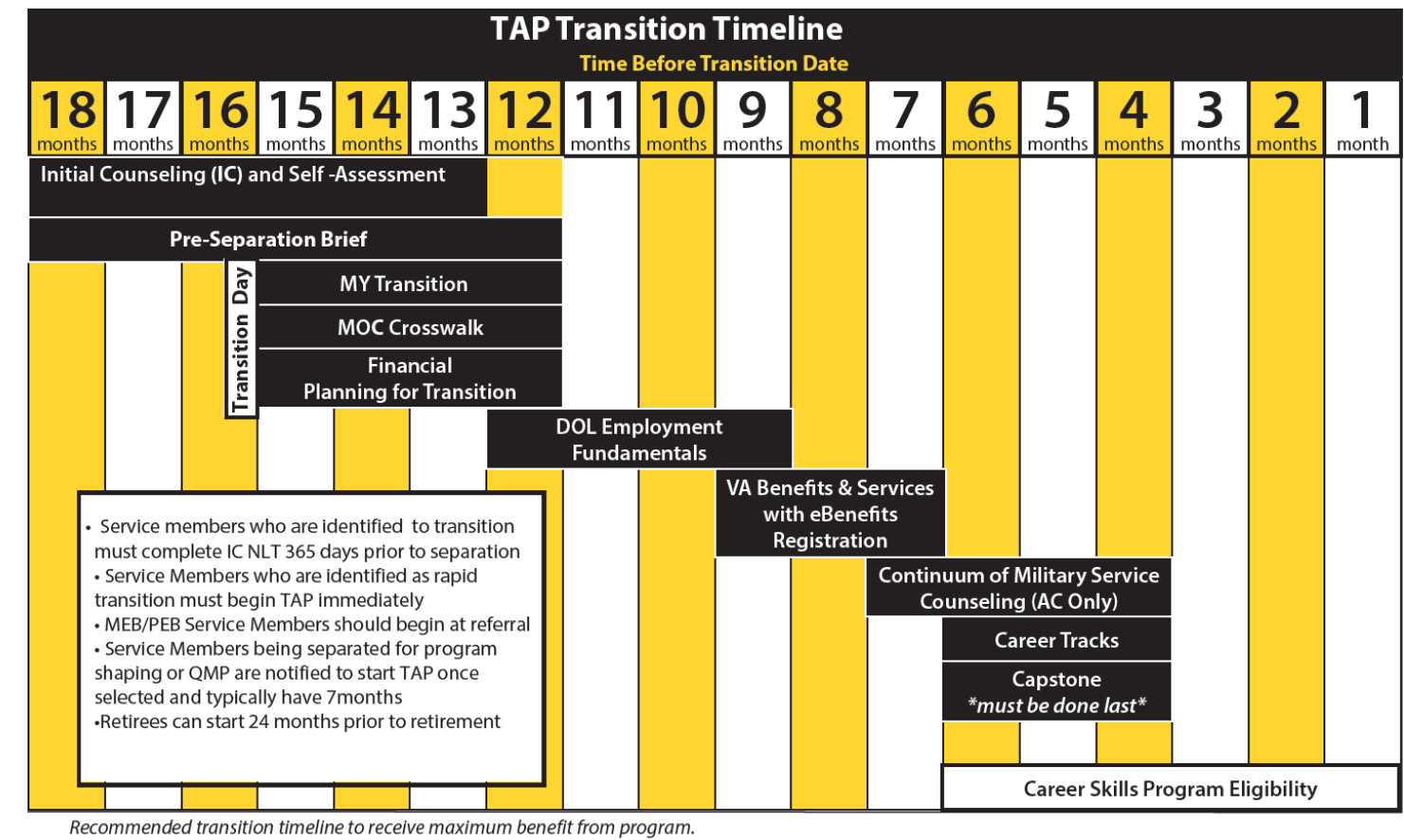
Our mission is to foster and promotes retention, both on active duty and in the Reserve Component by helping Service Members compare and contrast benefits and compensation with similar public or private sector occupations, to make informed career decisions. When Service Members decide to leave active duty, the program shows them how continued service in the Reserve Component can supplement their income, provide education and career opportunities, and expand their contacts in the community.

