Adaptive Reconditioning
Non-Medical Attendant Travel Application

Is the Recovering Service Member (RSM) you are applying to be a Non-Medical Attendant (NMA) for currently enrolled in Navy Wounded Warrior (NWW)?

Yes. Please continue completing the application.

No. **STOP**, do not complete this application. **Please speak to a NWW staff member who will work with you to complete the necessary referral paperwork for enrollment consideration.**

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Please print all information on this application.

I. RSM Personal Information

Full Name:	**Rank/Rate/Designator:**	**Active or Reserve:**	**Retired: (TDRL/PDRL/Other)**
Current Address:			
City:	**State:**	**Zip:**	

II. Provider Information

Your assistance is requested in determining the requirement of a NMA for the above listed RSM while traveling and participating in a NWW Adaptive Reconditioning Program event.

NMA Required (circle one)	Yes	No

If YES, please circle which of the following functions *CANNOT BE INDEPENDENTLY* ***performed by the RSM.***

Travel (specify below)	Walking/Transfer	Dressing/Grooming	Toileting
Eating	Bathing/Hygiene	Continence	Other (specify below)

Please specify reason for NMA travel:

As the provider for this RSM, I certify that this information is accurate and correct.

Provider Name:	**Phone Number:**	**Email Address:**
Installation Name and Address:		
Provider Signature:	**Date:**	

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III. NMA Personal Information

Full Name:	DOB (DDMMMYY):	Email Address:	Phone Number:

Current Address:

City:	State:	Zip:

Additional Information:

*** REQUEST IS VALID FOR SIX (6) MONTHS UNLESS SIGNIFICANT CHANGES TO RSMs HEALTH***

NWW Headquarters Use ONLY

IV. NWW Senior Medical Advisor (SMA) Review

TWMS Case Number:		
Application Status		
Date Received at HQ:	HQs Decision and Date:	
	Approved	Disapproved
Comments/Reason:		

Signature:	Date: