

**WALTER REED ARMY MEDICAL CENTER**

# **OUR HERO HANDBOOK**



**A Guide for Families of Wounded Soldiers**

**OPERATION IRAQI FREEDOM**

**OPERATION ENDURING FREEDOM**

**HERO HANDBOOK  
FOR FAMILIES OF INJURED SOLDIERS**

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To the family of a wounded Soldier,  
I am honored to be able to join the FRG of my unit to produce such a resourceful packet of information to help you through your soldier's recovery. I was seriously wounded during Operation Iraqi Freedom and was sent to Walter Reed Army Medical Center for my recovery. My family experienced the chaos and confusion, having very little understanding of the Army life, of relocating to Walter Reed and figuring out on their own the resources provided to you in this packet. Our intent is to take away the confusion, answer your questions, and allow you, the family, the most amount of time with your soldier while the unit and FRG take care of the rest. The Army family extends greater than just to those who wear the uniform. It includes you, the family, friends, and supporters of the Army community. This trial in your life, the same as many Army families have found themselves experiencing, does not have to be dealt with alone. This packet, along with other Army resources, to include the unit and Family Readiness Groups, are all here to support you in any way we can.

With respect and sincerity,

1LT DJ Skelton  
WIA, OIF 2004  
1/25<sup>TH</sup> ID (STRYKERS)

**REAR DETACHMENT CONTACT INFORMATION**

Your Soldier is a part of:

\_\_\_\_\_

Your Battalion Rear Detachment Commander is: \_\_\_\_\_

Commercial Phone:

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

DSN Number:

\_\_\_\_\_

The Brigade EOC desk may be reached 24 hours a day, 7 days a week.

Commercial Phone:

\_\_\_\_\_

DSN Number:

\_\_\_\_\_

## **FREQUENTLY ASKED QUESTIONS AND ANSWERS**

1. How do the OIF/OEF Soldiers get to WRAMC and does anyone meet the OIF/OEF soldiers when they arrive?

Soldiers are brought to WRAMC by airevac or referred by another medical treatment facility. The Soldier Family Assistance Center (SFAC) staff meets every airevac that comes to WRAMC. Red Cross Volunteers also meet every airevac and give each soldier a comfort care bag.

2. How will I get to WRAMC and will someone meet me at the airport?

Joint Federal Travel regulation (JFTR), Volume 1, chapter U5246, authorizes three relatives of a Seriously Ill/Very Seriously Ill (SI/VSI) patient to travel to and from the hospital at government expense when certain administrative requirements are met by the military medical treatment facility (MMTF) and the appropriate personnel or casualty affairs office. The patient's physician uses SI/VSI criteria to decide who is eligible for ITOs. (Eligibility for ITOs is based solely on medical criteria.)

ITOs for family members of OIF/OEF patients will cover the cost of travel, lodging, and per diem for a pre-determined period of time. Typically, ITOs are not open-ended, although extensions are possible on a case-by-case basis. The Casualty Affairs Office, located within the SFAC, will be able to assist with extensions. For family members of patients who are not OIF/OEF, ITOs will only cover travel costs.

The SFAC has no role in determining who is eligible and who receives ITOs. SFAC staff is available to assist family members with getting answers to questions related to ITOs.

If there are no ITOs issued, there are other avenues of receiving free airline tickets. The nonprofit Fisher House Foundation has teamed up with "Operation Hero Miles" to provide eligible soldiers undergoing treatment at a military medical center incident to their service in Iraq, Afghanistan, or the surrounding areas with a complimentary, round-trip airline ticket. The tickets are available to *eligible family and friends as well*. The request form is available for pickup at the Family Assistance Center. The request must come from the patient. Ticket eligibility is determined by the Fisher House Foundation. There are multiple ticket restrictions.

The Department of the Army provides an escort to all incoming family members on ITOs.

3. What documents do I need to bring with me?

- Copy of your orders
- Military ID
- Power of Attorney
- Living Will
- Immunization records for children in need of Day Care
- Name and phone number of POC for the Active Duty patient's parent unit

- Valid Passport if returning OCONUS

\*\*Bring clothes for patient. Patients will arrive in hospital pajamas and robes. It is a good idea to pack a pair of sweat pants and shirt (can be cut for casts etc.), underwear, shoes/sneakers, and jacket/hat if weather is cold.

4. Is there lodging available?

The Mologne House is located on the WRAMC installation. The cost is approximately \$65 per night for OIF/OEF patients and family members.

The Mologne House will directly bill and Army account for the room cost for all Active Duty OIF/OEF patients. This avoids the need for soldiers to have cash to pay for their rooms.

For family members traveling on Invitational Travel Orders (ITOs), the Mologne House will direct bill an Army account for room charges for the duration of the ITO. ***Family members who are NOT traveling on ITOs will be responsible for paying of all room charges accrued.***

If the Mologne House can't accommodate a patient or family member, Mologne House staff will refer the patient or family member to a local hotel. Family members on ITOs will be able to submit off-post hotel receipts, up to the allowable government nightly rate, for reimbursement at the end of their travel. Direct billing is only available at the Mologne House, so you will be required to pay your bill in full prior to final reimbursement.

The Fisher House has lodging facilities located on the WRAMC installation and at the Forest Glen Annex. Reservations for the Fisher House are for a minimum of 5 days and must be coordinated through the Department of Social Work. The ongoing presence of a waiting list prevents Fisher House arrangements from being made prior to arrival at WRAMC.

5. I do not have a Military Identification Card (ID). Do I need one, and how do I get one?

Family member who have arrived at WRAMC and do not possess a military ID can go to the SFAC to obtain one. Once you receive a military ID, you will have privileges at the commissary and PX. The SFAC (Soldier Family Assistance Center) is located in Building 2, 3<sup>rd</sup> Floor, Room 3G04.

6. How do OIF/OEF inpatients get a new military ID?

Is the patient non-ambulatory? If yes, SFAC staff will e-mail the appropriate MILPO POC who will call the ward and make arrangements to bring in a portable ID machine to the patient's bedside.

Is the patient ambulatory, to include getting around in a wheelchair/walker/crutches? If the ambulatory patient has picture ID, they can go to the ID card section in Building 2, Floor 6, Room 6A79 (across from room 6Z50). Walk-in hours are 1300-1700. The phone number is 782-0717. The ID card section in Building 11 is also an option for ambulatory soldiers who can leave the hospital. There is also an ID card representative available in SFAC.

If the ambulatory patient has no form of ID, they will need an E-7 or above to escort them to the ID card section on Floor 6 Room 6A79. The Wards have agreed to escort the soldiers to the ID card section.

7. Is transportation available from WRAMC to the airport?

Taxis: Family members traveling on ITOs can take a taxi from area airports. Taxis are readily available and cost approximately \$25-\$30 from Reagan National and \$45-\$50 from Dulles and BWI. This cost will be reimbursed when your final travel voucher is submitted. **Remember to keep your receipts.**

*Family members traveling WITHOUT an ITO will be responsible for paying for the cost of transportation to and from WRAMC. They will not be reimbursed for this cost. If cost is a concern, Metrorail is suggested.*

Public transportation: The SFAC has information available on the Metrorail and Bus lines. There is daily shuttle service between WRAMC and the Forest Glen Annex. Schedules are available in the SFAC.

Family members will need to arrange transportation from WRAMC to area airports. Taxis, The Blue Van (supershuttle.com) and the Metro are transportation options. SFAC staff is available for assistance.

OIF/OEF patients leaving WRAMC for Reagan National can use a free weekday shuttle that leaves from the Mologne House at 0500, 1000, and 1500. For non-duty hours or to other airports, please call Admissions/AE office at (202) 782-6139/614/6141.

8. How do I get around once I have arrived?

The best transportation options would be the shuttle buses, taxis, or walking. Car rentals are an option, but the cost is NOT reimbursable. The car would be sitting in the parking lot at the hospital most of the time.

9. Is there parking available?

There is parking available at the Mologne House for visitors staying at the Mologne House. Family members not staying at the Mologne House may obtain a daily pass as they drive onto post. For longer stays, they may obtain a long-term pass at the Parking

Office, located in Building 11, Room G-109. The phone number for the Parking Office is (202) 782-6978.

10. Where can I get something to eat?

Meals are available at the following locations at WRAMC.

**Main Hospital Dining Facility, Building 2, 3<sup>rd</sup> Floor**

Full Breakfast 0600-0900; Continental Breakfast 0900-1000; Grab and Go 1030-1330; Full Lunch 1100-1400; Short Order 1400-1500; Full Dinner 1600-1830

**Walt's Express, Building 2, 3rd Floor**

Monday-Friday 1015-1330

**Subway, Building 2, 1<sup>st</sup> Floor**

Monday-Friday 0700-2000; Saturday 1000-1600

**Mologne House Restaurant- (202) 782-4194**

**Breakfast:** Monday-Friday 0700-1030; Saturday-Sunday 0900-1100

**Lunch:** Monday-Friday 1130-1400; Saturday-Sunday 1100-1300

**Dinner:** Monday-Friday 1630-2100; Saturday-Sunday 1630-2000

11. I have small children. Is childcare available?

*There is very limited child care. Child care is not available at WRAMC. Limited child care, at a cost, is available at Forest Glen. There is a waiting list at Forest Glen for child care and should not be expected to be available. Once the service member is considered an outpatient, pending out processing, the families are encouraged to go home. Only those on ITOs have priority with lodging and child care (if available). Child care is so limited that you should consider traveling with a relative or friend who can watch your child(ren).*

**Childcare Services:** Hourly childcare is offered at the Child development Center (CDC) at Forest Glen. Children must be registered at Central Registration, Building 11, Rom 1-101. **Parents must have their child's current shot record and complete registration paperwork.** A \$18 registration fee (check or money order only) per child (or \$40.00 total for 3 or more children) is required. Parents must call the CDC POC Ms. Virginia Graham at (202) 782-0565 and reserve a slot for their child(ren) for the date and time that they want to use the hourly care. Hourly care is available from 8:00am-4:00pm, Monday-Friday.

**Can they visit?**

Children are not allowed above the third floor. Most patients are located in areas where visiting by children is not allowed.

12. Where can I access a computer?

The Walter Reed Army Medical Center Soldier Family Assistance Center (SFAC) has Internet access, worldwide DSN and local telephone service. Family members and OIF/OEF patients can obtain calling cards as well. The SFAC is located in Building 2, 3<sup>rd</sup> Floor, Room 3G04.

13. Is there a laundry facility available?

There are washers and dryers located on each floor next to the family waiting room areas. The washers and dryers located at the Mologne House and Fisher houses are free. There is a dry cleaners located in Building 1, 1<sup>st</sup> Floor. The hours are 0900-1700, Monday-Friday.

## **GETTING AROUND**

### **HOW TO GET TO WALTER REED ARMY MEDICAL CENTER**

#### **Commercial Air**

We highly recommend that you fly into Washington Reagan National Airport. This is the closest airport to Walter Reed and offers multiple travel options to get here. Soldiers can call the AOD/SDNCO for transportation from airports:

**AOD:** 202-782-7309

**SDNCO:** 202-782-0069

We recommend taking a taxi from the airport to WRAMC. Ask the driver to take you to the 7100 block of Georgia Avenue Northwest. Fare will range from \$18-\$20.

Local available taxi services:

O **Diamond Cab** (202) 387-6200

O **Yellow Cab** (202) 544-1212

O **Barwood Taxi** (301) 984-1900

O **Checker Cab** (301) 816-0066

The Metrobus is available, but requires exact change. Metrobus routes 70, 71, and 79 run along Georgia Avenue, and connect WRAMC with downtown (to the south) and Silver Spring (to the north). Routes S2 and S4 run along 16<sup>th</sup> Street, and run from Silver Spring (to the north) to Federal Triangle (to the south). Fares start at \$1.25.

The subway system, Metrorail, is also available. Subway tickets (Farecards) can be obtained at any Metro station. Fares are distance-based, and range from \$1.35 to \$3.90 depending on distance and time of day. Fare data is displayed on the attendant booth at

all stations, and above the Farecard machines at most stations. Vending machines accept bills no larger than \$20, and machines will give a maximum of \$5 in coin-only change. Machines marked “Passes/Farecards” accept major credit and debit cards.

**To take the Metro to Walter Reed: (THIS IS NOT THE MOST CONVENIENT OR RECOMMENDED MODE.)**

### **Getting to the Station**

**Reagan National:** Board the Metro at the subway station at the airport.

**Dulles International:** Catch the 5A bus (fare is \$3.00) to Rosslyn station on the Blue and Orange lines.

**BWI airport:** Catch the B30 bus (fare is \$3.00) to Greenbelt Station on the Green Line. This bus stop can be hard to find if you’re unfamiliar with the terminal. From inside BWI, on the lower level, walk all the way to the A Pier end of the building, until you can go no further. Head outside, and you will see a traffic island dividing the traffic loop in front of the terminal. Cross to the island, turn left, and proceed until you see the bus stop. It is marked with a blue, white, and red Metrobus sign, and there are two small shelters there.

### **Once at the station:**

Before you get on the train, pick up a bus transfer slip from the machine marked “Transfers.” You will need a transfer slip for every passenger.

**From Reagan National station:** Catch the Yellow Line train marked either **Ft. Totten** or **Mt Vernon Sq**, OR the Blue Line train marked **Largo**. Tip: The Yellow Line is more direct, but the difference in travel time to where you will be transferring is only about three minutes. So there’s usually no need to wait for the Yellow Line if the Blue Line is the first train to arrive.

**From Rosslyn station (Dulles passengers):** The station has two different platforms. Stay on the upper platform and catch the Blue Line to **Largo** or the Orange Line to **New Carrollton**. Ride either line to **Metro Center**.

At the **Gallery Place** stop (Yellow Line) or **Metro Center** stop (Blue/Orange Line), go up to the Red Line platform marked “Trains to Glenmont.” DO NOT go up to the platform marked “Trains to Shady Grove.”

**From Greenbelt station (BWI passengers):** If more than one train is on the platform, look for the “Next Train” arrow and board the indicated train. Ride to **Fort Totten**, detrain, and go up two levels to the Red Line platform. Tip: the stairs and escalator up from the Green platform at Fort Totten are at the end of the platform, so when boarding at Greenbelt, board toward the back of the train.

**On the Red Line platform:** Catch any train marked **Glenmont** or **Silver Spring**. Once in a very great while, a Red Line train may be marked **Wheaton** or **Forest Glen**; those will work, as well.

