

RCMC-M/T Initial Application Checklist

SOLDIERS RANK/NAME:

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

1. ____ **Unit Cover Memo** (Annex B, Page 2)
2. ____ **Completed DA Form 4187 (Request for Personnel Action) (must be signed by Soldier)** (Annex B, Page 3)
3. ____ **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)
4. ____ **DA Form 4856 (Counseling Statement)** (Annex B, Page 4)
5. ____ **NGB Form 23B (Retirement Points Accounting Management)** (Annex B, Page 5)
Must be dated within 30 days of packet submission
6. ____ **Referral Memo** (Annex B, Page 6)
7. ____ **Memorandum of Understanding** (Annex B, Enclosure 9)
8. ____ **Validation Memorandum for Senior Leadership (O4 and above / W4 and above / E8 and above)** (Annex B, Enclosure 6)
9. ____ **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)

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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.**