



UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION
PO BOX 19001
PARRIS ISLAND, SC 29905-9001

IN REPLY REFER TO:
1900
CG
26 JUN 2020

POLICY LETTER 6-20

From: Commanding General
To: Distribution List

Subj: POLICY FOR DISPOSITION OF RECRUITS AWAITING FINAL DETERMINATION OF PHYSICAL DISABILITY (HOME AWAITING ORDERS)

Ref: (a) MCO 1900.16 w/ch 2
(b) SECNAVINST 1850.4E
(c) MMSR ltr 1910 dated 23 APR 2018 DISPOSITION OF RECRUITS AWAITING FINAL DETERMINATION OF PHYSICAL DISABILITY (HOME AWAITING ORDERS)
(d) NAVMED P-117

Encl: (1) Integration Disability Evaluation System (IDES) Timeline
(2) Home Awaiting Orders Board Worksheet

1. Purpose. To publish policy guidance clarifying how Marine recruits aboard Marine Corps Recruit Depot Parris Island awaiting disability determination may be authorized to be sent home awaiting orders.

2. Information. Recruits who are injured during Recruit Training will sometimes warrant medical treatment and evaluation via the Legacy Disability Evaluation System (LDES) process. The treating physician may recommend a Medical Evaluation Board (MEB) Phase when treatment does not appear to meet medical retention standards. The end result of the MEB Phase is often a package submission to the Physical Evaluation Board (PEB) for a final determination of fit or unfit for future military service. During this evaluation, recruits are assigned to PEB Platoon at Support Battalion. Per enclosure (1), this can be a lengthy process that is not always beneficial to the recruit or the Depot. In accordance with the references, the Commanding General, Marine Corps Recruit Depot/Eastern Recruiting Region MCRD/ERR will select recruits to send home to await final disability determination. Only those recruits who have a PEB package submitted to the Navy Board and for whom no further administrative or medical processing is required here at MCRD PI, are eligible for this action.

3. Process. The Commanding Officer of Recruit Training Regiment (RTR CO) will recommend recruits eligible to be sent home awaiting orders, with a favorable or unfavorable endorsement, to the Commanding General, MCRD/ERR for final decision. The RTR CO will receive evaluations on each recruit from a Home Awaiting Orders Board (HAO Board). The HAO Board will convene and recommend if a recruit should be sent home awaiting orders. The HAO Board will make non-binding recommendations, by majority vote, to the RTR CO. The HAO Board will consist of:

- Support Battalion, Commanding Officer
- Depot/ERR G-1
- MCRD PI Branch Medical Clinic
- Naval Hospital Beaufort Patient Admin (PEBLO)
- Senior Enlisted

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4. The HAO Board will review all aspects of the recruit's injuries, medical history and prognosis, and disposition. The role of the Senior Enlisted will be filled by a Marine who has the most significant personal knowledge of the recruit, with a special emphasis on the recruit's home life and situation while Home Awaiting Orders. The Senior Enlisted will be designated by the RTR CO. The goal of the HAO Board is to only recommend those recruits who can successfully manage medical and personal needs while at home. Recruits should be chosen based on their maturity, ability to easily manage any remaining medical requirements, and stability of home life and family structure.

5. The RTR CO will forward the results of the HAO Board, with a favorable or unfavorable endorsement to the Staff Judge Advocate (SJA). The SJA will conduct a legal review and forward results to the Chief of Staff. The Chief of Staff will forward the HAO Board results to the Commanding General, Marine Corps Recruit Depot/Eastern Recruiting Region

6. Coordinating Instructions. Accountability procedures will follow three lines of effort.

a. Recruit Processing Company (RPC) will contact the Recruiting Station and Next of Kin for each recruit approved for use of HAO to discuss entitlements and accountability requirements.

b. Recruits will be briefed on the requirement to maintain positive communication with RPC (daily), with their Physical Evaluation Board Liaison Officer (PEBLO) and Recruit Administration Branch (RAB) as directed. All necessary contact information and expectations will be briefed and signed using the Home Awaiting Orders Information Sheet per enclosure (2).

c. Support Battalion will report weekly to RTR CO on positive accountability of HAO recruits via the Situation Report. Any missed check-in by a recruit and efforts to re-establish contact will be briefed to the RTR CO.

7. Point of contact is Colonel Christopher J. Williams at Christopher.j.Williams@usmc.mil or 843-228-2567.

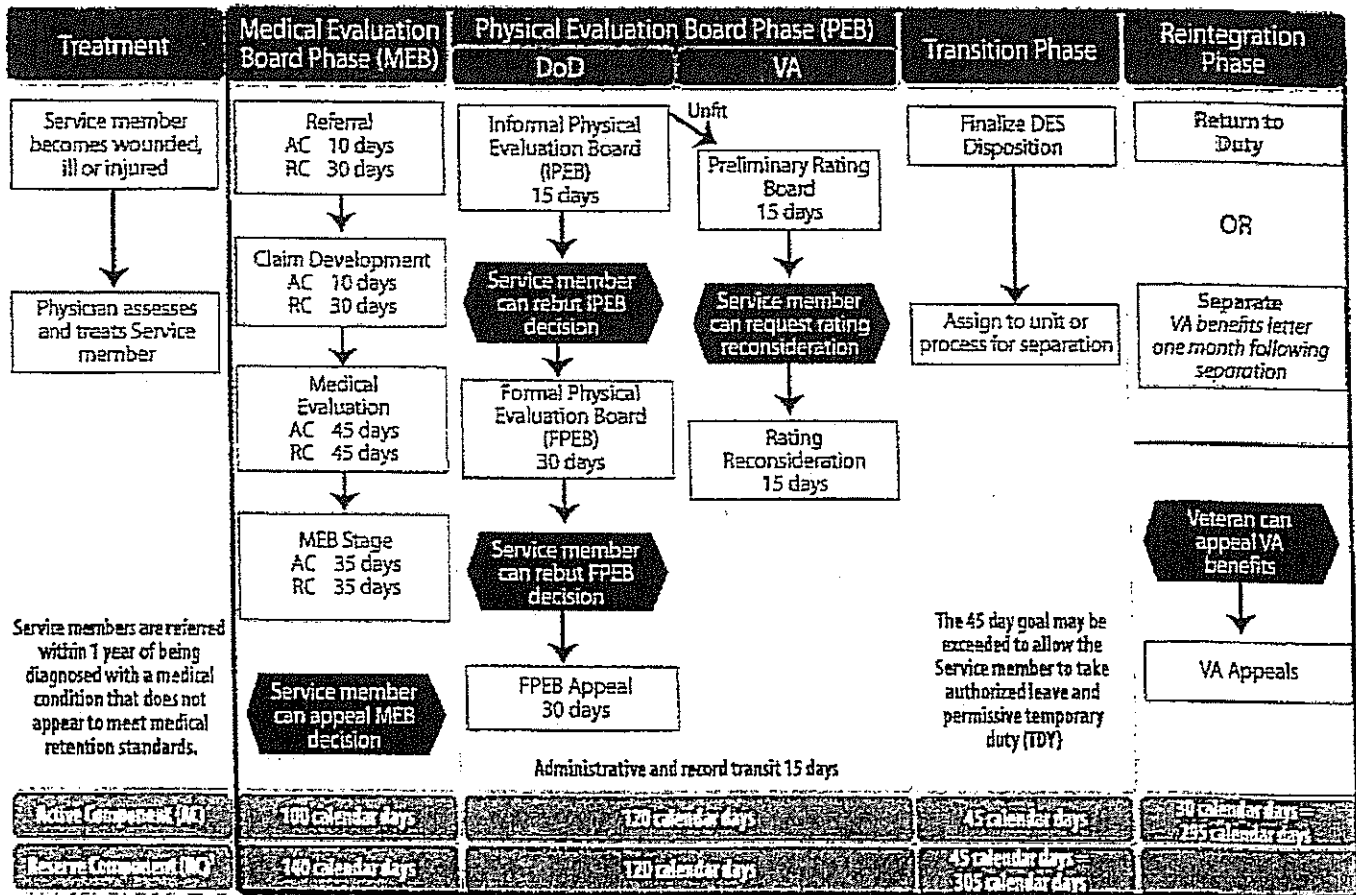


J. L. NETHERCOT

Distribution: A

Copy to: CO, RTR
CO, 1MCD
CO, 4MCD
CO, 6MCD

IDES TIMELINE



* Reserve component member entitlement to VA disability begins upon release from active duty or separation