This world-class transition assistance will “prepare” you for a new career, and “connect” you with employers primed to hire veterans by ensuring everyone has the opportunity to develop the knowledge, skills, and self-confidence necessary to be competitive and successful in the global workforce and to achieve their post military service goals.

Step 1: Go to <https://portal.armytap.army.mil> to complete your registration and Individual Assessment. If using Firefox or Chrome you can sign in with your CAC Card. If using Edge from a Government Computer you will need to use your DS Login In. If you are having issues feel free to visit us and we will assist you.

Step 2: Schedule your Initial Counseling and Pre-separation Counseling using one of the methods listed below.

- Call us at 253-967-3258
- Email us at: usarmy.jblm.imcom.list.dhr-tap-outreach@army.mil
- Visit us at Hawk Career Center, 11577 41st Division Drive, Computer Lab, Room 213, or McChord Field, 100 Col Joe Jackson, Room 3005
- Un-Programmed Loss (a.k.a. Chapter) classes and appointments. Only Unit Commanders/1SG-Senior Enlisted Leader can request by sending an email request to usarmy.jblm.imcom.list.dhr-tap@army.mil using SUBJECT LINE: UPL REQUEST. Email should consist of:
 - SM DOD ID Number
 - Name as it appears on SM’s CAC
 - Last four of SM’s SSN
 - Best contact number for SM (preferably cell)
 - Commander’s email
 - SM expected separation date
 - SM MOS
 - SM Rank/Grade
 - SM’s Civilian email



- Registration
- **Mandatory** Initial Assessment
- Check your Status
- Check Appointments
- **Mandatory** Post Assessment

Go Early • Go Often



DEPARTMENT OF THE ARMY
UNIT
UNIT
JOINT BASE LEWIS-MCCHORD, WA 93433-9500

AFZH-DC

1 September 2024

MEMORANDUM FOR RECORD

SUBJECT: TAP CRS-Not Met: PFC Doe, Jane C. (A CO 2-11 IN BN)

1. Requesting that PFC Doe, Jane (A CO 2-11 IN BN) be waived from completing Transition Assistance Program Career Readiness Standards (TAP-CRS) requirements in relationship to exiting the military service as outlined in AR 600-81.
2. Justification: The Separation Authority has directed an other than honorable discharge in the Active Duty Enlisted Administrative Separations for PFC Doe. Consequently, I elect to not have the Soldiers participate in the Transition Assistance Program in accordance with AR 600-81 paragraph 7-2e(3).
3. The point of contact for this memorandum is 1SG Army Strong at 253-477-1234 or army.strong.mil@army.mil.

COURAGE PRIDE
CPT, IN
Commanding



FOR OFFICIAL USE ONLY

ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) [REDACTED]		2. SOCIAL SECURITY NUMBER [REDACTED]	
3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code) [REDACTED]		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State) TAMPA MEPS TAMPA, FL 33614-2716	
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20200131	6. DATE OF BIRTH (YYYYMMDD) [REDACTED]	7. PREV MIL SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	
		b. TOTAL INACTIVE MILITARY SERVICE	

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) ARMY RESERVE
this date for 8 years and 0 weeks beginning in pay grade E-1 of which
6 years and 0 weeks is considered an Active Duty Obligation, and 2 years and
0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/
reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)

A

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the
United States (list branch of service) ARMY for a period not to exceed
365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in
a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not
limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I
understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However,
I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation
described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my
recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I
WILL be ordered to active duty unless I report to the place shown in Item 4 above by (list date (YYYYMMDD)) 20200225 0600
for enlistment in the Regular component of the United States (list branch of service) ARMY
for not less than 6 years and 0 weeks.

b. REMARKS: (If none, so state.) NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE
ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) Biometrically Signed

(Continued on Page 2)

DD FORM 4/1, OCT 2007

PREVIOUS EDITION IS OBSOLETE.