Get off the Red Line at either **Takoma** or **Silver Spring**. When boarding the bus, hand your transfer slip to the driver, and deposit 35 cents in the fare box. If you don't have a valid transfer, the fare is **\$1.25**.

**Takoma Station:** Bus routes K1, 52C, and 54 connect Walter Reed to Takoma station. K1 travels onto the installation, but only operates during morning and evening rush hours. 52C and 54 operate all day; they stop at the corner of Georgia Avenue and Butternut Street, near a gate that is open during daylight hours only.

**Silver Spring station:** Bus routes 70 and 71 operate around the clock; route 79 ("MetroExtra") runs during rush hours only. All three routes stop at Dahlia Street. If the Dahlia Street gate is closed, walk one block north to Elder Street: that gate is *always* open. Silver Spring station is recommended if arriving after dark.

**Caution:** Although the Takoma station and the Silver Spring station are approximately 12 blocks (15 minutes walking distance) from the hospital, and either walk is through relatively safe neighborhoods, it is best to take public transportation (bus or taxi) if you are unfamiliar with the area.

For more information regarding the Metro, you can access [www.wmata.com](http://www.wmata.com).

### **Privately Owned Vehicle (POV)**

**a. To drive to Walter Reed:** Follow Interstate 495, the Capital Beltway, to exit 31 (Georgia Avenue/Silver Spring/Maryland Route 97). Drive south on Georgia Avenue toward Silver Spring and Washington for 2.8 miles. Turn right into Walter Reed at the intersection of Georgia Avenue and Elder Street, and make an immediate left turn onto the ramp of the underground parking garage.

**b. From downtown Washington:** Drive north on 7<sup>th</sup> Street NW, which becomes Georgia Avenue NW. Continue on Georgia Avenue to the 7100 block. Turn left into Walter Reed at the intersection of Georgia Avenue and Elder Street, and make an immediate left turn onto the ramp of the underground parking garage.

**c.** The underground parking garage at WRAMC is reserved for patients and visitors. Parking elsewhere on the installation is extremely limited and strictly controlled. Unauthorized vehicles are subject to District of Columbia parking tickets and/or towing.

## **HOW TO GET TO NATIONAL NAVAL MEDICAL CENTER (BETHESDA)**

### **Privately Owned Vehicle (POV)**

A. From Walter Reed AMC: Drive north on Georgia Ave. Turn left on Rt. 410, East-West Highway, and cross 16<sup>th</sup> Street. Right on Jones Mill Rd; left on Jones Bridge Rd. Cross Connecticut Ave. At 4<sup>th</sup> light, turn right on Rt. 355, Wisconsin Ave. At first light, turn right into the main gate on South Wood Rd. At the guard station, show ID. From here you will be directed to parking.

B. From the Reagan National Airport: Exit north on George Washington Parkway. After about 2 miles, you will see but DO NOT TAKE a left exit for Memorial Bridge and Arlington National Cemetery. Be sure to bear right and continue on GW Parkway, which follows the Potomac River on the Virginia side, for approximately 12 miles. From right lane, exit onto I-495, Capital Beltway, heading north to Maryland. You will be on the inner loop of the Beltway. Take Exit 34, Rt. 355 South, Wisconsin Ave., towards Bethesda. Get in left lane. Cross Cedar Lane intersection at 3<sup>rd</sup> traffic light. At first median crossing (no light), turn left into National Naval Medical Center. At the guard station, show ID. From here you will be directed to parking.

**To take the Metro Subway to Bethesda from Washington Reagan National Airport:**

Take Yellow Line towards Mt Vernon Square or Ft. Totten, OR Blue Line towards Largo. Exit at Gallery Place (Yellow) or Metro Center (Blue). Take the Red Line towards Shady Grove or Grosvenor. Exit at Medical Center station. At top of escalator, turn right and cross Wisconsin Ave. Show ID at guard stations. Approximately 35 minutes.

**For more information regarding the Metro, you can access [www.wmata.com](http://www.wmata.com).**

**C. From Dulles International Airport:** Drive east on the Dulles Airport Access Road for approximately 13 miles. Exit onto I-495 North, the Capital Beltway, towards Maryland on the inner loop of the Beltway. Take Exit 34, Rt. 355 South, Wisconsin Ave., towards Bethesda. Get in left lane. Cross Cedar Lane intersection at 3<sup>rd</sup> traffic light. At first median crossing (no light), turn left into the National Naval Medical Center. At the guard station, show ID. From here you will be directed to parking.

**D. From Baltimore-Washington International Airport (BWI):** Follow the airport access road, I-195 to the Baltimore-Washington Parkway. Drive south on the Parkway for approximately 18 miles to I-495 West (right), the Capital Beltway towards Silver Spring/Bethesda for approximately 12 miles. You will be on the Outer Loop of the Beltway. Take Exit 34, Rt. 355 South, Wisconsin Ave. /Rockville Pike. As you exit from the Beltway, stay in the right lane and immediately bear left at light to loop under and south on Rt. 355 towards Bethesda. Cross Cedar Lane intersection at second traffic light, at first median crossing (no light), turn left into the National Naval Medical Center. At the guard station, show ID. From here you will be directed to parking.

## SHUTTLE BUS INFORMATION

### Weekend WRAMC Shuttle

<b>Forest Glen dep.</b>	<b>Summit Hills dep.</b>	<b>Walter Reed dep.</b>	<b>Mologne House dep.</b>	<b>Summit Hills dep.</b>
<b>0900</b>	<b>0915</b>	<b>0930</b>	<b>0935</b>	<b>0945</b>
<b>1000</b>	<b>1015</b>	<b>1030</b>	<b>1035</b>	<b>1045</b>
<b>1100</b>	<b>1115</b>	<b>1135</b>	<b>1135</b>	<b>1145</b>
<b>1200-1255: Driver's Lunch</b>				
<b>1300</b>	<b>1315</b>	<b>1335</b>	<b>1335</b>	<b>1345</b>
<b>1400</b>	<b>1415</b>	<b>1435</b>	<b>1435</b>	<b>1445</b>
<b>1500</b>	<b>1515</b>	<b>1535</b>	<b>1535</b>	<b>1545</b>
<b>1600</b>	<b>1615</b>	<b>1635</b>	<b>1635</b>	<b>1645</b>
<b>1700-Stops</b>				

**No Takoma Park Services on SATURDAYS**

### Walter Reed-Bethesda Shuttle

<b>Bethesda</b>	<b>Forest Glen</b>	<b>Summit Hills</b>	<b>Walter Reed</b>	<b>Mologne House</b>	<b>Summit Hills</b>	<b>Forest Glen</b>	<b>Bus #</b>
<b>0615</b>	<b>Bus #2</b>						
<b>0530</b>	<b>0545</b>	<b>0600</b>	<b>0615</b>	<b>0630</b>	<b>0645</b>	<b>BUS#1</b>	
<b>0630</b>	<b>0645</b>	<b>0700</b>	<b>0715</b>	<b>0730</b>	<b>0745</b>	<b>0800</b>	<b>2</b>
<b>0700</b>	<b>0715</b>	<b>0730</b>	<b>0745</b>	<b>0800</b>	<b>0815</b>	<b>0830</b>	<b>1</b>
<b>0815</b>	<b>0830</b>	<b>0845</b>	<b>0900</b>	<b>0915</b>	<b>0930</b>	<b>0945</b>	<b>2</b>
<b>0845</b>	<b>0900</b>	<b>0915</b>	<b>0930</b>	<b>0945</b>	<b>1000</b>	<b>1015</b>	<b>1</b>
<b>1000</b>	<b>1015</b>	<b>1030</b>	<b>1045</b>	<b>1100</b>	<b>1115</b>	<b>1130</b>	<b>2</b>
<b>1030</b>	<b>1045</b>	<b>1100</b>	<b>1115</b>	<b>1130</b>	<b>1145</b>	<b>1200</b>	<b>1</b>
<b>1145</b>	<b>1200</b>	<b>1215</b>	<b>1230</b>	<b>1245</b>	<b>1300</b>	<b>1315</b>	<b>2</b>
<b>1215</b>	<b>1230</b>	<b>1245</b>	<b>1300</b>	<b>1315</b>	<b>1330</b>	<b>1345</b>	<b>1</b>
<b>1330</b>	<b>1345</b>	<b>1400</b>	<b>1415</b>	<b>1430</b>	<b>1445</b>	<b>1500</b>	<b>2</b>
<b>1400</b>	<b>1415</b>	<b>1430</b>	<b>1445</b>	<b>1500</b>	<b>1515</b>	<b>1530</b>	<b>1</b>
<b>1515</b>	<b>1530</b>	<b>1545</b>	<b>1600</b>	<b>1615</b>	<b>1630</b>	<b>1645</b>	<b>2</b>
<b>1545</b>	<b>1600</b>	<b>1615</b>	<b>1630</b>	<b>1645</b>	<b>1700</b>	<b>1715</b>	<b>1</b>
<b>1700</b>	<b>1715</b>	<b>1730</b>	<b>1745</b>	<b>1800</b>	<b>1815</b>	<b>1830</b>	<b>2</b>
<b>1730</b>	<b>1745</b>	<b>1800</b>	<b>1815</b>	<b>1830</b>	<b>1845</b>	<b>1900</b>	<b>1</b>

<b>1845</b>	<b>1900</b>	<b>1915</b>	<b>1930</b>	<b>1945</b>	<b>2000</b>	<b>2015</b>	<b>2</b>
<b>1915</b>	<b>1930</b>	<b>1945</b>	<b>2000</b>	<b>2015</b>	<b>2030</b>	<b>2045</b>	<b>1</b>
<b>2030</b>	<b>2045</b>	<b>BUS#2</b>					

**Walter Reed to Fort Meade Shuttle**

<b>Walter Reed</b>	<b>Ft. Meade</b>	<b>Ft. Meade</b>	<b>Walter Reed</b>
<b>Depart</b>	<b>Arrive</b>	<b>Depart</b>	<b>Arrive</b>
<b>0600</b>	<b>0700</b>	<b>0710</b>	<b>0800</b>
<b>0900</b>	<b>1000</b>	<b>1010</b>	<b>1100</b>
<b>1300</b>	<b>1400</b>	<b>1410</b>	<b>1500</b>
<b>1510</b>	<b>1600</b>	<b>1610</b>	<b>1700</b>

**Walter Reed to Andrews Shuttle**

<b>Walter Reed</b>	<b>Andrews AFB</b>	<b>Andrews AFB</b>	<b>Walter Reed</b>
<b>Depart</b>	<b>Arrive</b>	<b>Depart</b>	<b>Arrive</b>
<b>0600</b>	<b>0700</b>	<b>0710</b>	<b>0800</b>
<b>0900</b>	<b>1000</b>	<b>1010</b>	<b>1100</b>
<b>1300</b>	<b>1400</b>	<b>1410</b>	<b>1500</b>
<b>1510</b>	<b>1600</b>	<b>1610</b>	<b>1700</b>

**No shuttle Bus Services on Sundays and Holidays**

**Comments, questions or inquiries can be addressed to:**

**Chief of Transportation Operations or Chief of the Transportation Division**

**Phone: (301) 295-7564**

**WELCOME TO THE FISHER HOUSE**

The Manager of the Walter Reed Army Medical Center (WRAMC), Zachary and Elizabeth Fisher Houses and any of our volunteer staff will be happy to answer any questions you may have about the House and will try to make your stay s comfortable as possible.

Note that each family is entitled to ONE bedroom, and most of our bedrooms hold a maximum of 3 people. You must keep us informed of who is staying with you or if there are any changes following your check-in. Fisher Houses have a 30-day maximum length of stay, and 5 day minimum stay. The maximum stay is subject to reevaluation for medical reasons and space availability.

Grandparents and other relatives are welcome, provided space is available. If space is especially limited, the room must be vacated each morning with key returned to the Guest House. Reservations for non-immediate family members will be handled on a day-by-day basis.

If you plan to be away from the Fisher House for more than four nights, you must check out completely so that your room is available to other families. Please keep us informed of your plans every two-three days so that we may better accommodate others.

Note that the management reserves the right to enter your room for maintenance work or for other reasons. Although we will try to give adequate notice, this is not always possible.

No medical services or procedures of any type are provided by Fisher House staff.

Most importantly you should be aware that Fisher House is a *volunteer* organization, and while you are here, *you are one of the volunteers!* We appreciate your cooperation and any extra help you can give.

**GENERAL LIVING:** Linens are provided in your room. Free washers, dryers, and other cleaning supplies, are in the laundry room. You will also find cleaning supplies under the sink in your bathroom. Rollaway beds and portable cribs/playpens may be checked out from the manager.

**KITCHEN:** Prompt and thorough clean-ups of the kitchen and dining area are vital, in fairness to those who use these areas after you. Mark your own food with your name and date, and store in your assigned food locker and a designated area in the refrigerator. Cooking **MUST** occur in the kitchen.

Please eat food in the dining room and kitchen **ONLY**. All children who are eating or drinking should be closely attended by a parent, so that thorough cleanups can be made. **NO FOOD OR DRINK IS TO BE CARRIED TO BEDROOMS OR OTHER ROOMS EXCEPT TO A BEDRIDDEN FAMILY MEMBER.**

**MESSAGES:** We will place messages on our in/out board in the kitchen. Please check each time you come back to the Fisher House.

**MEDICATIONS:** All medications requiring refrigeration must be kept in a separate refrigerator. Please see the manager.

**SAFETY AND SECURITY:** Exterior doors are kept locked at all times. We depend upon you to make certain the door locks properly each time you enter/exit. Unlike a hotel, there is not always someone available to let you in if you forget the key. Note that rear doors are on active alarm system (approximately 9 PM to 7 AM).

The House is equipped with extremely sensitive smoke detectors and fire alarm system. Should the smoke detector go off and there is a fire, please call 911 immediately.

**SMOKING AND ALCOHOL:** Absolutely no smoking or consumption of alcohol is permitted inside the Fisher House; however, we do have smoking urns in front, and in back of the building.

## **DIRECTIONS**

### **FISHER HOUSE I:**

**FROM THE BELTWAY:** Take Exit 31B, 97 South Georgia Avenue, Silver Spring. Make right on Seminary Road. The road will split, bear left, onto Brookville Road. Make right onto Stephen Sitter Avenue. Drive approximately .5 miles. Fisher House, a large brick colonial, marked Bldg. 173, will be on your left.