■ Service Member Decision Points □ IDES Stages

9 JUL 2018

FROM: COMMANDING OFFICER, RTR, MCRD PARRIS ISLAND, SC 29905-6001		TO: COMMANDING GENERAL, MCRD/ERR, PARRIS ISLAND, SC 29905-9001	
RECRUIT BACKGROUND			
NAME	RANK PRIVATE	EDIPI	
DATE OF BIRTH	PEBD	DATE ARRIVED MCRD PI	
TRAINING COMPANY A	DATE OF INJURY	TRAINING DAYS COMPLETED	
<p>NARRATIVE:</p> <p>Ref: (a) SECNAVINST 1850.4E (b) NAVMED P-117 (c) MMSR ltr 1910 dated 23 APR 2018 DISPOSITION OF RECRUITS AWAITING FINAL DETERMINATION OF PHYSICAL DISABILITY (HOME AWAITING ORDERS)</p> <p>Encl: (1) Recruit Evaluation Card (REC) (2) Recruit Incident Report (RIR) (3) LDES/IDES Initial Entry Level Training Enrollment Form (IET) (4) Medical Board Referral Package (5) Home Awaiting Orders (HAO) Statement of Understanding (SOU)</p>			
CONTACT INFORMATION			
HOME OF RECORD		INTENDED PLACE OF RESIDENCE	
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	
RS/RSS		RECRUITER POC	
DESIRE HAO YES	BRIEFED ON HAO INFO SHEET YES	REPORTING REQUIREMENTS YES	
NARRATIVE:			
COMMAND ENDORSEMENT			
COMMENTS:			
BATTALION COMMANDER SIGNATURE		DATE	
MCRD HOME AWAITING ORDERS WORKSHEET (REV 5-18)		PAGE 1 OF 2	

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NAME	RANK PRIVATE	EDIPI
MCRD PT BRANCH MEDICAL CLINIC		
MEDICALLY CLEARED TO DETACH YES	RECOMMENDATION YES	
BMC OIC	DATE	
PHYSICAL EVALUATION BOARD LIAISON OFFICER (PEBLO)		
PEB REFERRAL PHYSICIAN	DATE PEB RECEIVED AT NAVY YARD	
PROCEDURALLY CLEARED TO DETACH YES	RECOMMENDATION YES	
PEBLO	DATE	
RECRUIT ADMINISTRATION BRANCH		
COMMENTS:		
RAB OIC	DATE	
COMMANDING OFFICER, RECRUIT TRAINING REGIMENT		
COMMENTS:		
RTR CO SIGNATURE	DATE	
STAFF JUDGE ADVOCATE REVIEW		
COMMENTS:		
SJA SIGNATURE	DATE	
COMMANDING GENERAL, MCRD/ERR		
COMMENTS:		
CG SIGNATURE	DATE	
MCRD HOME AWAITING ORDERS WORKSHEET (REV 5-18)		PAGE 2 OF 2

Last Name, First Name MI.

Recruit Evaluation Card

PFT	AH/PU	SU	RUN	Total	HT	WT	Body Fat%	Comments
No Category GPA Computed								

Transfer History

TRANSFER TYPE

COMPLETION CODE:
 REMARKS:
 TRAINING DAY:
 TRANSFER DATE: YYYMMDD
 UNIT FROM: \DoD\USMC\M06 - Parris Island\RECRUIT TRAINING REGIMENT\MCRISS Shipping Pool
 \DoD\USMC\M06 - Parris Island\RECRUIT TRAINING REGIMENT\Recruit Training
 UNIT TO: (Male/Female)\RTBn\Bn Temporary Ship Week Folder\Series\PLT

TRANSFER TYPE

COMPLETION CODE:
 REMARKS:
 TRAINING DAY:
 TRANSFER DATE: YYYMMDD
 UNIT FROM: \DoD\USMC\M06 - Parris Island\RECRUIT TRAINING REGIMENT\MCRISS Shipping Pool
 UNIT TO: \DoD\USMC\M06 - Parris Island\RECRUIT TRAINING REGIMENT\Recruit Training
 (Male/Female)\RTBn\Bn Temporary Ship Week Folder\Series\PLT

Counselings

ENTER DATE: YYYMMDD
 TDAY: RD-#
 CATEGORY: Administrative
 SUBJECT: Receiving Initial Entry
 COUNSELING TEXT: SNR has arrived on Parris Island and has been counseled this date on the yellow footprints speech. SNR has made a phone call home and begun the initial processing.
 ENTERED BY: DI NAME
 ENTERED BY:

ENTER DATE: YYYMMDD
 TDAY: STC
 CATEGORY: Administrative
 SUBJECT: STC CO - Drop Entry to PEB
 COUNSELING TEXT: SNR was counseled on this date for being dropped to PEB for: Injury Type, DNEPTS. SNR's NOK (Name, Mother / Father, XXX-XXX-XXXX) was notified at XXXX on YYYMMDD. PI conducted, no allegations.
 ENTERED BY: STC CO NAME

Sick Calls

Last Name, First Name MI.