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NAME OF ENLISTEE/REENLISTEE (Last, First Middle)		SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE	
[REDACTED]		[REDACTED]	
D. CERTIFICATION AND ACCEPTANCE			
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.</p>			
b. SIGNATURE OF ENLISTEE/REENLISTEE		c. DATE SIGNED (YYYYMMDD)	
Biometrically Signed [REDACTED]		20200131 16:01:59	
14. SERVICE REPRESENTATIVE CERTIFICATION			
<p>a. On behalf of the United States (list branch of service) <u>ARMY</u>, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</p>			
b. NAME (Last, First Middle)		c. PAY GRADE	d. UNIT/COMMAND NAME
[REDACTED]		GS-7	USA RECRUITING BATTALION
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed [REDACTED]		20200131 16:01:59	TAMPA FL 33618-0000
E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):			
<p>I, [REDACTED], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>			
16. IN THE NATIONAL GUARD (ARMY OR AIR):			
<p>I, [REDACTED], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of [REDACTED] against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of [REDACTED] and the orders of the officers appointed over me, according to law and regulations. So help me God.</p>			
17. IN THE NATIONAL GUARD (ARMY OR AIR):			
<p>I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.</p>			
18.a. SIGNATURE OF ENLISTEE/REENLISTEE		b. DATE SIGNED (YYYYMMDD)	
Biometrically Signed [REDACTED]		20200131 16:38:30	
19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION			
<p>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.</p>			
b. NAME (Last, First Middle)		c. PAY GRADE	d. UNIT/COMMAND NAME
[REDACTED]		O-3	TAMPA MEPS
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed [REDACTED]		20200131 16:38:30	TAMPA FL 33614-2716
(Initials of Enlistee/Reenlistee) Biometrically Signed [REDACTED]			

DD FORM 4/2, OCT 2007

PREVIOUS EDITION IS OBSOLETE

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FOR OFFICIAL USE ONLY



NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)		SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE	
[REDACTED]		[REDACTED]	
F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM			
20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) <u>ARMY</u> for a period of <u>6</u> years and <u>0</u> weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) <u>B</u>			
which replace(s) Annex(es) <u>A</u>			
b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE		c. DATE SIGNED (YYYYMMDD)	
Biometrically Signed [REDACTED]		20200225 11:37:16	
G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE			
21. SERVICE REPRESENTATIVE CERTIFICATION			
a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) <u>ARMY</u> in pay grade <u>E-1</u>			
b. NAME (Last, First, Middle)		c. PAY GRADE	d. UNIT/COMMAND NAME
[REDACTED]		GS-7	USA RECRUITING BATTALION
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed [REDACTED]		20200225 11:37:16	TAMPA FL 33618-0000
H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:			
I, [REDACTED], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.			
b. SIGNATURE OF ENLISTEE/REENLISTEE		c. DATE SIGNED (YYYYMMDD)	
Biometrically Signed [REDACTED]		20200225 12:18:39	
23. ENLISTMENT OFFICER CERTIFICATION			
a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.			
b. NAME (Last, First, Middle)		c. PAY GRADE	d. UNIT/COMMAND NAME
[REDACTED]		O-3	TAMPA MEPS
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed [REDACTED]		20200225 12:18:39	TAMPA FL 33614-2716
(Initials of Enlistee/Reenlistee) <u>Biometrically Signed</u>			

DD FORM 4/3, OCT 2007

PREVIOUS EDITION IS OBSOLETE.

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LEGAL ACTION REQUEST FORM
593D EXPEDITIONARY SUSTAINMENT COMMAND
JOINT BASE LEWIS-MCCHORD, WA



PLEASE PLACE REQUIRED DOCUMENTS IN THE ORDER REQUESTED

PART I – ADMINISTRATIVE DATA

NAME (Last, First MI)	RANK	Full SSN:	GENDER	RACE	ETS
<u>UNIT, BN</u>	PEBD	PCS Date: (if Applicable)	Telephone #		Date to Legal