**FROM THE MAIN POST:** From the back gate of WRAMC, make right onto 16<sup>th</sup> Street. Drive approximately one mile and make left onto East West Hwy. Make right onto Grubb Road, left onto Lyttonsville Road. At STOP sign, make right onto Brookville Road, and left onto Stephen Sitter. Roughly about .5 miles, Fisher House, a large brick colonial, marked Bldg 173, will be on your left.

### **FISHER HOUSE II:**

#### **FROM THE BELTWAY:**

From 495 (Beltway) take exit 31-B (Georgia Ave/South). Take Georgia Avenue to Walter Reed Army Medical Center and enter post at Elder Street entrance. Immediately turn right at gate and follow road around to the back of the hospital. Fisher House, Bldg 55, sits on the corner of Dahlia and 14<sup>th</sup> Street. It is directly across from the Memorial Chapel.

### **MAIL AND PHONE SERVICE**

If you will be here long term, and would like to receive mail, please have your mail addressed to:

WRAMC Fisher House (DPC) 6825 Georgia Ave NW, Washington, DC 20307-5001, ATTN (Your name). Please note: Mark appropriately as FH I or FH II.

UPS/FedEx: The address to have packages and/or flowers delivered:

FH I: WRAMC Fisher House I, Forest Glen Annex, Bldg. 173 Stephen Sitter Avenue, Silver Spring, MD 20910

FH II: WRAMC Fisher House II, 6825 Georgia Ave. NW, Bldg 55, 14<sup>th</sup> and Dahlia St, Washington, DC 20307-5001

### **RECEIVING PHONE CALLS**

In order to have your phone turned on, a \$20 deposit is required at check-in. Upon checking-out, you will receive what is left of your \$20 deposit or the entire amount if your balance is 0. All main post phone calls are free, all local calls and operator assisted calls are 50 cents each. All long distance calls will be paid by the user. Phone bills are paid each time you renew your rent. Copies are obtained by the Manager of the Fisher House. Please let the Manager know in advance when you will be going to the Guest

House to renew your rent. The Fisher House phone number is (301) 295-7374 ext. \_\_\_\_  
The Fisher House II phone number is (202) 356-7564 ext. \_\_\_\_

### **TAXI CAB SERVICE**

#### **FISHER HOUSE I**

1. Barwood Taxi: (301) 984-1900 (For assistance, ask for Barwood Plus)
2. Regency Cab: (301) 990-9000
3. Super Shuttle to BWI 24 hours a day: (301) 590-0000

The address for Fisher House I (for Taxi pickup only, NOT mail) is:  
WRAMC Forest Glen Section Bldg. 173 (Brick Colonial w/ green shutters) on Stephen  
Sitter Road off of Brookville Road in Silver Spring

Telephone No.: (301) 295-7374 + your extension

#### **FISHER HOUSE II**

1. Bonnette Taxi Service (301) 422-2686 or 2687
2. Super Shuttle to BWI 24 hours everyday (301) 590-0000

The address for Fisher House II (for Taxi pickup only, NOT mail) is:  
Bldg 55 at Dahlia and 14<sup>th</sup> Street on Walter Reed post.

Telephone No.: (202) 356-7564 + your extension

### **MOLOGNE HOUSE**

The Mologne House is located on the WRAMC installation. The cost is approximately \$65 per night for OIF/OEF patients returning from Theatre and family members.

The Mologne House will directly bill an Army account for the room cost for all Active Duty OIF/OEF patients. This avoids the need for soldiers to have cash to pay for their rooms.

For family members traveling on ITOs, the Mologne House will direct bill an Army account for room charges for the duration of the ITO. Family members who are NOT traveling on ITOs will be responsible for paying all room charges accrued. If the Mologne House can't accommodate a patient or family member, Mologne House staff will refer the patient or family member to a local hotel. Family members on ITOs will be able to submit off-post hotel receipts, up to the allowable government nightly rate, for reimbursement at the end of the travel. Direct billing is only available at the Mologne House, so you will be required to pay your bill in full prior to final reimbursement.

## **RESTAURANTS IN THE SURROUNDING AREA**

### **Austin Grill**

Fresh, homemade entrees and dessert. More than 25 salsas, sauces and dressings prepared from scratch each day. Along with our tasty cuisine, you will be entertained with local and national artists performing each week on our live sound stage.

Hours:

Monday-Friday: 11 AM to 1 AM

Saturday-Sunday: 9 AM to 1 AM

Address and phone:

919 Ellsworth Avenue, Silver Spring, MD 20910. (240) 247-8969

### **Baja Fresh**

Mexican favorites, Quesadillas, Nachos, Burritos, Tacos, Enchiladas and more... Fresh ingredients all prepared expertly in a clean, cheerful surrounding.

Hours:

Sunday-Thursday: 11 AM to 9 PM

Friday-Saturday: 11 AM to 10 PM

Address and phone:

8515 Fenton Street, Silver Spring, MD 20910. (301) 587-6542

### **Crown Bakery (Caribbean Food, Restaurant &Catering)**

5329 Georgia Ave NW

Washington DC 20011

(202) 291-3009

### **Eggspectation**

It's an all-day eggsperience, serving quality foods for breakfast, lunch, and dinner

Address and phone:

923 Ellsworth Drive, Silver Spring, MD 20910. (301) 585-1700

### **Lebanese Taverna**

Family-style Middle Eastern cuisine.

Address and phone:

933 Ellsworth Drive, Silver Spring, MD 20910. (301) 588-1192

### **Romano's Macaroni Grill**

Everything you love about Italian!

Address and phone:  
931 Ellsworth Drive, Silver Spring, MD 20910 (301) 562-2806

### **Panera Bread**

All Panera breads are made from the freshest dough with no preservatives. Not only do we make great tasting breads for our sandwiches, but we also have delicious soups, salads, pastries and desserts. Visit us online ([www.panerabread.com](http://www.panerabread.com)) and learn how to make chocolate panini bread or our basil pesto focaccia strata sandwich.

Hours:  
Monday-Saturday: 6 AM to 9 PM  
Sunday: 7 AM to 8 PM

Address and phone:  
8541 Georgia Avenue, Silver Spring, MD 20910 (301) 495-0860

### **Potbelly Sandwich Works**

A comfortable and unique restaurant to indulge in specially made to order sandwiches, hand-dipped ice cream milkshakes, homemade soups and desserts.

Hours:  
Sunday-Thursday: 11 AM to 8 PM  
Friday-Saturday: 11 AM to 9 PM

Address and phone:  
911 Ellsworth Drive, Silver Spring, MD 20910 (301) 562-9696

### **Red Lobster**

If it's seafood you are craving, indulge in one of our crab legs, lobster, shrimp, scallops or catch of the day menu items. We also serve a variety of chicken, pasta and steak entrees. Of course you can't leave without trying a scrumptious dessert—Fudge Overboard anyone?

Hours:  
Monday-Friday: 11 AM to 10 PM  
Saturday-Sunday: 11 AM to 11 PM

Address and phone:  
8533 Georgia Avenue, Silver Spring, MD 20910 (301) 588-3299

### **Starbucks**

Address and phone:  
915 Ellsworth Drive, Silver Spring, MD 20910 (301) 587-3792

## **Chick-Fil-A**

Address and phone:

825 Ellsworth Drive, Silver Spring, MD 20910 (301) 588-2915 fax (301) 588-2916

## **Coldstone Creamery**

Address:

825 Ellsworth Drive, Silver Spring, MD 20910

## **DIRECTIONS TO DOWNTOWN SILVER SPRING**

### **Driving directions to Downtown Silver Spring**

#### **From Downtown Washington:**

Proceed North on 16<sup>th</sup> Street towards Maryland. Merge right onto Alaska Avenue immediately after Walter Reed Army Medical Center. Turn left onto Georgia Avenue (MD 97 N). Proceed North on Georgia Avenue approximately 1.5 miles. Downtown Silver Spring is on the right of Georgia Avenue between Wayne Avenue and Colesville Road.

#### **From the Beltway (I-495):**

Take Georgia Avenue (MD 97 S) exit (Exit 31B S) toward Silver Spring.

Proceed South on Georgia Avenue for approximately 1.5 miles. Downtown Silver Spring is on the left between Colesville Road (US-29) and Wayne Avenue.

#### **By Metro:**

Red Line to Silver Spring. Walk along Colesville Road, past the Discovery Building. Downtown Silver Spring is directly across from Discovery.

#### **By Ride-On Bus:**

Silver Spring station is served by Ride-On Routes 1, 2, 3, 4, 5, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, and 28.

#### **By Metrobus:**

Silver Spring station is served by Metrobus routes 70, 71, 79, F4, F6, J1, J2, J3, J4, J5, Q2, S2, S4, Y5, Y7, Y8, Y9, Z2, Z5, Z6, Z8, Z9, Z11, Z13, and Z28.

## **PARKING:**

Downtown Silver Spring is within easy walking distance of several public parking decks. The public garages offer free parking on weekends and metered rates of 50 cents per hour on weekdays.

**The Wayne Avenue garage** is now open with convenient and easy access to Downtown Silver Spring. The Wayne Avenue garage is located between Georgia Avenue and Fenton Street. Enter off of Wayne Avenue just before Fenton Street.

**The Town Square garage**, located on the northeast corner of Ellsworth Drive and Fenton Street, is also now open.

## **WALTER REED ARMY MEDICAL CENTER ROLES DURING MILITARY OPERATIONS**

Walter Reed Army Medical Center (WRAMC) is committed to providing comprehensive health care and services to all military beneficiaries. An important factor in the recovery of health for every patient is the quality of family and community support.

During military operations, family and community support are especially critical in light of the need to coordinate services to allow for the family and community reunion process. Patients evacuated from a Theater of Operations and their family members expect the best possible support from military health care facilities throughout all echelons of medical care. In order for the reunion and recovery processes to function efficiently and effectively, close coordination is needed. This process will be facilitated through a coordinated effort of medical, administrative, and psychosocial supportive services of WRAMC through the Soldier Family Assistance Center (SFAC). Special consideration is given to personnel medically evacuated from military Theaters across the operational continuum. This includes Low, Medium, and High Intensity conflicts. It also includes Operations Other Than War, such as Humanitarian, Nation-Building, and Peacekeeping Operations.

### **Soldier Family Assistance Center (SFAC)**

The SFAC staff is a team consisting of active duty officers and enlisted Soldiers appointed by the Commanding General to coordinate resources and act as a point of contact for patients and their family members.

The SFAC Team has representatives from the following organizations: SFAC staff, Patient Administration Division (PAD), Finance, Department of Social Work (DSW), Department of Preventive Medicine, DoD Deployment Health Center, Medical Holding Company, Patient Representative Office, Department of Ministry and Pastoral Care, Public Affairs Office (PAIO), WRAMC Lodging Division, Army Emergency Relief (AER), Army Community Service Center (ACS), American Red Cross (ARC), USO

(United Service Organization), Community Recreation Division, Directorate of Public Works and Transportation, and Judge Advocate General (JAG).

**Mission Statement:** To provide compassionate, coordinated services to patients, next of kin and extended family members, with a primary focus on OIF/OEF Soldiers.

### **What can the Walter Reed Soldier Family Assistance Center (SFAC) do for you?**

The SFAC, which is located in Building 2, 3<sup>rd</sup> floor, Room 3G04, is open to assist patients who have been evacuated to Walter Reed Army Medical Center for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The SFAC also assist the family members of those patients. The SFAC encourages family members to come to the SFAC after arriving at WRAMC. SFAC staff will attempt to answer any questions you may have during your stay.

It is at this agency that you will find the application for the Civilian Clothing Allowance. The allowance is a voucher for \$250.00 to purchase civilian clothing at the PX. It has been recommended that you go to Andrews Air Force Base Exchange. ***Remember that this allowance can only be used on civilian clothing for the Soldier.***

## **AMERICAN RED CROSS**

Members of the U.S. Armed Forces don't have to be actively deployed to benefit from American Red Cross support. The Red Cross provides services to 1.4 million active duty military members and their families. Our services are available to all branches of the military. The American Red Cross wants members of the military to get to know us before you need us. Similarly, knowing that Red Cross services are available to service members and their families provides a safety net in times of need.

### **How to access Red Cross services**

- Active duty service members stationed in the United States and family members residing in the service member's household (example: service member's spouse) should contact Armed Forces Emergency Service Centers for information and assistance 7 days a week, 24 hours a day, 365 days a year. The toll-free telephone number may be obtained from military installation operators, from local on-base Red Cross offices and from the local Red Cross chapter.
- All family members who do not reside in the service member's household, regardless of where the service member is assigned — at a local military installation or another geographical location — should contact their local American Red Cross chapter for assistance. Red Cross chapters are listed in local telephone directories and online at [www.redcross.org](http://www.redcross.org), under "Find Your Local Red Cross."
- Active duty service members on overseas military installations may access Red Cross reporting and communication assistance by contacting base/installation operators for the listing of the on-base Red Cross office or information on how to

access Red Cross assistance if there is not a representative on the local installation.

- Families living overseas may access assistance through the local on-base Red Cross office or through the base/installation operator for information if there is not a Red Cross representative on the local installation.
- In overseas deployment areas, service members should contact the American Red Cross office responsible for their jurisdiction/installation.

### **Red Cross Services at Walter Reed Army Medical Center (WRAMC)**

- Volunteers meet incoming flights of wounded soldiers at WRAMC and provide “comfort kit” containing toiletries, t-shirt, shorts, cards & notes, and other items
- Volunteers make rounds on the wards and bring magazines, toiletries, clothes on a cart
- When available, distribute DVD’s and other electronic media
- Taxi vouchers for family members
- Blankets or lap quilts for Soldiers
- Toys and other items for children
- Phone cards

### **Welcome to Forest Glen**

Walter Reed Army Medical Center’s Forest Glen section is located in Silver Spring, MD, approximately four miles north of the main post. Forest Glen has a land area of 164 acres. It includes a contemporary area, adjacent to a mixed commercial district, and a historic district located in the wooded area that borders the Capital Beltway (I-495). The contemporary area is home to the Walter Reed Army Institute of Research and Naval Medical Research Institute. Forest Glen also includes a large outdoor recreation and picnic area, child development center, a fabric care facility, the motor pool, installation support functions, and a modern shopping complex. The shopping center includes a Post Exchange, commissary, clothing sales store, bowling alley, arts and crafts shop and Fisher House. The shopping complex serves not only Walter Reed and National Naval Medical Center service members, but much of the large retired military community of greater Washington.

