

**RCMC-M/RCMC-T Initial Application Checklist**

**SOLDIERS RANK/NAME:**

**A. ADMINISTRATIVE DOCUMENTS** (Uploaded into DAMPS/OCO-IND)

1. \_\_\_ **Approved HRC/NGB ILD Memo**
2. \_\_\_ **Unit Cover Memo** (Annex B, Page 2)
3. \_\_\_ **Completed DA Form 4187 (Request for Personnel Action) (must be signed by Soldier)** (Annex B, Page 3)
4. \_\_\_ **Documentation supporting duty status** – as applicable (Unit sign-in roster, orders/amendments/DD 214/DD 220 for RCMC-T or DD 214/DD 220 for RCMC-M)
5. \_\_\_ **DA Form 4856 (Counseling Statement)** (Annex B, Page 4)
6. \_\_\_ **NGB Form 23B (Retirement Points Accounting Management)** (Annex B, Page 5)  
Must be dated within 30 days of packet submission
7. \_\_\_ **Referral Memo** (Annex B, Page 6)
8. \_\_\_ **Memorandum of Understanding** (Annex B, Enclosure 9)
9. \_\_\_ **Validation Memorandum for Senior Leadership (O4 and above / W4 and above / E8 and above)** (Annex B, Enclosure 6)
10. \_\_\_ **DA Form 5960 (Authorization to Start, Stop, or Change Basic Allowance for Quarters and/or Variable Housing Allowance)** (Annex B, Enclosure 10)

**B. MEDICAL DOCUMENTS** (indicate location in Annex A, Enclosure 3 - #9 Submission Procedures)

1. \_\_\_ **Minimum Requirements and Criteria** for 12301(h) State managed orders (Annex C, Enclosure 1) (Risk Assessment)
2. \_\_\_ **Statement of Medical Condition** (Annex C, Enclosure 2), which includes the following:
  - Current diagnosis and anticipated length of care
  - Medical Provider's full name, grade, tel.#, email address, street address and other contact information.
3. \_\_\_ **All supporting medical documentation** (indicate location in Annex A, Enclosure 3 - #9 Submission Procedures)
4. \_\_\_ **Line of Duty Investigation (LOD)# \_\_\_\_\_ (REQUIRED)**
5. \_\_\_ **eCase # \_\_\_\_\_ (REQUIRED)**

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6. \_\_\_\_ Physical Profile(s) (Verify it is completed/Approved/in eProfile)

**C. To be completed by Soldier's unit Commander:**

1. Has the Soldier previously **appealed, resubmitted** or requested an **exception** to any managed care program? **YES/NO**

2. Is the Soldier **currently** receiving Incapacitation Pay (INCAP)? **YES / NO**  
If Yes, what is the end date of the entitlement? \_\_\_\_\_

3. Is the Soldier **currently** on any type of active duty orders? **YES / NO**  
If Yes, what **type of order**? \_\_\_\_\_

4. **Unit Point of Contact (POC) completing this packet (PRINT):**

5. Rank / Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

\* \*NOTE: Signatures and contact information must be included, or packet processing will be delayed.