PART II – TYPE OF ACTION REQUESTED

Article 15	Administrative Separation
<input type="checkbox"/> Vacation of Suspension	<input type="checkbox"/> Chapter 5-7 (Family Care Plan)
<input type="checkbox"/> Summarized Article 15	<input type="checkbox"/> Chapter 5-14 (Mental Disorder)
<input type="checkbox"/> Company Grade Article 15	<input type="checkbox"/> Chapter 9 (Alcohol /Drug Rehab Failure)
<input type="checkbox"/> Field Grade Article 15	<input type="checkbox"/> Chapter 11 (Entry Level Separation)
<input type="checkbox"/> General Officer Article 15	<input type="checkbox"/> Chapter 13 (Unsatisfactory Performance)
Courts-Martial	<input type="checkbox"/> Chapter 14- 12 a/ b (Minor Disciplinary Infractions) / (Pattern of Misconduct)
<input type="checkbox"/> Summary Courts-Martial	<input type="checkbox"/> Chapter 14- 12 c (Commission of Serious Offense)
<input type="checkbox"/> Special Courts-Martial (BCD)	<input type="checkbox"/> Chapter 14-12c(2) (Misconduct-Abuse of Illegal Drugs)
<input type="checkbox"/> General Courts-Martial	<input type="checkbox"/> Chapter 18 (Failure to meet Body Fat Standard)

PART III – REQUIRED DOCUMENTARY EVIDENCE

(Failure to provide the necessary documents will result in delay and rejection of the Article 15 or Administrative Separation Request.)

Article 15	Administrative Separation
<input type="checkbox"/> 5 Ws Counseling Statements ORDER BY DATE (DA Form 4856) Including required counseling from para 1-17, AR 635-200	<input type="checkbox"/> 5 Ws Counseling Statements ORDER BY DATE (DA Form 4856) Including required counseling from paragraph 1-17, AR 635-200
<input type="checkbox"/> MP or Police Reports if applicable	<input type="checkbox"/> Previous Record of Non-judicial Punishment (Art 15's)
<input type="checkbox"/> DD Form 4187 with PMO stamp, AWOL (for Art 86)	<input type="checkbox"/> Medical Evaluation (Chapters 5-3, 5-7, 5-17, 8, 9, 11, 12, 13, 14, 15, 18) Part I and Part II
<input type="checkbox"/> Unit Policy/ Regulation (Required if used as basis for charge under Article 92)	<input type="checkbox"/> Mental Evaluation (Required for Chapters 5 (except 5-7), 13, 14, and 15) Full Report
<input type="checkbox"/> DD Form 2624 Urinalysis Results (for Art 112a)	<input type="checkbox"/> SFL-TAP Brief <input type="checkbox"/> All Enlistment and Reenlistment Contracts
<input type="checkbox"/> Assumption of Command Orders (Required if acting commander will read/ impose punishment for Article 15)	<input type="checkbox"/> PAR Suspension of Favorable Action and FLAG Counseling (FLAG must be initiated before submitting packet)
<input type="checkbox"/> PAR Suspension of Favorable Action and FLAG counseling.	<input type="checkbox"/> Accurate and Updated STP (Must have correct rank, PEBD, BASD, FLAG Code, and ASVAB Scores)
<input type="checkbox"/> Accurate and Updated STP (Must have correct rank, PEBD, BASD, ASVAB Scores, and FLAG Codes)	MEB YES <input type="checkbox"/> NO <input type="checkbox"/>

PART IV – PLEASE SELECT THE TYPE OF DISCHARGE FOR ADMINISTRATIVE SEPARATIONS

Escort Name	Email	Phone Number
<input type="checkbox"/> Honorable		
<input type="checkbox"/> General		
<input type="checkbox"/> Under Other than Honorable <input type="checkbox"/> Retention		
I verify that the necessary documentary evidence was properly submitted with this request.		
Name/Grade/Branch/Signature of requesting Commander	Date	

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Preparer	Date Rec'd	NCOIC Review	Date
To Unit (Rank, Name)	Date	Trial Counsel Review	Date
TDS Appointment	Date	Return to Legal (punishment, filing)	Date





DEPARTMENT OF THE ARMY
HEADQUARTERS, FORT DRUM
JOINT BASE LEWIS-MCCHORD, WA 93433-9500

AFZH-DC

1 September 2024

MEMORANDUM FOR RECORD

SUBJECT: Separation Under Army Regulation (AR) 635-200, Chapter 14-12c, Commission of a Serious Offense, Rank (RNK) First M. Last, Company, Battalion, Brigade, I Corps, Joint Base Lewis-McChord, Washington 93433

1. On DATE, RNK Last was notified of his/her administrative separation and refused to sign the acknowledgement of receipt of separation notice.
2. The POC for this memorandum is the undersigned at 253-477-1234 or first.m.last.mil@army.mil.