The historic district is located on a 27-acre parcel of land called the National Park Seminary Historic District. The department of the Army has declared this property excess, pending transfer to the General Services Administration to find a new owner. This district was once an exclusive private “finishing school” for young women. The buildings have a unique collection of architecture styles, including a Dutch windmill, Swiss Chalet, Japanese pagoda, an Italian villa and an English castle.

### **Forest Glen Facilities**

**\*\*\*Please be sure to bring your temporary ID card status with you.\*\*\***

**Automatic Teller Machine**

A Pentagon Federal Credit Union ATM is outside the Laundry and Dry Cleaning Facility, Building 161. It is free to member using Pentagon Federal Credit Union ATM or Check Cards. For more information, please see the Credit Union listing under “Main Post Facilities,” above.

**Barber Shop**

The Barber Shop is open Tuesday through Friday from 9:30 AM to 6 pm; Saturday from 9 AM to 4 PM. Phone (301) 587-5909.

**Beauty Salon**

The Beauty Salon is open Tuesday through Friday from 9:30 AM to 6 PM and Saturday from 9 AM to 4 PM. Phone (301) 565-0500.

**Commissary**

The Walter Reed Commissary hours of operation are as follows: Sunday: 10 AM to 4 PM; Monday, closed; Tuesday-Friday, 9 AM to 7 PM; Saturday, 8 AM to 5 PM. Phone: (301) 295-7358, ext. 3008.

**Fabric Care Facility**

The Fabric Care Facility is in Bldg. 606 at Forest Glen and offers five-day service on individual bundle laundry. Piece rate is also available. Only hospital duty white uniforms are laundered free. No dry cleaning. Open Monday through Friday from 7 AM to 4 PM. Phone (301) 295-7630 or 7631.

**Fisher Houses**

Walter Reed has three Fisher Houses—two at the Walter Reed main post and one at the Forest Glen section. The Fisher House Foundation, a charitable organization created by Elizabeth and Zachary Fisher of New York, donated the three facilities. They provide a home away from home for families of seriously ill patients receiving care at Walter Reed. Each Fisher House has between eight and eleven bedrooms with private bath, plus kitchen, living room, dining room, and laundry facilities. Phone (301) 295-7374 (Forest Glen) and (202) 356-7564 (main post). The Walter Reed Department of Social Work makes all referrals to the Fisher Houses. Note reference to third Fisher House above.

**Laundry and Dry Cleaning**

The Laundry and Dry Cleaning facility is open Tuesday through Friday from 9 AM to 6 PM; Saturday from 9 AM to 4 PM.

**Outdoor Recreation**

The Outdoor Recreation program, located at Forest Glen, includes programs for skiing, white-water rafting and canoeing. Equipment is available at a nominal cost for snow skiing, camping, boating, fishing, canoeing, golf, and many other outdoor activities. A picnic and athletic area is also available by reservation for company or organization functions. Open Monday through Friday from 8:30 AM to 5 PM. Phone (301) 295-8008 or 8010.

### **Robin Hood Deli**

The Robin Hood Deli is open Tuesday through Saturday from 10:30 AM to 2:30 PM. Phone (301) 565-0900.

### **Service Station**

The Exchange Service Station is open Tuesday through Friday from 9 AM to 6 PM; Saturday from 8 AM to 4 PM; and Sunday from 10 AM to 4 PM. Phone (301) 588-1602.

### **Sports**

Walter Reed has a diversified sports program consisting of unit level intramural leagues in softball, tackle football, basketball, soccer, and volleyball; individual events and tournaments in tennis, track and field, cross country, golf, racquetball, and bowling; post-level traveling teams for men and women; and many self-directed activities at Forest Glen, Bldg. 156. Open Monday through Friday from 9 AM to 6 PM; closed Saturday, Sunday and holidays. Phone (301) 295-7709.

### **HOW TO GET TO THE FOREST GLEN ANNEX**

**From Walter Reed Main Post:** North (right turn off post) on 16<sup>th</sup> Street; Left onto East West Highway (MD 410); Right onto Grubb Road; Right onto Lyttonsville Road; Left onto Lyttonsville Place; Right onto Brookeville Road; Left onto Steven Sitter Avenue.

**From National Naval Medical Center:** East (left turn off post) on Jones Bridge Road; Right onto Jones Mill Road; Left onto East West Highway (MD 410); Left onto Grubb Road; Right onto Lyttonsville Road; Left onto Lyttonsville Place; Right onto Brookeville Road; Left onto Steven Sitter Avenue

**From Silver Spring Metro Station:** Take the #2 or #4 RideOn bus to Forest Glen.

**\*\*\* Please be sure to bring your temporary ID card status with you. \*\*\***

### **WOUNDED WARRIOR PROJECT**

The Wounded Warrior Project was founded on the principle that veterans are our nation's greatest citizens. The Project seeks to assist those men and women of our armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other hot spots around the world. Many of the injuries are traumatic amputations, gunshot wounds, burns and blast injuries that will retire these brave warriors from military service. These wounded soldiers will return to civilian life minus one or more limbs, or with serious wounds or disfiguring scars, and will face greater challenges today obtaining assistance and finding opportunities that would enable them to provide for themselves and their families. The Wounded Warrior Project was founded to give a voice to this new generation of veterans facing unique issues and problems. The Project fills the vital need for a coordinated, united effort to enable wounded veterans to aid and assist each other and to readjust to civilian life.

The Wounded Warrior Project is dedicated to serving the needs of a new generation of veterans and ensuring that the United States Government and the American public live by our motto, “Putting Veterans first in America.”

To carry out this mission, we:

O Provide free assistance to veterans attempting to obtain benefits from the Department of Veterans Affairs and other agencies.

O Represent veterans on state and federal legislative issues.

O Work with business and government leaders to ensure veterans are given equal opportunity in hiring.

O Provide outreach to modern veterans through programs and services that address their unique needs.

*The Wounded Warrior Project is a program of the **United Spinal Association**, which is a 501c(3) organization.*

## **Frequently Asked Questions**

### **1. What is the relationship between the United Spinal Association and the Wounded Warrior Project?**

Prior to 03/01/05, the Wounded Warrior Project (WWP) was part of the United Spinal Association. United Spinal is proud to have given this project its start. The United Spinal Association adopted the WWP as a program of its own in December 2003. Its Board of Directors realized that its 57-year heritage of assisting veterans with severe disabilities—through its predecessor, the Eastern Paralyzed Veterans Association—could benefit those brave warriors returning from today’s battles.

Now that the WWP has reached a stage of development whereby it can begin Phase II of its work—providing longer-term support for today’s wounded veterans via compensation, education, health care, insurance, housing, employment, etc.—the Board of United Spinal has decided that WWP should be developed into a separate charity with its own identity and programs.

Upon receipt of WWP’s designation as a public charity by the IRS (which is expected shortly), WWP will accept donations in its own name. Until that time, the United Spinal association will continue to collect donations for the Wounded Warrior Project. (Please designate “Wounded Warrior Project” on your check.) All donations continue to be tax-deductible in accordance with the Internal Revenue Code.

## **2. Where do the backpacks go?**

The Wounded Warrior Project has delivered more than 2,500 “Wounded Warrior Packs” to servicemen and –women at Bethesda Naval Medical Center, Walter Reed Army medical Center, Brooke Army medical Center, Camp Lejeune, Landstuhl Army Hospital and the joint VA/DOD Medical Center in Augusta, Georgia.

These packs contain necessities and comfort items such as clothes, phone calling cards, personal CD players and magazines. The backpacks provide injured servicemen and –women with items most needed and requested as they prepare for a long-term rehabilitative stay.

## **3. Other than the backpacks, what type of services do you provide?**

The Wounded Warrior Project eases the financial and emotional burden of the families by:

Subsidizing necessities such as housing, food, daycare, airfare and ground transportation when families are visiting injured service members at military hospitals in the US and overseas.

Facilitating ongoing communication and family support for patients through sponsored computer labs at medical facilities housing the wounded.

Identifying and communicating the government benefits and services (including medical care) needed to assist patients as they return to their communities and reenter civilian life.

Offering peer support and counseling.

Funding and sponsoring adaptive sports and recreation programs.

## **4. How was the organization founded and by whom?**

The organization was founded by John Melia, Jim Melia (John’s brother), John F. Melia (John’s father), Al Giordano and Steven Nardizzi. John Melia is a former Marine who was injured in a helicopter crash during operations in Somalia. Jim Melia is a former Army officer who currently is a Special Agent with the FBI. John F. Melia is a retired colonel from the US Army. Al Giordano, a former Marine, is currently the Deputy Director of the Wounded Warrior Project. Steven Nardizzi is an attorney who currently is Associate Executive Director of Member Services at United Spinal Association.

These individuals recognized the need to let our brave service members know that they are not forgotten and that concerned Americans will be there to help meet both their needs and the needs of their families as they prepare for civilian life after military service. United Spinal Association hired John Melia and adopted the Wounded Warrior Project as a program of its own in December 2003. United Spinal Association’s Board of Directors

realized that our 57 year heritage of assisting service members with severe disabilities could benefit those brave warriors returning from the battlefield in the War on Terror. As a veterans service organization recognized by the Department of Veterans Affairs, United Spinal's Wounded Warrior Project assists our warriors receive those benefits that will allow them to return to civilian life: compensation, education, health care, insurance, housing, employment, etc.

### **5. Do you hire disabled veterans to work on the Wounded Warrior Project?**

We make every effort to hire veterans who are looking for employment. The paralyzed veterans working for us are typically employed in our headquarters and branch offices.

## **FISHER HOUSE FOUNDATION AND HERO MILES**

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

### **Hero Miles Program**

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

Fisher House™ is proud to partner with Hero Miles in support of our wounded and injured service men and women and their families. Hero Miles has partnerships with the following airlines:

- AirTran Airways
- Alaska Airlines
- American Airlines
- Continental Airlines
- Delta Air Lines
- Midwest Airlines
- Northwest Airlines
- US Airways

Please note program agreements with individual airlines only permit airline tickets for military (or DoD civilian employees) hospitalized as a result of their service in Iraq, Afghanistan, or surrounding areas, and their families. These tickets can not be used for

## FISHER HOUSE FOUNDATION, INC.

R&R travel,  
ordinary leave, emergency leave, or other travel not related to a medical condition.

"Dedicated to our greatest national treasure...  
our military service men and women and their loved ones. "

Dear Service Member,

On behalf of Fisher House Foundation, thank you for your service to our nation. You are truly one of America's heroes.

If you are undergoing treatment at a military medical center incident to your service in Iraq, Afghanistan, or the surrounding areas, you and your family members may be eligible for complimentary airline tickets that have been donated to our Foundation. We would be honored to provide these tickets to you and your loved ones under the following conditions:

**For you:** We are prepared to provide you with a round trip airline ticket for a trip from the medical center to your home and return if you are not eligible for government funded airfare.

**For your family and friends:** In medically serious cases, the government provides a transportation entitlement for up to three family members for travel to the medical center where you are hospitalized. If you do not qualify for that government funded travel, we may be able to provide your family or a friend with round trip airline tickets to visit you. Please bear in mind that we are providing only airline tickets. There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses. As long as Fisher House Foundation has tickets available, there is no restriction on the number you can request or how often you request them.

The tickets that we have for this purpose are on American Airlines and Northwest Airlines. The American Airlines tickets were donated by Anheuser-Busch, and the Northwest Airlines® tickets are from WorldPerks® frequent flyer miles donated by the public through the Northwest Airlines AirCares® program. The attached information sheets contain the terms and conditions for their use. It is important that you understand that you must comply with all terms and conditions, to include payment of the September 11th security fee (normally not to exceed \$10 per round trip). Reservation and ticket agents are not authorized to make exceptions to the stated terms and conditions.

Because the Northwest Airlines ticket program depends on the generosity of the public, we encourage you to tell your family and friends who are WorldPerks members to donate Northwest Airlines frequent flyer miles for this program. To make a donation, call (800) 327-2881.

If you or your loved ones can meet all the criteria, please complete the attached request form and submit it to the family assistance center or other designated office that will

forward the request to us. Incomplete forms will not be accepted.  
Thank you. These tickets are an expression of our appreciation for your service and sacrifice.

\*\* Above letter from the Fisher House Foundation

### **ARMY WOUNDED WARRIOR PROGRAM (AW2)**

On April 30, 2004, the Department of the Army introduced a Wounded Warrior Program (AW2) Initiative that provides its severely disabled Soldiers and their families with a system of advocacy and follow-up with personal support to assist them as they transition from military service to the civilian community.

The AW2 incorporates and integrates several existing programs to provide holistic support services for our severely disabled Soldiers and their families throughout their phased progression from initial casualty notification to their return to home station and home destination. In addition, AW2 is a system to track and monitor our severely disabled Soldiers for a period of time beyond their medical retirement in order to provide appropriate assistance through an array of existing service providers.

AW2 SERVES AS THE ADVOCATE FOR THE Army's severely disabled Soldiers and their families. AW2 facilitates communication and coordination between severely disabled Soldiers and their families and the pertinent local, Federal and national agencies and organization, such as the Department of Veterans Affairs and the many commendable Veterans' Service Organizations, in much the same way Soldiers use their chain of command to resolve issues.

Key elements of the AW2 include providing a network of resources not limited to Army installations or component, be it active or reserve, to ensure responsiveness and availability of support services. Although AW2 is centrally managed at Department of the Army headquarters, there are designated regional AW2 Coordinators that will interface on behalf of the Soldiers and families with the local and regional resources.

The benefits of those enrolled are tremendous. Severely disabled Soldiers and families are able to better understand what their future holds and how to access services they may require through the assistance of a dedicated advocate.

The Army's goal for AW2 is for it to work in concert with other key organizations to ensure that our disabled Soldiers and families are given the care, support and assistance they so rightly deserve for their selfless service and sacrifice to our Nation.

### **THE PROGRAM**

The purpose of the Army Wounded Warrior (AW2) is to assist Soldiers by incorporating and integrating existing programs and systems that provide support services to severely disabled Soldiers and their families through a phased approach. These phases include:

Phase I: Notification and Evacuation, Phase II: Medical Care and Board Evaluation, and Phase III: Reintegration into the Army or transition to civilian employment.

### **Phase I- Notification and Evacuation**

The Soldier becomes a casualty (by either hostile or non-hostile causes). The Soldier is categorized as Very Seriously Injured (VSI); Seriously Injured (SI); or Special Category (SPECAT); by the Chief, Patient Affairs Division, this initiates the AW2 process. SPECAT includes but is not limited to: a severe injury, such as loss of limb, loss of sight, or permanent disfigurement; long term disease that may require extensive medical treatment or hospitalization; or established psychiatric conditions such as Post Traumatic Stress Disorder (PTSD).