Recruit Evaluation Card

Name, DOD ID, Grade

FULL NAME:
GRADE CODE:
DOD ID:

Military Information

ARMED FORCES ACT DU BASE DATE:
PRIMARY MOS CODE:
BILLET MOS:

Personal Information (ODSE)

DATE OF BIRTH:

Student Details (MCTIMS Specific)

SEX:
BLOOD TYPE:
HEIGHT:
WEIGHT:
HAIR COLOR:
EYE COLOR:
STREET:
CITY:
STATE:

Recruit Information

RECRUITING STATION:
RECRUITING SUBSTATION:

Individual Status

STATUS CODE	STATUS SUB CODE	DATE BEGIN	DATE END	UNIT PATH	REMARKS
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Category	Category GPA = Category gpa
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Final GPA = Final gpa

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RECRUIT INCIDENT REPORT (RIR)

Mishap classification (A,B,C) Date of incident Time of incident Location of incident

Recruit's Temperature (if heat illness) Flag Condition Weather Condition

Identification of personnel involved:

Rank	Last Name	Initial	Last 4 SSN	Age/DoB	Sex	Plt	Company	TB	Training Event

Medical Treatment Received: BMC Ambulance Corpman Other

If ambulance called: Time Called Time Arrived

Was PPE damaged? Yes No N/A

If Yes explain:

Description of incident (Explain in detail and be specific as to what occurred-what, where, when, why, how):

Diagnosis:

Final Disposition (check only one):

Return to duty Admitted to

Duty Status (check only one):

Full Duty Light Duty From To Bed Rest From To

Follow-up Date: Location:

Reported to:

	Reported to (Name/Rank)	Time	Date	Reported by (Name/Rank)	Report type
Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Verbal
Battalion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Verbal
Regiment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Verbal

Report prepared by: Name/Rank (Print) Date

Point of contact for additional information (Full name, rank, phone):

Initial Entry Training (IET) Legacy Disability Evaluation System Enrollment

DATE: _____

Ref: (a) ASN (M&RA) memo of 3 March 2016

1. This Service member has been referred into the Disability Evaluation System (DES) to be processed for a Physical Evaluation Board to determine their fitness for continued military service or disability. There are two Disability Evaluation System processes: 1) The Integrated Disability Evaluation System (IDES), and 2) the Legacy Disability Evaluation System (LDES).
2. Pursuant to reference (a), commanding officers may, on a case-by-case basis, direct Initial Entry Training members be processed through LDES when processing through IDES would have a detrimental impact on the Service member, or the Military service concerned.
3. The Service member's referring provider has determined:
 - Service member does not have a catastrophic injury or illness
 - Service member does have a catastrophic injury or illness

A catastrophic case is defined as an injury or illness that would potentially interfere with the immediate employability of the member once they leave active service. This information is provided for the members Commanding Officer's situational awareness.

REFERRING PROVIDER SIGNATURE

4. This form must be returned to the Physical Evaluation Board Liaison Officer (PEBLO) no later than _____ (10 business days after DES referral), indicating if the CO is directing enrollment of this members case into LDES.

5. Point of contact in this matter is:

PEBLO'S PRINTED NAME: _____

SIGNATURE: _____

PHONE: _____

EMAIL: _____

DATE: _____

***COMMANDING OFFICER'S ENDORSEMENT:**

_____ Direct LDES. Enroll this member's case into the Legacy Disability Evaluation System.

_____ Direct IDES. Enroll this member's case into the Integrated Disability Evaluation System.

_____ Other

*Commanding Officer must be a special courts martial convening authority

Remarks

Name (Last, First MI)	DOB	Branch/Status
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PHYSICAL EVALUATION BOARD LIAISON OFFICER
NAVAL HOSPITAL
1 PINCKNEY BOULEVARD
BEAUFORT, SOUTH CAROLINA 29902-6148