FIRST M. LAST
CPT, LG
Commanding



APPENDIX P

U.S. ARMY TRIAL DEFENSE SERVICE (TDS)
FORT LEWIS FIELD OFFICE
Bldg 2027D, PENDLETON AVENUE, JOINT BASE LEWIS-MCCHORD,
WASHINGTON 98433

OFFICE HOURS
(253) 477-1847

Monday

0930 – 1130 / 1300 – 1630

Tuesday & Thursday (Walk-Ins)

Article 15: 0930 – 1100

Separations: 1330 – 1500

All others: 1500 – 1630

Wednesday

CLOSED

Friday

0930 – 1130

- All walk-ins are on a first come, first serve basis.
- All Soldiers **must** have a physical copy of their packet prior to being seen. ***SMS arriving for Article 15 / Separation briefings with unsigned and or incomplete packets will be turned away.***
- **Tue / Thur Video Show Times:**
Article 15: 0930, 1000, 1030
Separations: 1330, 1400, 1430
- If a Soldier is unable to meet the timelines for the Article 15 video or Separation video, they can attend the “all others” time slot from 1500 – 1630.

****Per AR 635-200 para 2-2(c)(3) and AR 27-10 para 3-18(a) accused Soldiers are entitled to a copy of legal actions at the time of notification.***

SUSPECT RIGHTS

Suspected of an offense? Pending an investigation? Contact TDS.

Clients requesting advisement regarding investigations (“Suspect Rights”) may always call or message us and request an appointment. “Suspect Rights” clients will be seen as soon as possible, including outside above appointment blocks.

COURTS-MARTIAL

Soldier is brought to TDS only after:

- (1) Command reads charge sheet to Soldier (“preferral”); and**
- (2) SJA section delivers a digital copy of the file to TDS Drop Box on Teams.**



M

TAB

TAB

TAB

SEPARATION ACTION CONTROL SHEET

For use of this form, see AR 635-200; the proponent agency is DCS, G-1.

NAME (Last, First, Middle Initial)

UNIT

DATE PREPARED

ITEM NO.	ACTION	DATE	DAYS REQUIRED	TOTAL ELAPSED DAYS
1.	Notification to service member of initiation of separation procedures.			
2.	Service member acknowledges receipt of notification.			
3.	Service member indicates election of rights.			
4.	Unit Commander's recommendation for separation forwarded to:			
5.	Separation case received at:			
6.	Actions completed (Specify): and/or case forwarded to:			
7.	Separation case received at:			
8.	Actions completed (Specify): and/or case forwarded to:			
9.	Service member entitled to and elected hearing before Administrative Board. Board convened on:			
10.	Separation case received at:			
11.	Final Disposition (Specify):			
12.	Service member separated from the service.			
13.	Total days required to process case.			

REMARKS



Standards for Turn-in/ Issue of OCIE

All organizational clothing and individual equipment (OCIE) will be complete, clean, and serviceable upon issue and turn in to the Central Issue Facility (CIF). As a general guideline all equipment should meet the following basic standards for cleanliness:

Item(s) must be completely dry

Free of odors, animal hair, rust

Free of visible dust and dirt

Free of all markings (exception is the bottom of the duffle bag - see below)

Free of stains caused by petroleum and other chemical products

- Stains on coveralls are permissible as long as the uniform is laundered and the residue isn't wet, tacky, or moist.
- Items with BLOOD STAINS must be laundered and placed in a clear plastic bag.

Cleaning Tips

To assist you as you prepare your equipment for turn-in, below are listed some basic tips and best practices on how to clear the Central Issue Facility. Additionally, you will find a list of some of the biggest "trouble" areas that Soldiers run into while trying to clear.

All OCIE must be complete and clean upon turn-in. If you are unsure if a specific item is complete contact your supervisor or the CIF and we can assist in providing a component listing for any CIF issued items.

Wet items will be rejected until such time as they have adequately dried. Ensure you provide adequate time for those items that cannot be machine dried.