Once the nature of the injury/illness is determined and the Primary next of Kin (PNOK) is notified, Invitation Travel Orders (ITOs) are issued to qualified family members. When the Soldier is evacuated to a CONUS Medical Treatment Facility (MTF), and AW2 assigns a Soldier Family Advocate (SFA) to the case. The AW2 staff will provide assistance with and information on pay issues, options for Continuation on Active Duty (COAD), the Disability Evaluation system, government and private sector employment opportunities upon retirement and many other topics as well.

### **Phase II- Medical Center and Board Evaluation**

The Soldier arrives at a CONUS Medical Treatment Facility (MTF) where the primary effort is medical treatment. When the Soldier has reached maximum medical benefit, the physician evaluates the Soldier against medical retention standards. If the Soldier falls below medical retention standards, they are referred in to the Disability Evaluation System. At this point the Soldier is contacted by a AW2 Soldier Family Advocate (SFA). The SFA works in conjunction with the DVA representative to provide the Soldier and their family access to a network of information and resources that provide personal support, and assistance throughout the process from initial injury to reintegration or retirement.

AW2 is available at any time to the Soldier and the family. If the Soldier experience difficulty obtaining assistance of access to benefits, AW2 will facilitate the Soldier's link-up and communications with pertinent organizations that can assist in their rehabilitation and reintegration. FSA's also discuss the desired career path of the Soldier. Depending on the severity of the injury and the Soldier's Career goals, medical discharge may not be mandatory. A Soldier does have input into their future career path. The Physical Evaluation Board (PEB) returns their recommendations for the injured Soldier. At this time the Soldier may be medically retired via Permanent Disability Retirement List (PDRL) or be placed on Temporary Disability Retirement List (TDRL), or the soldier may be found fit and returned to duty. If the Soldier is medically retired or placed on the TDRL, the Army Career and Alumni Program (ACAP) will counsel and complete the Pre-separation Counseling Checklist (DD Form 2648) with the Soldier, or his authorized representative. At this point the Soldier is contacted by a representative from the Department of Veterans Affairs (DVA), and by a AW2 Soldier Family Advocate (SFA). The DVA representative works with the

Soldier and their family to ensure that they receive appropriate medical care, rehabilitation and if necessary subsequent medical treatment in a caring, efficient, and expeditious manner. Additionally, the ACAP will provide the Soldier transition and or employment assistance consistent with the Soldier's overall medical recovery plan. If the Soldier is placed on the TDRL, they are given the necessary time to stabilize (not to exceed a period of five years), and are then re-evaluated (between 12-18 months) to determine whether or not that condition has stabilized for rating purposes.

### **Phase III- Retirement and Re-integration**

This phase transitions the Soldier into the civilian community or returns the Soldier to duty.

The Soldier is enrolled in VA medical care. A DVA caseworker will assist the disabled Soldier in applying for VA health care by helping them in completing the Application for Health Benefits (VA Form 10-10 EZ). This form can be obtained online at Veterans Affairs Web site. Completed applications must be signed and dated and may be returned to any VA health care facility. ACAP will continue to provide transition and employment assistance to the Soldier as requested. If a soldier is medically retired, or separated, then upon their request they will be placed in contact with a Veteran Service Officer of their choice. The VSO facilitates the transition into the civilian community, but does not take the place of the VA Representative. The VSO places the injured soldier in contact with veterans who have been similarly injured. These peers facilitate rehabilitation by providing the Soldier with personal insight into their disability. The VSO also provides a network of resources to assist in vocational rehabilitation, housing and transportation needs, and employment.

Each Soldier will have a military sponsor unit that is in geographic proximity to the Soldier after medical treatment. This sponsor unit aids in transition through local military facility support. This may include facilitating moving of household goods, financial matters or by providing medical or shopping facilities on the local installation. A sponsor from the unit will visit with the Soldier upon retirement and then periodically throughout the next five year period, to ensure that the Soldier is adjusting to civilian life.

The VA continues a relationship with the Soldier to ensure that the Soldier receives the benefits for which they are qualified. TRICARE provides medical assistance and information on benefits, eligibility, and insurance options. The Installation Management Agency (IMA) provides normal retirement support. Each installation has an assigned Retirement Services Officer who is responsible for providing information and support to the retiree. For more information on retirement, or a complete list of RSO's please visit the **Army G-1 Retirement Services Web site**.

AW2 will provide follow-up and reactive assistance for a period of five years following the medical retirement and facilitate the Soldier's integration into their local communities.

Contact the Army Wounded Warrior Program by calling (202) 782-9713 for Inpatient, located in Room 5Z14 and the contact person is Gretchen McMullen. For outpatient the contact person is Amy Schussheim and the contact phone number is (202) 782-9713 in Building 38 in Room 106. The toll free number is 1-(800)-782-9713. The Army AW2 can also be reached via e-mail at [AW2@conus.army.mil](mailto:AW2@conus.army.mil). The contact for the AW2 Inpatient is Ms. Gretchen McMullen, located in Bldg 2 in room 5Z14. The telephone number is

(202)-782-9713. and the hours of operation are from 7:30-4:00pm Monday – Friday. The contact for the AW2 Outpatient is Amy Schussheim, located in Bldg. 38 in room 106 and the telephone number is (202) 782-9713. The current hours of operation is 9:00-5:30pm.

## **ASSOCIATED PROGRAMS**

**The Helping Our Heroes Foundation** provides a way for donated funds and services to directly reach our injured military and a way for concerned Americans to volunteer to actively support our armed forces. Our primary objective is to fund programs and organize volunteers to complement the actual “case work” being administered by AW2 employees.

The role of the foundation is to provide mentors and patient advocates, identify and fund educational opportunities for the soldier, coordinate specialty counseling (financial assistance, career, housing, etc.), and assist with emergency funding needs as deemed appropriate.

The foundation will initially receive a list of qualified soldiers needing support from the office of the AW2 Chief, whose case workers will maintain contact with each injured Soldier.

**AirTran Airways** has partnered with HOHF to generously donate air travel to Soldiers wounded in Operation Enduring Freedom or Operation Iraqi Freedom and their families who need to travel between the Walter Reed Army Medical Center and home on a route that AirTran flies. For getting into the Washington DC area, AirTran flies into Reagan National, Dulles, and Baltimore airports-Reagan National is the closest airport to Walter Reed Army medical Center.

Eligible recipients are the patients and family members of those injured in OIF or OEF—active duty, guard or reserves. DO NOT book tickets; all arrangements for travel will be made by HOHF.

## **FREQUENTLY ASKED QUESTIONS**

It is our goal at the AW2 to provide you with correct information to help ensure a smooth transition through this emotional time for you and your family. We will be updating this FAQ section frequently and hope you will check back often for additional information. Also, if you have a specific question, or an experience that you'd like to share, please email us at [ArmyDS3@hoffman.army.mil](mailto:ArmyDS3@hoffman.army.mil).

### **1. What is AW2?**

AW2 stands for Army Wounded Warrior Program. The Army will provide severely Disabled Soldiers and their families with a focused system that recognizes their unique sacrifices in support of national defense as well as their individual requirements as they

transition from active military service to contributing members of their civilian communities. The Army Wounded Warrior Program is an Army program that provides that personal support, advocacy, and follow-up. This program reflects the Army's commitment to our Severely Disabled Soldiers, their families, and their communities.

## **2. What is the purpose of a AW2 program?**

The purpose of AW2 is to assist Severely Disabled Soldiers. It does this by incorporating and integrating existing programs and systems that provide support services to severely disabled Soldiers and their families. The assistance will be provided throughout their transition from initial casualty notification through their assimilation into civilian communities. It was developed at the direction of the Acting Secretary of the Army and consists of centralized management at Army Headquarters to monitor and assist with the reintegration of severely wounded for at least five years from the date of medical retirement.

## **3. Who is eligible for AW2?**

Severely Disabled is a new term and definition consistent with existing Army policies and standards. To be classified as Severely Disabled, a Soldier must have been classified as Special Category (SPECAT) as a result of injuries or illness incurred on or after September 10, 2001 and awarded an Army disability rating of 30 percent or greater. The AW2 population will, at any given time, include Soldiers awaiting Medical Evaluation Board (MEB) /Physical Evaluation Board (PEB) results. Although board evaluations may subsequently result in AW2 ineligibility, all Soldiers in the program will, on a case by case basis, continue to have access to AW2 resources and advocacy at least until board decisions are rendered and appeals (if initiated) are adjudicated.

## **4. How do I get in touch with AW2?**

You can call the AW2 toll free number, 1-800-833-6622, Monday through Friday (except Federal Holidays) from 8:00 AM to 4:30 PM Eastern time. You will reach a Constituent Liaison who will be able to answer your questions and provide further information. If you call at other times, please leave your name, telephone number (including area code) and a message, and a Constituent Liaison will return your call during the hours shown above. Or you may send us an email at [ArmyDS3@hoffman.army.mil](mailto:ArmyDS3@hoffman.army.mil).

## **5. What types of help can I expect to receive from AW2?**

The AW2 can facilitate assistance with and provide information about family travel to VSI/SI Soldier's bedside (invitational travel orders—ITO's), pay issues, options for Continuation on Active Duty (COAD), The Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process, federal government and private sector employment opportunities upon retirement and many other topics as well.

## **6. Who can travel to see a Severely Wounded Soldier?**

The Army will offer transportation for up to three family members when a Soldier is classified as Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), as determined by the attending physician and hospital commander upon injury. These Invitational Travel Orders (ITO's) will be offered to immediate family members: spouse, children, mother, father, sisters, brothers (incl. step) OR those acting *in loco parentis*. Currently, those who have been offered transportation (as above) AND whose Soldier was injured or became ill in Operation Enduring Freedom (OEF), Operation Iraqi Freedom and Operation Noble Eagle are also authorized travel allowance (per diem).

**7. My family hasn't received reimbursement of their travel costs yet for the time they stayed with me while I was in the hospital. Who do I check with about this?**

If you are a Soldier or Soldier's spouse, first check your MyPay account to confirm that the reimbursement has not been received. Then, no earlier than 3 weeks after submitting your travel voucher through the Soldier's hospital patient administration department, you may call 1-888-331-9369 to verify that your voucher has been submitted and for more information.

**8. I'm an Activated National Guard (ARNG) or US Army Reserve (USAR) Soldier. My orders have been extended, but my pay has stopped. Who do I contact to correct this?**

Both ARNG and USAR Soldiers may call the Reserve Pay Branch (Fort McCoy, WI) at 1-608-388-5405 for more information.

**9. I've been told that I owe the government money since I've been released from the Army, is this true?**

Your installation Finance Office can provide you with correct information. You may call the Army Well-Being Liaison Office at 1-80-833-6622 for the phone number to your installation's Finance Office.

**10. Does AW2 provide job placement for me once I transition out of the Army?**

AW2 will provide information and referrals to many entities such as the Army Career and Alumni Program (ACAP) which assists with benefits counseling, resume writing, interview techniques, as well as a database of potential employers desiring to hire our disabled Soldiers at Job Connections for AW2 Soldiers; the Department of Labor and the Department of Veterans Affairs are also available to help Soldiers understand and learn about their employment opportunities upon transition from the Army.

**CARING BRIDGE**

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

### **What is Caring Bridge?**

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

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

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

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

Caring Bridge provides you:

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

### **Frequently Asked Questions for Caring Bridge**

#### **1. What if I have problems or need help?**

Caring Bridge is administered by the Caring Bridge nonprofit organization. To submit a question or problem, go to [www.caringbridge.org](http://www.caringbridge.org) and click on "Feedback/Questions" at the top of the page.

You can also see additional help by clicking on "Help" at the top of that page.

#### **2. How do other people see my Web Page?**

You must provide them with your Web Page address. Viewers use the address (sometimes called location or URL) on the Internet to view your Web Page. Your Web Page is NOT available to search tools on the Internet.

#### **3. Should I be concerned that strangers will be able to see our information?**

Anyone who wants to see your Web Page needs to have the correct Web Page address and viewing user name and password (if used). However, the Internet is a public forum and access to your Web Page is deterred, but not totally secure.

#### **4. How do I get a photo on the Web Page?**

You must have a digital copy of a photograph to use this feature. To get a digital photo you must either scan an existing photo or use a digital camera. Scanning services are available from many copy centers. Some film development services also have a digital format option. Be sure to specify you want the GIF or JPEG format.

### **VETERANS AFFAIRS BENEFITS**

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

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

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
- b. Your VA claim number or Social Security number if receiving benefits under prior service
- c. A copy of all marriage certificates and divorce decrees (if any)
- d. A copy of each child's birth certificate (or adoption order)
- e. A copy of your birth certificate if there are living parents dependent on you for support
- f. A copy of any service medical records for disabilities you intend to claim
- g. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension, (On-line version) (Print out version). Or, you may obtain a copy of the form from any VA Regional Office ([list of regional offices](#)).

#### **Documents needed for Medical Benefits**

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
- b. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:

1. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
  2. Receipt of the Armed Forces Expeditionary Medal
  3. Kosovo Campaign Medal
  4. Global War on Terrorism Expeditionary Medal
  5. Southwest Asia Campaign Medal
  6. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
  7. Orders to a theater of combat operations
- c. Complete VA Form 10-10EZ, Application for Health Benefits, online. Or, you may obtain the form by:
- o calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS(8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Time)
  - o calling or visiting any VA health care facility or VA regional office. To find the facility nearest you, visit the VA Facilities web page.

## Where to Get Help

- a. VA web site
- b. Contact VA through on-line messaging. This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program where you can leave questions, by subject matter that are not answered by the FAQ's.
- c. Federal Benefits for Veterans and Dependents. An informative benefits pamphlet in PDF format.
- d. Health Benefits Service Center. Call toll free 1-877-222-VETS(8387)
- e. Visit VA's health eligibility web site for questions about medical benefits and application procedures.
- f. VA benefits counselors can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".
- g. State, local and National Veteran Service Organization representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: <http://www.va.gov/vso/>
- h. Mobilization Information and Resources Guide. A DOD web site containing multiple links to mobilization and resources information. ([www.defenselink.mil/ra/mobil/pdf/topics\\_a-z.htm](http://www.defenselink.mil/ra/mobil/pdf/topics_a-z.htm))

## VA BENEFITS FOR ACTIVE DUTY PERSONNEL

1. Service members who remain on active duty are eligible for payment of the automobile allowance and adaptive equipment.

