Important Contacts

Personal support information	Name	Phone number	Location
Deputy Family Support Coordinator (FSC)			(et al, Bethesda PAT)
Recovery Care Coordinator			(et al,WW BN East)
Non-Medical Care Manager			
Medical Care Case Manager			
Chaplain			(et al, MTF Chaplain, BN Chaplain)
Social Worker			
Primary Physician/s			
Other care providers/therapist/counselors, etc.			
Federal Recovery Coordinator (if applicable)			
OIF/OEF Coordinator (if applicable)			
VA Representative			
Benefits and Transition Coordinator			

Military support Information	Name	Phone Number	Location
Battalion Commander			
Battalion FRO or FSC			
Wounded Warrior Regiment Call Center	Counselors available 24/7/365	1-877-487-6299	Quantico, Virginia
Wounded Warrior Regiment Legal Officers		703-432-1843	
TSGLI Hotline		1-877-216-0825	Quantico, Virginia
Defense Finance and Accounting Service (DFAS)		www.dfas.mil	Kansas City, Missouri

Addition Local and National resources	Point of Contact (if applicable)	National	Local
American Red Cross		1-877-272-7337	
Navy Marine Corps Relief Society		1-800-654-8364 1-877-272-7337 (After Hours)	
Financial Counselors at MTF or unit CFS			
MTF Main Information Number			

Military OneSource		1-800-342-9647 www.militaryonesource.com	
National Center for PTSD (VA)		1-802-296-6300 ncptsd@va.gov	
Fitness Centers at MTF or installation			
Physical Evaluation Board Liaison Officer (PEBLO) or other DES support personnel			
Benevolent Organizations serving Marines, Sailors, and families	**Point of Contact**	**National**	**Local**
Injured Marine Semper Fi Fund			West Coast 1-760-725-3680 East Coast 1-703-640-0181 www.semperfifund.org
Hope for the Warriors			1-877-2HOPE4W www.hopeforthewarriors.org
USO			

Helpful Checklists

The following checklists are designed to help you manage the necessary details while you care for your wounded, ill, or injured Marine. Keep in mind that many of these details may have been addressed as you prepared for a recent deployment or separation. All of the following checklists will ensure you do not neglect an important item of personal or financial business.

Travel Checklist

During your travel and stay at a Military Treatment Facility (MTF), you will find you will need certain important documents with you *at all times* to help you obtain the best care and services for you and your Marine.
*Keep in mind there might not be a secure location for you to keep personal or financial information.

- ☐ _____ Copies of your Invitational Travel Orders
- ☐ _____ Military ID or government issued ID such as a passport or drivers license
- ☐ _____ Power of Attorney form (if your service member has one prepared)
- ☐ _____ Living Will, Living Trust, or other advance directive (if your service member has prepared one)
- ☐ _____ Medical records, including immunization records for children in need of child care services
- ☐ _____ Name and phone number of your point of contact for service members unit such as Family Readiness Officer, Family Readiness Advisor/Assistant, friend or trusted neighbor.
- ☐ _____ Original prescription for any medications for your service member, yourself, or your children

- ☐ _____ Health Insurance information, Tricare enrollment information
- ☐ _____ Checkbook, bank account, and bank routing information
- ☐ _____ Cash or travelers checks
- ☐ _____ Credit/debit cards
- ☐ _____ Bills or bill statements
  - ✓ _____ Mortgage and/or rent statements
  - ✓ _____ Utility statements
  - ✓ _____ Auto, home, or other insurance information
  - ✓ _____ Credit card statements
  - ✓ _____ Student loan statements
  - ✓ _____ Membership fee statements
  - ✓ _____ Phone, internet, cable TV statements
  - ✓ _____ Any other bills that need to be maintained
- ☐ _____ Coordinate with employer for time off (refer to the Family and Medical Leave Act, if needed)
- ☐ _____ Gather educational records for children, if planning for long term absence

Household Preparation

To give you peace of mind, some simple things can be done to maintain the safety and security of your home with the intention of returning. Some items you may consider are the following:

- _____ Inform base housing office of absence and provide contact information and a brief description of the situation, if applicable.
- _____ Stop or forward the mail, arrange for a trusted friend or neighbor to pick it up for you and forward to your location.
- _____ Arrange for:

_____ Pet care, if needed
_____ Lawn and yard care, if needed
_____ Indoor plant care, if needed

- _____ Contact utility services to suspend service, if needed
- _____ Stop newspaper delivery
- _____ Empty trash cans and refrigerator of perishable food
- _____ Set light timers, security systems, and thermostats for absence. Ensure a trusted friend or neighbor has security and light timer codes as well as access to home.
- _____ Ensure Car is secure. Ask a trusted friend or neighbor to move the car occasionally.

Phone numbers to have handy

The following contact information may be kept handy to assist you with keeping track of the business of maintaining a home and a family. It will also help you to have a regular conversation with a trusted friend or family member. Keep the following suggested contacts with you so you will not have to find them every time you may need them.

- Unit contacts (Family Readiness Officer, Family Readiness Advisor/Assistant, Trusted friend or neighbor, family members)

_____
_____
_____
_____
_____

- Landlord, Base Housing Office, or Property Management Office contacts

_____
_____
_____

☎ Bank or Credit Union contact phone number

_____

_____

_____

☎ Tricare regional office

_____

☎ Medical doctor for family member and children, if applicable

_____

_____

_____

☎ Childcare providers

_____

_____

_____

☎ Schools attended by children, if applicable

_____

_____

_____

_____

Packing List for yourself

As you prepare to travel to the location of your service member, keep in mind you may be spending a great deal of time in the hospital. Keep your packing simple and light. Only bring those things that may provide comfort and peace of mind. Consider the weather conditions and season of the location you will be traveling to. If you find you need additional items, a trusted friend or a family member may be

able to send you the items you need. This is a suggested list of items you may consider:

- ✈ _____ 5 Changes of comfortable clothes (including underwear and sleepwear)
- ✈ _____ Shoes and socks
- ✈ _____ Appropriate outerwear for weather and location
- ✈ _____ Sweater or jacket for inside the hospital
- ✈ _____ Toiletries
  - ✓ _____ Medicine (original bottles with refill information)
  - ✓ _____ Eye glasses/contacts/reading glasses
  - ✓ _____ Personal products
- ✈ _____ Cell phone and charger
- ✈ _____ Long-distance calling card
- ✈ _____ Notebook or journal
- ✈ _____ Handheld recorder
- ✈ _____ Small digital or disposable camera
- ✈ _____ Hand sanitizer or wipes
- ✈ _____ Comfort items (Pillow, blanket, or something special)
- ✈ _____ Books, music, or entertainment for you
- ✈ _____ Tote bag for necessary daily items

Packing list for your service member

Your service member may have traveled from their accident, work, or location directly to the hospital and may have very few personal belongings. Consider bringing a few items to increase the comfort

level of your service member. Additional items may be obtained from American Red Cross, the USO, or other organizations at the facility.

- ✈ _____ Sweat pants or pants that can easily be adapted for treatment
- ✈ _____ Sweat shirt or t-shirt, also easily adapted for treatment
- ✈ _____ Underwear
- ✈ _____ Socks
- ✈ _____ Comfortable shoes
- ✈ _____ Jacket
- ✈ _____ Cover or hat
- ✈ _____ Preferred toiletry items, shaving items
- ✈ _____ Family photos, favorite books or movies, or favorite comfort items

If your child accompanies you...

The hospital may be a frightening atmosphere for your children, depending on the ages they may be. When deciding to bring your children consider the following things:

1. Is there childcare available and where is it located? (Most hospital wards have an age limit for visitors)
2. Where will we be staying while service member is recovering?
3. Am I prepared to explain the situation in terms the children will understand?