NO writing, painting, stamping, staining or, marking on any item issued is accepted IAW AR 710-2, para 2-14 which prohibits personalization of OCIE except for:

The only markings authorized by Army Regulations and the 10th Mountain Division are to the bottom of the old-style duffle bag. Prior to clearing, Soldiers must paint over the unit markings with Sand color, textured acrylic paint, available from your unit supply. More Details are listed below.

Please read and follow the cleaning instructions on the labels of all issued clothing and equipment. Failure to follow these instructions may render items unserviceable through other than fair wear and tear.

Equipment with tape "gum residue" will be returned to the Soldier to be cleaned. Tape "gum residue" is best removed using "Goo-B-Gone", which is available at the Clothing & Sales store. It is not recommended to remove the tape "gum residue" by scraping it with a sharp object.

Equipment with writing on it will not be accepted. This is often seen on rucksacks, assault packs, and knee and elbow pads. If the writing is in ink, it has been recommended to use hairspray or hand sanitizer to attempt to remove the writing.

TURN-IN TIPS **EVERYTHING MUST BE CLEAN AND DRY!**

N – Turn-In

Y – Keep

LARGE AND MEDIUM RUCKSACK: must be completely disassembled into its individual pieces.

IOTVs: CIF will take Vest as is. You do not have to clean it - with the exception of the OTV - must be cleaned. Must be completely put to ether. If you are missing pieces, you must find them or complete a statement of charges. Each vest has 2 collars kidney protector and must have deltoid protectors.

ACH: Must be BARE with NO CHIN STRAPS or HELMET PADS.

E-Tool must be free of all rust clean and dry.

The old-style duffle bag NSN 8465-01-117 8699, Individuals are authorized to paint and stencil the bottom of the duffel bag, per unit directive. The duffle bag will be returned to the Storefront clean dry and the bottom portion of the duffle bag will be painted sand color. If directed by the unit, Soldiers will not be charged when the duffle bag is returned.

The new style duffle bag NSN 8465-01-604-6541, marking (typed or handwritten) will be placed in the end plastic pocket (9 1/8 X 6 1/2) to display Soldiers rank, last name, first name, middle initial and last 4 numbers of their SSN, and unit assignment. If the duffle bag has any markings the Individual must have adjustment documentation to be charged for the bag.

ALL AVIATION EQUIPMENT MUST BE TAGGED BY A CERTIFIED ALSE OFFICER WHO IS ON A CURRENT SIGNATURE CARD FOR CIF.



APPENDIX S



DEPARTMENT OF THE ARMY
UNIT
UNIT
JOINT BASE LEWIS-MCCHORD, WA 93433-9500

AFZH-DC

1 September 2024

MEMORANDUM FOR: Central Issue Facility

SUBJECT: Request for Early Turn-In of OCIE; Chapter under Adverse Conditions

1. The following Soldier is authorized to turn-in his/her OCIE equipment prior to receiving orders due to an involuntary administrative separation. The unit will ensure orders are delivered to the Central Issue Facility as soon as received from the Out-Processing Center (Waller Hall) or service member will present orders during clearing process.

NAME	GRADE/RANK	LAST FOUR	DODID
Last, First MI.	E4/SPC	1234	1234567890

2. Justification: The Soldier/Unit is responsible for ensuring the above-mentioned service member's OCIE is clean prior to turn in and no exceptions will be made.

3. If an escort is required, the escort will be a Noncommissioned Officer and will accompany the service member during the entire turn in/clearing process.

3. The point of contact for this memorandum is 1SG Army Strong at 253-477-1234 or army.strong.mil@army.mil.

COURAGE PRIDE
CPT, IN
Commanding



Administrative Separation Information Sheet

Soldier's Information:

RANK: _____ **FULL NAME:** _____

Civilian Phone Number: _____

Civilian Email Address: _____

Mailing Address After Separation:

Address: _____ City, State _____ Zip Code _____

Nearest Relative (full Name) and Address:

Address: _____ City, State _____ Zip Code _____

Unit Information:

Company Commander Full Name/ Phone Number:

1SG Full Name/ Phone Number:

Transition Leave:

Per AR 635-200, Chapter 1 para 11: Leave in conjunction with administrative separation actions

Granting of leave in conjunction with separation will be processed in accordance with AR 600–8–10. Generally, as part of military requirements, **leave should not be granted** that would delay or interfere with the processing of an administrative separation under this regulation. **Commanders maintain the responsibility** and discretion to determine whether specific facts of each case warrant allowing a Soldier to take leave.