--**Automobile Grant:** There is a one-time payment by VA of not more than \$12,000 toward the purchase of an automobile or other conveyance.

2. With the passage of the Veterans Benefits Act of 2003, active duty personnel are eligible for specially adapted housing and special home adaptation grants.

- a. Specially **Adapted Housing Grant:** An eligible veteran may receive a VA grant of not more than 50 percent of the cost of a specially adapted house to a maximum of \$50,000.

- b. Special **Housing Adaptations Grant:** An eligible veteran may receive a VA grant for the actual cost to adapt a house or for the appraised market value of necessary adapted features already in a house when it was purchased. In either case, the maximum grant amount is \$10,000.

3. Home loan guaranty is available to active duty personnel after serving 181 days (or 90 days during the Gulf War).

4. On April 17, 2003, under the authority of 38 U.S.C. 8111A, the Secretary directed VHA to give priority care to active duty personnel involved in armed conflict in Iraq. He directed that VHA carry out this function by providing care through the use of sharing agreements between VA facilities and DOD TRICARE contractors.

5. Service members and reservists are eligible for up to a maximum of \$250,000 in life insurance under SGLI. Spousal coverage is available up to a maximum of \$100,000 while children are automatically covered for \$10,000 at no cost.

6. VBA offers counseling and claims assistance to separating service members throughout the United States and around the world in the TAP/DTAP program. Claims for benefits are prepared and adjudicated prior to separation by VBA employees through the BDD program.

7. Education benefits are available to active duty personnel who have served for at least two years and contributed to Chapter 30, the Montgomery GI Bill, and to selected reservists and National Guardsmen that are certified as eligible under Chapter 1606. Chapter 30 is limited to payment for tuition and fees while Chapter 1606 provides a monthly stipend.

8. Medal of Honor pension is payable to active duty personnel.

### **AUTOMOTIVE GRANTS/ADAPTIVE AUTOMOBILE EQUIPMENT PAYMENTS**

Veterans and service members qualify for this benefit if they have service-connected loss of one or both hands or feet, or permanent loss of use, or permanent impairment of vision of both eyes. Veterans entitled to compensation for ankylosis (immobility) of one or both knees, or one or both hips, also qualify for adaptive equipment for an automobile. There is a one-time payment by VA of not more than \$12,000 toward the purchase of an automobile or other conveyance. VA will pay for adaptive equipment, and for repair, replacement, or reinstallation required because of disability, and for the safe operation of a vehicle purchased with VA assistance.

### **HOME GRANTS PROVIDED BY VETERANS AFFAIRS**

#### **SPECIALLY ADAPTED HOUSING**

The following is an abbreviated description of the requirements for obtaining a Specially Adapted Housing (SAH) Grant. Nothing in this condensed version of VA Pamphlet 26-69-1, Questions and Answers on Specially Adapted Housing and Special Housing Adaptations for Veterans should be construed as changing the law or VA regulations pertaining to specially adapted housing or to special housing adaptations. Only the highlights of the two programs are covered by this pamphlet. It does not go into detail regarding unusual or complex problems, which conceivably can arise. It is suggested that the pamphlet be read carefully and in its entirety. For more information contact your local VA Specially Adapted Housing agent, from the attached list or call the Veterans Service Center at the closest VA office on 1-800-827-1000.

#### **Specially Adapted Housing**

The maximum amount of this grant is currently \$50,000. It is available to veterans with service-connected permanent and total disability (ies) due to one of the three following conditions:

- O The loss or loss of use of both lower extremities; or,
- O Blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity; or
- O loss or loss of use of one lower extremity together with other disabilities which precludes locomotion without the aid of braces, crutches, canes or a wheelchair.

#### **Specially Adapted Housing Questions and Answers**

(VA Pamphlet 26-69-1, pending revision)

## **Eligibility and Statutory Requirements**

### **1. What is the governing law relating to specially adapted housing for disabled veterans?**

Title 38, United States Code, chapter 21, section 2101(a) (The original statute was Public Law 702, 80<sup>th</sup> Congress, dated June 19, 1948).

### **2. Which veterans are basically eligible for the grant?**

Veterans who have service-connected disability due to military service, entitling them to compensation for permanent and total disability due to:

- a. The loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair; or
- b. Disability which includes blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity; or
- c. The loss or loss of use of one lower extremity together with (1) residuals of organic disease or injury, or (2) the loss or loss of use of one upper extremity, which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.

### **3. Are there any other statutory requirements for eligibility?**

Yes. There are three:

- a. It must be medically feasible for the veteran to reside in the house.
- b. The house must be so adapted as to be suitable to the veteran's needs for living purposes, both now and in the future.
- c. It must be financially feasible for the veteran to acquire the house, with the assistance provided by the grant.

### **4. Are there any time limitations or deadlines for applying for the specially adapted housing benefit?**

No, there is no time limit on use of the grant.

### **5. What is the nature of the benefit?**

An eligible veteran may receive a VA grant of more than 50 percent of the cost of a specially adapted house up to a maximum of \$50,000.

### **6. How may the grant be used?**

An eligible veteran has the option to use the grant under any one of the following plans:

Plan 1: The veteran may elect to construct a home on land to be acquired for that purpose.

Plan 2: The veteran may build a home on land already owned if it is suitable for specially adapted housing.

Plan 3: The veteran may remodel an existing home if it can be made suitable for adapted housing.

Plan 4: When the veteran has already acquired a specially adapted home (without the assistance of a VA grant), the grant may be applied against any unpaid balance of the cost of the home.

**7. Can the veteran buy or build a home in a place of his/her choosing?**

Yes, as long as it is medically feasible for the veteran to reside there.

**8. Under Plan 4 above, question number 6, if a veteran already has a specially adapted home which is owned free and clear, how much of the grant, if any, would the veteran be entitled to receive?**

None; however, should the veteran decide to buy or build another specially adapted home, this benefit could be used.

**9. If the maximum grant of \$50,000 is not used for a specially adapted housing unit, may a second grant be obtained for another home or for future capital improvements on the veteran's present home?**

No. Under governing law, the grant, up to a maximum of \$50,000, can be used only once. For example, if the total cost for the construction and land were \$80,000, the maximum grant would be 50 percent of the \$80,000 or \$40,000. The veteran would not be able to claim a further grant of \$10,000 at a later date for use either on the same home or another home.

**10. Can a veteran use the specially adapted housing benefit to acquire more than one house?**

No. The governing law specifically provides that his benefit may be used only one time in the case of any eligible veteran to provide assistance in acquiring a home.

**11. Is a veteran who obtains a specially adapted home entitled to exemption from State real estate taxes?**

This depends upon the particular State. There are many States that do provide such relief from taxes either in whole or in part. The SAH agent will be able to provide a veteran with more detailed information.

## **12. What are some of the requirements for specially adapted housing?**

- a. Unless there are no step entries or slopes having less than an 8 percent grade (1:12), at least two ramps (or a vertical platform or similar type lift may be used in lieu of one ramp) suitable for entry and exit, one of which shall be located so as not to expose the veteran to a potential fire hazard, such as placement necessitating passage through a kitchen or garage or utility room containing heating equipment. Ramps, or lifts, must be permanently installed, will be treated to prevent slipping when wet, and the slope will not exceed 8 percent. The minimum width acceptable is 3 feet 6 inches (1.07 meters), and railings must be provided if the height and length of the ramp indicate any questions of a hazard. Ramp and lift platforms must be generous in area to allow for turning the wheelchair and equipped with protective railings if the height of the platform presents a potential hazard. There will be no difference in elevation between the interior floor level and exterior platforms.
- b. In all new construction, doorways must be at least 36 inches (.915 meters) wide. Doorways in existing homes must be at least 32 inches wide.
- c. Halls must be a minimum of 48 inches (1.22 meters) wide in all new construction. Hallways in existing homes must be at least 42 inches wide.
- d. A garage or carport should be of sufficient width and height to allow unrestricted wheelchair maneuverability alongside a car and ease of entry and exit with all accessible vans.
- e. Passageways between the home proper and the garage or carport should be sheltered to prevent exposure of the veteran to inclement weather.
- f. At least one bathroom convenient to the veteran's bedroom must contain very generous floor areas providing free wheelchair maneuverability (with at least a 5 foot radius), with placement of all fixtures in a manner permitting the veteran unimpeded access to each fixture. Bathroom flooring material must be non-slip under both wet and dry conditions. Washbasins of the hung type, rather than pedestal, should be affixed at a height enabling the wheelchair to maneuver below the fixture to allow close approach for washing and shaving convenience. Washbasin drainpipes must be installed to minimize the possibility of abrasions. A mirror at suitable level for use from the wheelchair must be provided and may be achieved by a lower medicine cabinet to which the veteran is to have access. Faucets for the tub and shower also must be accessible from the wheelchair for water temperature control before, as well as during, immersion. Adequate thermostatic controls must be installed to avoid sudden change in the water temperature. Adequate grab bars, capable of bearing weight and conveniently placed, must be installed for the tub and shower. Stall showers must be large enough to allow for a built-in bench,

if desired. There must be no curb between the stall and bathroom (floor drain can be placed in a back corner of the stall), and the shower stall opening should be the same width as the other doorways. The toilet fixture or seat should be raised, if necessary, for the veteran's convenience; armrest, installed in a manner to support the veteran's weight in transferring, must be included, and provision should be made for a suitable back support.

- g. All hot water pipes, steam pipes, room radiators, or similar items, which may constitute a hazard insofar as burns, abrasions, etc., are concerned, must be concealed or properly covered.
- h. Wall switches and electrical outlets should be within reach from the wheelchair—minimum 18 inches (.457 meters) and maximum 48 inches (1.22 meters) from the floor. Fuse boxes, thermostats, and other utility and appliance controls must be within reach from the wheelchair. Automatically operated garage doors are a great convenience—direct control activated by key or button being indicated as more satisfactory than remote control by radio or light beam.
- i. Carpeting installed in specially adapted housing must be of a low pile, closely knit type.
- j. At least one automatic smoke detector shall be installed in the unit.

### **13. What are some other factors to be considered?**

- a. Level building site
- b. Ample concrete walks
- c. Relatively maintenance free
- d. Sliding interior doors easily operable from wheelchair
- e. Zone controlled heating system
- f. Special adaptation of the kitchen area for the veteran's use, if desired.

### **How to Apply For Benefits**

#### **14. Where does a veteran go to find out if he/she is eligible for the specially adapted housing benefit?**

Any VA office, preferably the VA office where the veteran's claim records are located. A determination will be made as to the veteran's basic eligibility and whether it is medically feasible for the veteran to reside in a specially adapted home.

#### **15. How is the veteran advised that he/she is eligible for the specially adapted housing benefit?**

A notice of eligibility for specially adapted housing will be sent to the veteran. A VA Specially Adapted Housing agent will visit the veteran and counsel him/her in every way possible in using the grant. The veteran will also be

furnished a supplemental application form to be filled out when he/she is ready to obtain the grant. When the veteran's request for the grant is approved, he/she will receive a commitment letter from VA setting forth the terms and conditions under which the funds will be made available. Any contract executed by the veteran must include the condition that it is subject to VA approval and his/her obtaining the grant.

**16. Will VA assist an eligible veteran to pick out a lot, obtain the services of an architect, obtain bids for construction, let the contract, and arrange necessary financing?**

Yes. SAH agents are specialists in this field and will counsel and make suggestions and recommendations to the veteran at every stage of grant administration to help the veteran obtain a specially adapted house that will not only meet his/her needs now but also in the future.

**17. Is design assistance for specially adapted housing available from the Department of Veterans Affairs?**

VA Pamphlet 26-13, Handbook for Design-Specially Adapted Housing, provides assistance to the physically handicapped veteran and the architect/designer in producing the best possible home for the veteran.

**18. Can a veteran apply for a GI home loan from a private lender to cover the difference between the total cost of the house and the grant?**

Yes, a veteran of World War II or later periods who has GI housing entitlement and can qualify for a GI home loan.

**19. If private financing is not available, can VA make the veteran a direct loan to cover the difference between the total cost of the house and the grant?**

Yes, provided the veteran has GI home loan entitlement and qualifies from a credit standpoint. The maximum direct loan is currently \$33,000.

**20. Is life insurance available which would pay off the mortgage on a specially adapted house in case the veteran dies before repaying the loan?**

Yes. Most veterans who receive a specially adapted housing grant are eligible for Veterans Mortgage Life Insurance (VMLI) covering the unpaid principal, not to exceed \$90,000 on the mortgage loan. VA representatives will explain this program and assist eligible veterans in applying for his protection. VMLI

can only be issued to veterans age 69 and younger. Once issued, VMLI will remain in effect, regardless of age, if there is a mortgage indebtedness.

### **Other Similar Benefits**

#### **21. Are there other benefits similar to specially adapted housing to which a disabled veteran may be entitled?**

Yes, an eligible veteran may be entitled to the HIS (Home Improvement and Structural Alterations) benefit, which has a maximum limitation of \$4,100 for a service-connected disability and \$1,200 for a nonservice-connected disability. The Prosthetics and Sensory Aids service at the nearest VA health care facility will furnish additional information concerning this benefit upon request (including how to file VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations).

#### **22. If a veteran is eligible for a grant of up to \$50,000 for a wheelchair home, may he/she also receive a special housing adaptations grant of up to \$10,000?**

No. If a veteran qualifies for both benefits, the law limits him/her to the use of a grant of up to \$50,000 for a wheelchair accessible home only.

## **SPECIAL HOUSING ADAPTATIONS**

### **Part 2-Special Housing Adaptations**

**(VA Pamphlet 26-69-1, pending revision)**

Part 2 is designed to answer questions, which may be asked by veterans and their families regarding **Special Housing Adaptations for Disabled Veterans under 38 U.S.C., ch. 21, sec. 2101(b)**. The purpose of the law is to furnish disabled veterans of military service, who may be entitled to a grant of assistance from VA, special housing adaptations for their needs to blindness or the loss or loss of use of both hands. The maximum amount of the grant is currently \$10,000.

### **Special Housing Adaptations**

#### **Eligibility and Statutory Requirements**

##### **1. What is the governing law relating to special housing adaptations for disabled veterans?**

Title 38, United States Code, chapter 21, section 2101(b). (The original statute was Public Law 96-385, dated October 7, 1980.)