Packing for your children (try to keep to one bag)

- ✈ _____ Clothing
- ✈ _____ Shoes and socks

- ✈ _____ Coats or appropriate outerwear
- ✈ _____ Toiletries
- ✈ _____ Comfort items (favorite stuffed animal or blanket)
- ✈ _____ Toothbrush and toothpaste
- ✈ _____ Towel and bath items
- ✈ _____ Toys and activities
- ✈ _____ Medications and prescriptions in original bottles and containers

Additional items for toddlers and infants

- ✈ _____ Diapers/ wipes/ointments
- ✈ _____ Bottles, formula, spill proof cups
- ✈ _____ Pacifiers and comfort items
- ✈ _____ Car seat
- ✈ _____ Stroller
- ✈ _____ Pack and Play (may be provided by local organization such as NMCRS or MCCS)

Much of the preparation for the care of children will be addressed if a <u>Family Care Plan</u> has been prepared. If you decide to leave your child/ren with a trusted friend or relative, these are some considerations:

- ☐ _____ Provide a list of regularly scheduled activities the child/ren participate in such as
  - Practices, games, lessons, and bus schedules
- ☐ _____ Additional transportation options to and from activities

- ☐ _____ Contact information for additional support people in the area the child/ren may know

- ☐ _____ Provide a list of allergies, medications and instructions, routines, likes and dislikes, and family guidelines

- ☐ _____ Tricare and medical contact information to include:
  - Medical Power of Attorney, In Loco Parentis, and written permission to seek medical attention on behalf of parent or custodian

- ☐ _____ Contact Unit FRO and procure a letter requesting base privileges and access for caregiver, if needed. Access should include gate pass, commissary, clinic, school, and exchange.

- ☐ _____ Inform school of the situation for their awareness. Provide contact information for caregivers

- ☐ _____ Coordinate financial resources for care of child/ren

- ☐ _____ Prepare copies of a letter that explains the situation which the child may share if needed.

- ☐ _____ Inform command Unit Family Readiness leaders (FRO, FR Advisor/Assistants, if desired) of location of children and care provisions.

- ☐ _____ Plan a regular time each day to call child/ren while separated

How to access NACCRRA's Severely Injured and Deployed Respite Care

1. Fill out the Parent Application, specifically for "**Severely Injured**" program.

2. Complete the required "**Physician Certification**" form. **This form must be completed by the treating physician at the MTF**.

3. Contact the **Child Care AWARE** (**1-800-424-2246**) Childcare Referral specialist and ask for an "**Enhanced Referral**" in the Bethesda or Walter Reed, Maryland area. ***This may be done by the Marine Detachment on behalf of the family***.

4. While talking to the Referral specialist, ask for **16 hours of free Deployed Respite Childcare** as well.

FAQs about NACCRRA's **Severely Injured Program**
See: **http://www.naccrra.org/MilitaryPrograms/severely_injured/**

1. **The child care can be provided in a Licensed Family Child Care home, in a licensed civilian center, or in an installation Family Child Care home. The Referral Specialist attempts to provide the family the kind care that is the family's preference depending on availability.**

2. **To sign up for this care, the Marine is not required to provide shot records, birth certificates, or an LES. All who use this care will be considered a category I on the DoD Child Care fee scale, the lowest fee band and therefore their co-pay will be the lowest possible.**

3. **You can combine Deployed Respite Care (16 hours per month at no charge to the family) with the Severely Injured Program.**

4. **The family can continue to use Severely Injured and Deployed Respite Care as long as they need it and meet the qualifications for eligibility.**

5. **There is a required Physician Certification Form that *must be completed by the treating physician.***

*Deployed Respite Care also applies to Wounded or seriously ill Marines.

Severely Injured Childcare	Deployed Respite Child Care
Requires a Physician's certification and registration with NACCRRA for access	Requires registration with NACCRRA for access
Available to severely wounded Marines only	Available to Wounded, seriously Ill, or Injured and deployed Marine families
Available through a licensed Family Child Care home provider, licensed Civilian Child Care Center, or an installation Family Child Care home (NOT the CDC)	Available through a licensed Family Child Care home provider, licensed Civilian Child Care Center, or an installation Family Child Care home (NOT the CDC)
Contact **Childcare Aware** to speak to a referral specialist and request an Enhanced Referral (1-800-424-2246)	Contact **Child Care Aware** to speak directly to a referral specialist and request deployed Respite Care (1-800-424-2246)
Can be used in conjunction with Deployed Respite Childcare	Can be used in conjunction with the Severely Injured program
Can be used for long term daily care	Only provides 16 hours of childcare per family per month
Benefit only applies if Marine remains eligible	Can be used indefinitely, as long as Marine is wounded, ill, or injured
Fees to the family are determined by the local area Category I fee range and age of the children.	There is no cost to the Marine.