YES ☐ **Ensure Approved Leave is in the separation packet.**

NO ☐

***Processing time for separations when the notification procedure is used will not normally exceed 15 working days. (AR 635-200, Chapter 1-8 (a).) MILPER Message 21-405 authorize **10 business to process**. AR 600-8-101 Soldier will need **5 business**

days to separate. ETS date will be 15 days after receipt of the packet. If Leave is an option, please keep in mind of the 15-business day process. ***

AR 600-8-101, Chapter 3, para 2 Out-Processing Requirements

On a case-by-case basis, an escort may be appointed to ensure that the Soldier out-processes all required activities. Examples of when an escort may be required are, but not limited to, transitions due to emergency circumstances, an expedited separation based on hardship, or high-risk separations (for example, administrative eliminations, acts of misconduct, or separations for the convenience of the Government or good of the Service)

Escort Rank and Full Name:

Escort Email/Phone Number:

IAW established guidelines, the following chapters require escort by an NCO (at least one pay grade higher than the Soldier being discharged). The information provided will escort for the DD 214 Briefing, to aid the Soldier for clearing the installation, and receiving his/her DD 214.

Please sign to confirm all information is correct above, for the Soldier.

Commander/1SG Signature

Date

JBLM TRANSITION CENTER INVOLUNTARY CHECKLIST

JBLM TRANSITION CENTER

WALLER HALL, BUILDING 214 LIGGETT AVE

Hours of Operation: Monday – Friday

0900 - 1530 (PACKET WILL NOT BE ACCEPTED AFTER 1500, NO EXCEPTIONS)

Closed Weekends, Federal Holidays, Limited Services for DONSA

PACKET WILL ONLY BE ACCEPTED BY THE LEGAL TEAM.

In addition to the documents required for the specific chapter, the Transition Center need the following documents before the Separation Team can issue orders. Packets will not be accepted if they are not in the following order:

DOCUMENTS REQUIRED TO PROCESS SEPARATIONS ORDERS

- ☐ DA 200 *(Please have it prefilled for acceptance)*
- ☐ Administrative Separation Sheet *(Must be completed)*
- ☐ Soldier Talent Profile (STP)- *(Pull within 5 days before drop of packet) Please have reduced rank/grade reflect on the STP*
- ☐ **All non-transferable Flags must be removed** *(except for H, J, K) Must reflect on STP*
- ☐ Approved Terminal Leave *(Not all Involuntary Chapters are authorized to take Leave; Please use AR 600-8-10 and AR 635-200, Chapter 1-11 for guidance)*
- ☐ SGLV *(no more than 1 year old from separation date)*
- ☐ DD Form 93 *(no more than 1 year old from separation date)*
- ☐ DD Form 2648 *(from Transition Assistance Program (TAP) finalized by Commander)*
- ☐ Initial Enlistment contract *(DD Form 4-1 & 4-3 or DD Form 4 (showing Active-Duty date))*
- ☐ All reenlistment contracts *(if applicable; DD Form 4 only; if missing see your Career Counselor to obtain RETAIN screen shot)*
- ☐ All Oaths of extension *(if applicable; DA Form 1695)*
- ☐ Prior service DD Form 214, NGB 22 *(if applicable)*
- ☐ Approval MFR *(signed by Appropriate Approval Level)*
- ☐ Notification to Soldier
- ☐ Data Required by Privacy Act of 1974
- ☐ Acknowledgement of Receipt
- ☐ Election of Right
- ☐ MFR thru BN, BDE, etc.
- ☐ Commander's Recommendation
- ☐ Commander's Report
- ☐ Medical/ Mental Documents: DA 3822 Mental Evaluation *(NOT required for all chapter separations) / DD-2807/ 2808/ 2697 (ALL PAGES)- make sure all documents are signed*