## **2. Which veterans are basically eligible for the grant?**

Veterans who have a service-connected disability due to military service entitling them to compensation for permanent and total disability due to:

- a. Blindness in both eyes with 5/200 visual acuity or less, or
- b. The anatomical loss, or loss of use, of both hands.

## **3. Is there any time limitation or deadline for applying for the special housing adaptations benefit?**

No, there is no time limit on the use of this grant.

## **4. What is the nature of the benefit?**

An eligible veteran may receive a VA grant for the actual cost to adapt a house or for the appraised market value of necessary adapted features already in a house when it was purchased. In either case, the maximum grant amount is \$10,000.

## **5. How may the grant be used?**

The veteran has the option to use the grant under any one of the following plans:

Plan 1: The veteran may adapt a house which he/she plans to purchase and in which he/she intends to reside.

Plan 2: The veteran may adapt a house which a member of the veteran's family plans to purchase and in which he/she intends to reside.

Plan 3: The veteran may adapt a house which he/she already owns and in which he/she intends to reside.

Plan 4: The veteran may adapt a house which is already owned by a member of the veteran's family in which he/she intends to reside.

Plan 5: The veteran may purchase a house which has already been adapted with special features which VA has determined are reasonably necessary because of the veteran's disability and in which he/she intends to reside.

*Whichever plan is selected, the veteran must either reside in the house or intend to reside in the house.*

**6. What is meant by “a member of the veteran’s family”?**

A member of the veteran’s family is defined as a person related by blood, marriage or adoption.

**7. If the maximum grant of \$10,000 is not used for special housing adaptations, may a second grant be obtained?**

No. Under governing law, the grant, up to a maximum of \$10,000 can be used only one time in acquiring a home with adaptations.

**8. Is a veteran who obtains a house with special adaptations entitled to exemption from State real estate taxes?**

This depends upon the particular State. There are many States that do provide such relief from taxes either in whole or in part. The SAH agent will be able to provide a veteran with more detailed information.

**9. What adaptations are considered necessary for a veteran who is blind in both eyes with 5/200 visual acuity or less?**

- a. Special lighting, e.g.: fluorescent, high intensity, open, indirect.
- b. Sliding doors. This would include sliding kitchen and bathroom cabinet doors, as well as pedestrian sliding and pocket doors. If it is not possible to adapt existing cabinets with sliding doors, new cabinets with sliding doors are acceptable.
- c. Handrails. Grab bars are acceptable in the bathroom, but a glass tub enclosure is not.
- d. Smoke detectors/fire detection systems.
- e. Security system. This may include the replacement of hollow core exterior (but not interior) doors with solid core doors, deadbolt locks, storm shutters, etc. This may also include an emergency exit: e.g., a level 5’ x 5’ platform with stairway and railings.
- f. Intercom system (without a radio unit).
- g. Room addition to an existing house to store sensory aids provided by Prosthetic and Sensory Aids Service and to store exercise equipment. This may also include the heating and/or cooling of this room, if the heating and/or cooling unit is permanently attached. Built-in storage areas such as shelves are also acceptable.

- h. Covered porch, in areas of severe inclement weather (maximum size: 6' x 8'). An awning over the front and/or rear door(s) is acceptable in more moderate climates. A patio or an enclosed patio is unacceptable.
- i. Swimming pool (but not spas, hot tubs, saunas, etc.)
- j. Concrete or asphalt walkways (but not driveways), if the new walkway involves a new design; e.g., wider or with curbs. However, the replacement of an existing walkway with the same design, only new material, is a maintenance item and is unacceptable.
- k. Fencing, to overcome a safety hazard; e.g., the property ending at a steep drop or abutting a busy street.
- l. Additional outlets and electrical service capacity to accommodate sensory aids equipment.
- m. Correction of safety defects: e.g., replacing space heaters with an electric heat pump or replacing a gas range and oven with an electrical range and oven.
- n. Other adaptations with the approval of VA.

**10. What adaptations are considered necessary for a veteran who has lost or lost the use of both hands?**

There are no minimum requirements, but the following adaptations are considered appropriate:

- a. Lever-type fixtures in the kitchen and bathrooms.
- b. Quad-rubber doorknob covers or lever-type latches/locks for doors.
- c. The lowering of cabinets, countertops and sinks.
- d. Light switches: toggle or press system.
- e. Tap plates to open and close interior doors; keyless entry-lock systems for exterior doors.
- f. Automatic garage door openers.
- g. Circuit breakers.
- h. Smoke detectors/fire detection systems.

- i. Special plumbing fixtures; e.g., bidet.
- j. Replacement of single or double hung windows with crank-type windows.
- k. Correction of safety defects.
- l. Other adaptations with the approval of VA.

### **How to Apply For Benefits**

#### **11. Where does a veteran go to find out if he/she is eligible for a special housing adaptations benefit?**

Any VA office, preferably the VA office where the veteran's claim records are located. The toll-free number is 1-800-827-1000.

#### **12. How is the veteran advised that he/she is eligible for special housing adaptations?**

A notice of eligibility will be sent to the veteran from the VA. A VA Specially Adapted Housing agent will visit the veteran and counsel him/her in every way possible in using the grant. He/she will be furnished a supplemental application form to be filled out when he/she is ready to obtain the grant. When the veteran's request for the grant is approved, he/she will receive a commitment letter from VA setting forth the terms and conditions under which the funds will be made available. Any contract executed by the veteran must include the condition that it is subject to VA approval and his/her obtaining the grant.

#### **13. Is life insurance available which would pay off the mortgage on a specially adapted house in case the veteran dies before repaying the loan?**

Yes. Most veterans who receive a specially adapted housing grant are eligible for Veterans Mortgage Life Insurance (VMLI) covering the unpaid principal, not to exceed \$90,000 on the mortgage loan. VA representatives will explain this program and assist eligible veterans in applying for this protection. VMLI can only be issued to veterans age 69 and younger. Once issued, VMLI will remain in effect, regardless of age, if there is mortgage indebtedness.

### **Other Similar Benefits**

#### **14. Are there other benefits similar to housing adaptations to which a disabled veteran may be entitled?**

Yes, an eligible veteran may be entitled to the Home Improvement and Structural Alteration (HISA) grant benefit which has a maximum limitation of \$4,100. The Prosthetics and Sensory Aids Service will furnish additional information concerning this benefit upon request (including how to file VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations).

**15. If a veteran has already received a grant for a wheelchair home, may he/she also receive a grant for special housing adaptations?**

No. Once a veteran has received a grant for a wheelchair home, he/she is no longer eligible for the special housing adaptations benefit.

**16. If a veteran receives a grant for special housing adaptations and the veteran's physical condition changes to later qualify him/her for a wheelchair home, may the veteran then become eligible for a grant for a wheelchair home?**

Yes. If a veteran receives a grant for special housing adaptations and the veteran's physical condition changes to later qualify him/her for a wheelchair home, the veteran would be entitled to the full grant for a wheelchair home, as provided by law.

**VA Services for Veterans of Operation Iraqi Freedom and Operation Enduring Freedom**

**Seamless Transition from Active Duty**

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) are working as partners to meet the needs of our newest veterans—the men and women who served in Operation Iraqi Freedom and Operation Enduring Freedom—by creating a seamless transition from active duty to civilian life.

VA's goal is to ensure that every seriously injured or ill serviceman and woman returning from combat receives priority consideration and world-class service. Together VA and DoD are finding ways to move records more efficiently between the two agencies; share critical medical information electronically; protect the health of troops stationed in areas where environmental hazards pose threats; process benefit claims as one shared system; and, in every way possible, hold open the doors to an uncomplicated passage from soldier to citizen.

**Enhanced Employee Awareness**

VA Secretary Anthony J. Principi initiated an awareness campaign in August 2003 to enhance continuity of VA services for our newest returning war veterans. In a letter to all employees, Secretary Principi said:

“Every VA employee has an obligation to ensure that each veteran who is wounded, injured, or ill from training for, preparing for, or fighting the war against terror receives priority service....The men and women who embody our department now have the rarest of opportunities: another chance to make a first impression. Our actions over the next few months will define our department for the lifetime of the veterans who are now returning from Iraq and Afghanistan.”

Changes that followed were aimed at sensitizing employees to our newest war veterans and improving access to VA programs. Through messages on paycheck stubs, e-mails, memos, conference calls and closed-circuit television programs, Secretary Principi and his undersecretaries for health and benefits have alerted field employees to be especially sensitive to the needs of our newest disabled war veterans.

### **VA Expands Outreach**

In 2003, VA increased the staffing of benefits counselors at key military hospitals where severely wounded service members from Iraq and Afghanistan are frequently sent.

Currently, five staff members are assigned full-time and one assigned part-time to work bedside with patients at both the Walter Reed Army Medical Center in Washington, DC and the Bethesda Naval Medical Center in Maryland. Four of the counselors specialize in benefit programs and two are social workers who facilitate health care coordination as service members move from military to VA care.

On an as-needed basis, similar teams are committed to work with patients, discharge planners, and other military staff at three other DoD medical centers serving as key medical centers caring for seriously injured troops: Eisenhower Army Medical Center, Ft. Gordon (GA); Brooke Army Medical Center, Ft. Sam Houston (TX); and Madigan Army Medical Center at Western Regional Medical Command, Tacoma (WA).

Throughout the nation, VA officials work with military disability retirement lists staffs to identify service member from Iraq or Afghanistan for special outreach efforts. Iraqi Freedom/Enduring Freedom coordinators at each VA benefit office and medical center coordinate with DoD discharge staff to ensure a smooth transition to VA service at location nearest to the veteran’s residence after discharge. Through this coordination, the veterans are known at the local VA facilities which process their benefits claims and continuity of their medical care, including medications and therapy, is assured.

### **Benefits and Services**

Every active-duty service member, Reservist or National Guards member who serves in a theater of combat operations is eligible for hospital care, medical service, and nursing home care for injuries or illnesses he or she believes is related to combat service for a period up to two years beginning on the date of discharge or release from service. This two-year eligibility for medical care is available even if there is insufficient medical evidence available to conclude that the veteran’s illness is the result of combat service. At

the end of the two-year period, these veterans have the same eligibility for VA medical care as veterans of earlier conflicts.

VA offers a spectrum of health care and benefit programs for veterans of the war on terrorism, including disability compensation, vocational rehabilitation, prosthetic services, life insurance, pension, education benefits, specially adapted housing and automobile grants, and survivor and burial benefits. Many VA services are provided at a higher priority or on an expedited basis for this newest generation of combat-disabled veterans. VA programs for veterans with a service connected injury or illness apply equally to those who served in the regular duty forces and to National Guard members or reservists returning from federal activation.

### **Additional Resources**

VA has brochures and other information for veterans of Operation Iraqi Freedom and Operation Enduring Freedom available on the web.

<b>Veterans Benefits Information</b>	<a href="http://www.vba.va.gov">http://www.vba.va.gov</a>
<b>Information for Iraqi Freedom Veterans</b>	<a href="http://www.va.gov/gulwar">http://www.va.gov/gulwar</a>
<b>Afghanistan Service Information</b>	<a href="http://www.va.gov/vironagents">http://www.va.gov/vironagents</a>
<b>PTSD and Iraq Veterans</b>	<a href="http://www.ncptsd.org/topics/war.html">http://www.ncptsd.org/topics/war.html</a>
<b>VA Health Care Enrollment Information</b>	<a href="http://www.va.gov/elig/">http://www.va.gov/elig/</a>
<b>Brochures and Publications, Including: *A summary of VA Benefits for National Guard and Reserve Personnel *Health Care and Assistance for US Veterans of Operation Iraqi Freedom</b>	<a href="http://www.vethealth.cio.med.va.gov/Pubs/Index.htm">http://www.vethealth.cio.med.va.gov/Pubs/Index.htm</a>
<b>Online Benefits Applications</b>	<a href="http://vabenefits.vba.va.gov/vonapp/">http://vabenefits.vba.va.gov/vonapp/</a>
<b>Women Veterans Health and Benefits Information</b>	<a href="http://www.va.gov/wvhp">http://www.va.gov/wvhp</a> <a href="http://www.va.gov/womenvet/">http://www.va.gov/womenvet/</a> <a href="http://www.vba.va.gov/bln/21/Topics/Women/">http://www.vba.va.gov/bln/21/Topics/Women/</a>

### **MEB/PEB Stage**

**Soldiers seriously wounded returning from OIF/OEF will more than likely go through the medical board process to see if after recovery the soldier is fit or not for duty. The following is a generic timeline of the medical board process.**

## **Basic Steps to the MEB Process**

- 1. MED Initiation**
- 2. Soldier Briefing & Unit Notification**
- 3. Physical Exam**
- 4. Consults/ Appointments**
- 5. NARSUM Appt**
- 6. Final Signatures on MEB**
- 7. \* PEBLO Counseling to Soldier**
- 8. MEB to the PEB**
- 9. \* PEB Results**
- 10. To the PDA**

## **TAKING CARE OF YOU**

Support services available for patients and their family members:

Ministry and Pastoral Care: Building 2, 3rd Floor, Room 3C The Department of Ministry and Pastoral care offers spiritual support 24 hours a day, 7 days a week. The main hospital chapel offers religious services, religious literature, communion and prayer for healing. Please see more detailed information in the general resource section. Phone number is (202) 782-6305/Pager 782-1000

USO of Metropolitan Washington: United Services Organizations is chartered by Congress to meet the human service needs of the United States Armed Forces personnel and their families. In support of Operation Enduring Freedom and Operation Iraqi Freedom, the USO has coordinated celebrity visits, distributed telephone calling cards, food gift cards, and a wide variety of comfort and entertainment items. USO Metro is located at 228 McNair Road, BLDG. 405, Ft. Myer, VA 22211. Phone number is (703) 696-2552. [www.usometrodc.org](http://www.usometrodc.org) Look for USO upcoming events at the activity board at the Mologne House and Patient Recreation. Support for caregivers is included in this service, with such activities as Girls Time Out.

Department of Social Work: Building 6, Borden Pavilion 0730 - 1630, Monday-Friday Phone number is (202) 782-6378 Behavioral Medicine Service for Outpatients: Social workers provide comprehensive psychosocial assessment and interventions for families, couples and individuals having difficulty adjusting to, or coping with, life circumstance issues and challenges.\*\* An on-call Social Worker is available for emergency Social Work Services during weekends, and after-duty-hours by calling the Administrator On Duty at (202) 782 - 7309. Behavioral Health Service for Inpatients: Social workers are key members of each inpatient ward's multi-disciplinary team. They provide a variety of services to help patients and families address the non-medical concerns, worries, and problems that impact the healing process. All OIF/OEF inpatients are assigned a social worker.