Charitable Organizations that can assist with paying childcare fees:

Injured Marine Semper Fi Fund (*www.semperfifund.org*)

Hope 4 the Warriors (*www.hopeforthewarriors.org*)

Pentagon Federal Credit Union (*www.pentagonfoundation.org*)

National Military Family Association (*www.nmfa.org*)

Soldiers Angels (*www.soldiersangels.org*)

Bob Woodruff Foundation (*www.remind.org*)

If you have questions regarding Respite Childcare and Severely Injured Childcare, please contact:

WWR Family Readiness Officer, 703-432-1879

Respite Care Coordinator, NACCRRA, 703-341-4153

The Nation's Network of Child Care Resource & Referral
Committed to the development and learning of all children.

NACCRRA
Military Subsidy Department
3101 Wilson Boulevard, Suite 350
Arlington, VA 22201
Phone: 1-800-793-0324 x341
Fax: 703-341-4104

CHILD CARE FOR FAMILIES OF SEVERELY INJURED MILITARY MEMBERS

SUBSIDY ELIGIBILITY APPLICATION

To receive a $25 credit, complete this application online. http://www.naccrra.org/MilitaryPrograms/severely_injured/

Name of Parent/Legal Guardian:_____

Severely Injured Service Members

Active Component (check one)	**Guard/Reserve Component (check one)**
☐ Marine Corps	☐ Marine Corps Reserve
☐ Army	☐ Army Reserve/Guard
☐ Navy	☐ Navy Reserve
☐ Air Force	☐ Air Force Reserve/Guard

Type of Application (check one):

☐ Initial Application
☐ Extension Application
☐ Change of information, eligibility criteria, status, etc.

Check any that apply:

Sole Parent	☐ Yes ☐ No	**Dual Working Parents**	☐ Yes ☐ No
Legal Guardian	☐ Yes ☐ No	**Dual Military**	☐ Yes ☐ No

Name of Parent/Legal Guardian: _____

Section A. Household Information

1. MILITARY MEMBER CONTACT INFORMATION:

_____ _____ ____ _____-_____-_____ _____/_____/_____

Last Name First Name M.I. Social Security # Date of Birth

_____ (_____) _____-_____ (_____) _____-_____

Grade Duty Telephone #: Home Telephone #:

_____

Street Name and Number

_____ _____ _____

City State Zip Code

Email Address: _____

1a. MILITARY MEMBER SPOUSE CONTACT INFORMATION:

_____ _____ ____ _____-_____-_____ _____/_____/_____

Last Name First Name M.I. Social Security # Date of Birth

_____ (_____) _____-_____ (_____) _____-_____

Grade Duty Telephone #: Home Telephone #:

_____

Street Name and Number

_____ _____ _____

City State Zip Code

Email Address: _____

_____ _____ _____/_____/_____

Parent/Legal Guardian (please print) Parent/Legal Guardian Signature Date

PHYSICIAN CERTIFICATION

CHILD CARE ASSISTANCE FOR SEVERELY INJURED SERVICE MEMBERS

To be completed by Service Member or representative:

_____
(Name of Medical Facility)

_____
(Name/Rank of Injured)

_____
(Date entered hospital)

_____
(Date dismissed from hospital)

_____
(Date outpatient care began)

_____
(Date outpatient care estimated to end)

To be completed by attending Physician:

I authorize that the above named Service Member is receiving medical services:
Please circle one: In-Patient Out-Patient

_____ _____
Printed Name Physician Signature

_____
Date

Service Member Representative: Please fax to The National Association of Child Care Resource and Referral Agencies at 703.341.4101 or email to missionrecuperation@naccrra.org.