- ☐ Pre-Chapter Separation Education Counseling
- ☐ Counseling statements (ALL PAGES)
- ☐ All supporting documents that pertain to the separation-- ART 15's documents, Court Martial Charges, Report/Results of Trial, Charge Sheet, civilian and military charges/convictions, Any records of LOST TIME to include Civilian Confinement, Military Confinement and Per Trial (AWOL, confinement and release order) Include documents reflecting the beginning and end date(DA 4187's) Separation Board and Results, MEB Results (If CG approves Chapter), General Officer Memorandum or Reprimand (GOMOR), Chapter14's- Bar from Post, etc.
 - ☐ All documentation **MUST** be redacted for rape/sexual assault and any other sexual misconduct
- ☐ Flag (DA 268 or PAR)

ADDITIONAL INSTRUCTIONS

Per AR 635-200, Chapter 1-11 Leave in conjunction with administrative separation actions

Granting of leave in conjunction with separation will be processed in accordance with AR 600-8-10. Generally, as part of military requirements, leave should not be granted that would delay or interfere with the processing of an administrative separation under this regulation. Commanders maintain the responsibility and discretion to determine whether specific facts of each case warrant allowing a Soldier to take leave.

JBLM TRANSITION CENTER CHAPTER 10 CHECKLIST

JBLM TRANSITION CENTER

WALLER HALL, BUILDING 214 LIGGETT AVE

Hours of Operation: Monday – Friday

0900 - 1530 (PACKET WILL NOT BE ACCEPTED AFTER 1500, NO EXCEPTIONS)

Closed Weekends, Federal Holidays, Limited Services for DONSA

PACKET WILL ONLY BE ACCEPTED BY THE LEGAL TEAM.

In addition to the documents required for the specific chapter, the Transition Center need the following documents before the Separation Team can issue orders. Packets will not be accepted if they are not in the following order:

DOCUMENTS REQUIRED TO PROCESS SEPARATIONS ORDERS

- ☐ DA 200 (*Please have it prefilled for acceptance*)
- ☐ Administrative Separation Sheet (*Must be completed*)
- ☐ Soldier Talent Profile (STP)- (*Pull within 5 days before drop of packet*) Please have reduced rank/grade reflect on the STP
- ☐ **All non-transferable Flags must be removed** (*except for H, J, K*) Must reflect on STP
- ☐ Approved Terminal Leave (*Not all Involuntary Chapters are authorized to take Leave; Please use AR 600-8-10 and AR 635-200, Chapter 1-11 for guidance*)
- ☐ SGLV (*no more than 1 year old from separation date*)
- ☐ DD Form 93 (*no more than 1 year old from separation date*)
- ☐ DD Form 2648 (*from Transition Assistance Program (TAP) finalized by Commander*)
- ☐ Initial Enlistment contract (*DD Form 4-1 & 4-3 or DD Form 4 (showing Active-Duty date)*)
- ☐ All reenlistment contracts (*if applicable; DD Form 4 only; if missing see your Career Counselor to obtain RETAIN screen shot*)
- ☐ All Oaths of extension (*if applicable; DA Form 1695*)
- ☐ Prior service DD Form 214, NGB 22 (*if applicable*)
- ☐ Approval MFR (*signed by Appropriate Approval Level*)
- ☐ MFR through BN, BDE etc.
- ☐ Soldier requesting discharge
- ☐ Medical/Mental: DA 3822 Mental Eval, DD 2808 (*all pages singled sided, signed and dated*)
- ☐ Pre-Chapter Separation Education Counseling
- ☐ DD FORM 458 - Charge Sheet (Front and Back)
- ☐ If any Confinement Time CCA/CMA: DD 2718 – *Prisoner Release for Any record of LOST TIME to include Civilian Confinement, Military Confinement and Pre-Trial any change of a soldier's duty status should be accounted for in IPPS-A. Unit will create the PAR's and route them up for approval. We need LOST TIME PARs in the packet at drop off.*
- ☐ Supporting Documentation (Counseling Statements, Etc.)
- ☐ Flag (*DA 268 or PAR*)

ADDITIONAL INSTRUCTIONS

Per AR 635-200, Chapter 1-11 Leave in conjunction with administrative separation actions

Granting of leave in conjunction with separation will be processed in accordance with AR 600-8-10. Generally, as part of military requirements, leave should not be granted that would delay or interfere with the processing of an administrative separation under this regulation. Commanders maintain the responsibility and discretion to determine whether specific facts of each case warrant allowing a Soldier to take leave.