Patient Representative Office: Building 2, 3rd Floor, Room 3-B01 The Patient

Representative Office is the liaison between patients, their families, and the medical center staff. The primary goal is to work out problems and concerns while protecting the rights of patients and maintaining their privacy and dignity. The office is also a source of information for patients and their family members. Through the Patient Representative's Office, patients and family members can voice concerns and exchange ideas and opinions. Hours: 0745-1630, Monday-Friday. Phone number is (202) 782-6866.

**Post Library: Building 1, Room D-110** The Post Library has best sellers, books-on-tape, VHS movies and magazines. Internet access is also available with seven computer terminals available for use. If you are printing out documents more than ten pages long, please bring your own paper. 0800 - 1645, Monday - Friday. Phone number is (202) 782-6314.

### **Mologne House Library**

Located next to the check in desk are shelves of books you can read. Take one with you as you sit in the room with your soldier or to read when you are by yourself.

### **Fitness Center:** (202) 782-7022

Walk off your stress by visiting the Fitness Center. Take time for yourself and keep yourself well. The Fitness Center is open to all ID cardholders.

Building 88, Main Post or Wagner Gym, Building 32. 0530-2000 Monday-Friday, 0900-1600 Saturday, 1000-1400 Sunday

### **Patient Recreation Center** (202)782-4257

Many events are available to families of wounded soldiers. Flyers are located at the Mologne House, SFAC, and the Patient Recreation Center. Sign up for events at the Center. All trips leave from the Mologne House. The patient Recreation Center is located at Bldg 41 and is open M-F 1100-1845.

### **Army Community Services** (202) 782-3412

Bldg 17

Army Community Service can provide many resources to the family. A welcome packet is available at the Mologne House meeting, or you may come by the ACS office and pick one up. Information about Army life, reunions, acronyms, and Army resources is available at this location. More information is provided in the resource section.

### **Military Severely Injured Center** 1-888-774-1361

The Military Severely Injured Center is available to soldiers and their families 24 hours a day seven days a week.

### **Military OneSource** 1-800-342-9647

Representatives are available to soldiers and their families 24 hours a day seven days a week.

### **Army Wounded Warrior Program** 1-800-337-1336

The Army's premier program takes care of wounded soldiers and their families.

## STRESS

### Have you ever:

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

*If so, this information is for you.*

### Everyone Experiences Stress

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

Physical signs of a stress response include:

- Rapid heartbeat
- Headaches
- Stomach aches
- Muscle tension

Emotional signs of stress can be both positive and upsetting:

- Excitement, Frustration, Anxiety
- Exhilaration, Nervousness, Anger
- Joy, Discouragement

### Stress Can Become a Problem

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

### Managing Stress

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

Techniques for managing stress include:

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

Physical benefits of managing stress include:

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

Emotional benefits of managing stress include:

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

### **Can stress become unmanageable?**

Trauma can cause severe stress, which may become unmanageable despite the best efforts of good stress management. Let's look at why this happens and what you can do about it.

Traumatic events cause severe stress reactions that are particularly hard to manage. Trauma involves a unique kind of physical/emotional shock that escalates the "fight-flight" stress response (feeling angry or scared) into "super-stress" (feeling terrified, stunned, horrified, like your life is passing before your eyes, or so overwhelmed you blank out).

Trauma occurs when a person directly experiences or witnesses:

- Unexpected death
- Severe physical injury or suffering
- Close calls with death or injury

## O Sexual violation

If you have ever experienced or witnessed disaster, war, a terrible accident, sexual or physical abuse or assault, kidnapping or hostage-taking, or life-threatening illnesses, you know the shock of trauma. Nothing in life ever seems quite the same again, even if everything works out for the best. Trauma leaves a lasting imprint of terror, horror, and helplessness on the body and the mind. The world no longer seems safe, manageable, or enjoyable. People no longer seem trustworthy or dependable. Self-doubt and guilt eat away at your self-esteem. Faith and spirituality are shaken or lost.

Traumatic stress can be managed, but special steps are necessary.

### **Steps in Managing Traumatic Stress**

**Step One** is recognizing the signs of posttraumatic stress. Trauma is so shocking that it causes memories that are impossible to forget or sometimes impossible to recall. Trauma memories often repeatedly come back when you are not trying to think about them. Memories arise as unpleasant thoughts or nightmares. Sometimes you may feel as if you cannot stop reliving the event. The shock of trauma also may create blank spaces in your memory because it is too much for the mind to handle, and so the mind takes a time out.

Traumatic stress reactions are *normal* responses to *abnormal* events. Most people experience posttraumatic stress reactions for days or even weeks after a trauma. Usually these reactions become less severe over time, but they may persist and become a problem.

**Step Two** is recognizing the ways of coping with traumatic stress that are natural but *don't* work, because they actually prolong and worsen the normal posttraumatic stress reactions. The ways of coping that do not work include:

- O Trying to avoid people, places, or thoughts that are reminders
- O Shutting off feelings or connections to other people that are reminders
- O Being hyper-vigilant or on-guard

Trying to avoid bad memories, trying to shut out feelings or people, or trying to stay always alert may seem reasonable. However, they don't work because trauma controls your life if you run from it.

**Step Three** is to get help from one of several special VA services for veterans (and their families) who are coping with traumatic stress reactions or PTSD (Posttraumatic Stress Disorder). Trauma memories cannot be erased, but the stress they cause can become very manageable.

## **What is Posttraumatic Stress Disorder?**

### **A National Center for PTSD Fact Sheet**

Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.

### **Understanding PTSD**

PTSD is not a new disorder. There are written accounts of similar symptoms that go back to ancient times, and there is clear documentation in the historical medical literature starting with the Civil War, when a PTSD-like disorder was known as "Da Costa's Syndrome." There are particularly good descriptions of posttraumatic stress symptoms in the medical literature on combat veterans of World War II and on Holocaust survivors.

Careful research and documentation of PTSD began in earnest after the Vietnam War. The National Vietnam Veterans Readjustment Study estimated in 1988 that the prevalence of PTSD in that group was 15.2% at that time and that 30% had experienced the disorder at some point since returning from Vietnam.

PTSD has subsequently been observed in all veteran populations that have been studied, including World War II, Korean Conflict, and Persian Gulf populations, and in United Nations peacekeeping forces deployed to other war zones around the world. There are remarkably similar findings of PTSD in military veterans in other countries. For example, Australian Vietnam veterans experience many of the same symptoms that American Vietnam veterans experience.

PTSD is not only a problem for veterans, however. Although there are unique cultural- and gender-based aspects of the disorder, it occurs in men and women, adults and children, Western and non-Western cultural groups, and all socioeconomic strata. A national study of American civilians conducted in 1995 estimated that the lifetime prevalence of PTSD was 5% in men and 10% in women.

### **How does PTSD develop?**

Most people who are exposed to a traumatic, stressful event experience some of the symptoms of PTSD in the days and weeks following exposure. Available data suggest that about 8% of men and 20% of women go on to develop PTSD, and roughly 30% of these individuals develop a chronic form that persists throughout their lifetimes.

The course of chronic PTSD usually involves periods of symptom increase followed by remission or decrease, although some individuals may experience symptoms that are unremitting and severe. Some older veterans, who report a lifetime of only mild symptoms, experience significant increases in symptoms following retirement, severe medical illness in themselves or their spouses, or reminders of their military service (such as reunions or media broadcasts of the anniversaries of war events).

### **How is PTSD assessed?**

In recent years, a great deal of research has been aimed at developing and testing reliable assessment tools. It is generally thought that the best way to diagnose PTSD—or any psychiatric disorder, for that matter—is to combine findings from structured interviews and questionnaires with psychological assessments. A multi-method approach especially helps address concerns that some patients might be either denying or exaggerating their symptoms.

### **How common is PTSD?**

An estimated 7.8 percent of Americans will experience PTSD at some point in their lives, with women (10.4%) twice as likely as men (5%) to develop PTSD. About 3.6 percent of US adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year. This represents a small portion of those who have experienced at least one traumatic event; 60.7% of men and 51.2% of women reported at least one traumatic event. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

**About 30 percent of the men and women who have spent time in war zones experience PTSD.** An additional 20 to 25 percent have had partial PTSD at some point in their lives. More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced “clinically serious stress reaction symptoms.” PTSD has also been detected among veterans of the Gulf War, with some estimates running as high as 8 percent.

### **Who is most likely to develop PTSD?**

1. Those that experienced greater stressor magnitude and intensity, unpredictability, uncontrollability, sexual (as opposed to nonsexual) victimization, real or perceived responsibility, and betrayal
2. Those with prior vulnerability factors such as genetics, early age of onset and longer-lasting childhood trauma, lack of functional social support, and concurrent stressful life events.
3. Those who report greater perceived threat or danger, suffering, upset, terror, and horror or fear.
4. Those with a social environment that produces shame, guilt, stigmatization, or self-hatred.

### **How is PTSD treated?**

**PTSD** is treated by a variety of forms of psychotherapy and drug therapy. There is no definitive treatment, and no cure, but some treatments appear to be quite promising, especially cognitive-behavioral therapy, group therapy, and exposure therapy. Exposure therapy involves having the patient repeatedly relive the frightening experience under controlled conditions to help him or her work through the trauma. Studies have also shown that medications help ease associated symptoms of depression and anxiety and help with sleep. The most widely used drug treatments for PTSD are the selective serotonin reuptake inhibitors, such as Prozac and Zoloft. At present, cognitive-behavioral therapy appears to be somewhat more effective than drug therapy. However, it would be premature to conclude that drug therapy is less effective overall since drug trials for PTSD are at a very early stage. Drug therapy appears to be highly effective for some individuals and is helpful for many more. In addition, the recent findings on the biological changes associated with PTSD have spurred new research into drugs that target these biological changes, which may lead to much increased efficacy.

### **Frequently Asked Questions**

#### **What is PTSD?**

Post Traumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, abuse (sexual, physical, emotional, ritual), and violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.

### **What treatments are available for PTSD?**

Elements common to many treatment modalities for PTSD include education, exposure, exploration of feelings and beliefs, and coping skills training. Additionally, the most common treatment modalities include cognitive-behavioral treatment, pharmacotherapy, EMDR, group treatment, and psychodynamic treatment.

### **How do I locate specialists or support groups for PTSD?**

You can contact any of the following organizations. They all have referral capabilities.

The Sidran Foundation, 410-825-8888  
Anxiety Disorders Association of America, 240-485-1001  
American Psychological Association, 800-964-2000  
NAMI, 800-950-6264

Also, your local Mental Health Services office (found in the Yellow Pages of your telephone book) should be able to assist you.

### **I am an American Veteran. Who do I contact for help with PTSD?**

You can contact your local VA Hospital or Veterans Center or call the VA Health Benefits Service Center toll free at 1-877-222-VETS.

### **As an American Veteran, how do I file a claim for disability due to PTSD?**

A determination of "service-connected" disability for PTSD is made by the Compensation and Pension Service—an arm of VA's Veterans Benefits Administration. The clinicians who provide care for veterans in VA's specialized PTSD clinics and Vet Centers do not make this decision. A formal request ("claim") must be filed by the veteran using forms provided by the VA's Veterans Benefits Administration. After the forms are completely submitted, the veteran must complete interviews concerning his or her "social history" (a review of family, work, and educational experiences before, during, and after military service) and "psychiatric status" (a review of past and current psychological symptoms, and of traumatic experiences during military service.) The forms and information about the application process can be obtained by Benefits Officers at any VA Medical Center, outpatient Clinic, or Regional Office.

The process of applying for a VA disability for PTSD can take several months, and can be both complicated and quite stressful. The Veteran’s Service Organizations provide “Service Officers” at no cost to help veterans and family members pursue VA disability claims. Service Officers are familiar with every step in the application and interview process, and can provide both technical guidance and moral support. In addition, some Service Officers particularly specialize in assisting veterans with PTSD disability claims. Even if a veteran has not been a member of a specific Veterans Service Organization, the veteran can still request the assistance of a Service Officer working for that organization. In order to get representation by a qualified and helpful Service Officer, you can directly contact the local office of any Veterans Service Organization—or ask for recommendations from other veterans who have applied for VA disability, or from a PTSD specialist at a VA PTSD clinic or Vet Center.

### **Important Phone Numbers**

<b>American Red Cross</b>	(253) 967-4288 Ft. Lewis (253) 967-7678 Ft. Lewis After Hours
	(202) 782-6362 Washington DC
	1-877-272-7337 Toll Free
<b>Army Information Line</b>	1-800-833-6622
<b>Casualty Affairs</b>	(202) 782-6127/6128
<b>Fisher House</b>	(301) 295-7374
<b>Soldier Family Assistance Center</b>	(202) 782-2071
<b>Mologne House</b>	(202) 782-4600
<b>National Naval Medical Center</b>	1-800-833-6622
 <b>Shuttles:</b>	
<b>Super Shuttle</b>	(301) 590-0000
 <b>Taxis:</b>	
<b>Barwood Taxi</b>	(301) 984-1900
<b>Bonnette Taxi Service</b>	(301) 422-2686
<b>Checker Cab</b>	(301) 816-0066
<b>Diamond Cab</b>	(202) 387-6200
<b>Regency Cab</b>	(301) 990-9000

**Yellow Cab** (202)-544-1212  
**Walter Reed Army Medical Center** (202) 782-3501

### **USEFUL ADDRESSES**

- 1. Walter Reed Army Medical Center**  
6900 Georgia Avenue NW  
Washington DC 20307
  
- 2. National Naval Medical Center/Bethesda**  
8901 Wisconsin Avenue  
Bethesda, Maryland 20889
  
- 3. Fisher House**  
WRAMC  
Fisher House (DPCA)  
6900 Georgia Avenue NW  
Washington DC 207307
  
- 4. Walter Reed Mologne House**  
6900 Georgia Avenue NW, Building 20  
Washington, DC 20307

The Hero Handbook  
Editors:  
MSG Dexter Foster

A big HOOAH goes to MSG Dexter Foster, the NCOIC of the Soldier Family Assistance Center for his contribution with editing the revised version of our Hero Handbook. It is his intent to better equipped our Soldiers and their Families with a updated guide towards take care of their wounded warriors

This handbook is dedicated to all the wounded warriors.



