6320
6188A
DD-Mon-Yr

From: Physical Evaluation Board Liaison Officer, Naval Hospital
Beaufort

To: Commanding Officer, Support BN (STC), MCRD, Parris Island, SC

Subj: MEDICAL BOARD PROCESSING ICO RANK LAST NAME, FIRST NAME MI.
EDIPI USMC

Ref: (a) Disability Evaluation Manual, SECNAVINST 1850.4E
(b) Manual of the Medical Department, NAVMED p-117
(c) Marine Corps Separation Manual, Chapter 8
(d) MARADMIN 017/00

1. Subject individual is currently being processed through the Disability Evaluation System in accordance with references (a) through (c). The Medical Board Report on the SNM is currently being processed and will later be referred to the PEB for final approval. Upon receipt of the findings, the member will be required to report to the Medical Board section, Naval Hospital, Beaufort.
2. The member must be available for immediate return to the Naval Hospital for counseling. While this member's case is pending disability evaluation, the member may not be transferred or sent TAD out of the geographical area. Leave may be granted in accordance with reference (a), article 0402. The Naval Hospital, Medical Board section must be notified of leave period dates and phone number.
3. The Medical Board section should be notified promptly if the member is or becomes the subject of disciplinary or administrative action. Administrative proceedings will take precedence over the disability determination.
4. Upon receipt of this official notification to the Commanding Officer, the Commanding Officer will provide a completed NON-MEDICAL-ASSESSMENT to the Medical Board Department within 15 calendar days in accordance with reference (d). Please submit the NMA via email to usn.beaufort.navhospbeaufortsc.list.medical-boards@mail.mil
5. The member is required to send/deliver their medical record to the Medical Boards Department in accordance with references (a) through (d).
6. The member is required to attend the Disability Transition Program at Beaufort Naval Hospital. The next class is scheduled for **TIME** on **DD Mon YYYY**, classroom B, Basement, Naval Hospital, Beaufort. This member may be eligible for the Transition Assistance,

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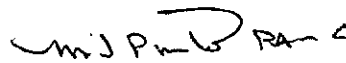
DD MON YY

MEMORANDUM

From: Medical Disposition Officer, Branch Health Clinic, Parris Island, SC
To: Commanding Officer, Support Recruit Training Battalion, Marine Corps Recruit Depot, Parris Island, SC
Subj: RANK FIRST NAME MI. LAST NAME, LAST 4, USMC

(URT) Ref: (a) DOD Instruction 6130.03 of September 2011
(b) MANMED, NAVMED P-117 of 08 February 2017
(c) DoDM 1332.18-V1, Disability Evaluation System Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards of 05 August 2014
(d) DoDM 1332.18-V2, Disability Evaluation System Manual: Integrated Disability Evaluation System (IDES) of 05 August 2014
(e) MCO 1900.16 (MARCORSEPSMAN) of 26 November 2013
(f) DepO 1513.6 of 13 June 2014

- 1: In accordance with the above references, subject recruit is currently unfit for service due to a medical condition. A Medical Board Report and IDES referral has been prepared and will be forwarded to the Physical Evaluation Board for fitness for duty determination.
2. It is felt the recruit's medical condition is either service incurred or has been aggravated during a period of active duty. It is unlikely the recruit will be able to continue active military service due to this condition.
3. It is recommended that subject named recruit be placed in the PEB Platoon, during Medical Board processing.
4. Medical reasons for separation: TYPE OF INJURY
5. Type of separation recommended: PHYSICAL EVALUATION BOARD
6. The recruit is disqualified in accordance with reference (a), paragraphs: 19d (3) and 19d (7); ICD Codes: S83.511 and S83.411.
7. If further information regarding this recruit or duty status is required, please contact me at (843) 228-3173.


M. J. PINTO, PA-C

Copy to: Health Record
File

JOINT DoD / VA DISABILITY EVALUATION PILOT REFERRAL

SECTION 1: MILITARY TREATMENT FACILITY PROVIDER REFERRAL		
1. Service Member Name	2. Rank / Grade	3. Service / Component
4. Gender	5. Date of Birth MM/DD/YYYY	8. Military Treatment Facility
Diagnosis 1. _____	Initial Presentation	MM/DD/YYYY
Diagnosis 2. _____	Initial Presentation	MM/DD/YYYY
Diagnosis 3. _____	Initial Presentation	MM/DD/YYYY
* List all diagnoses that may interfere with the patient's ability to serve on active duty in a medically unrestricted status. Use continuation sheet.		
Provider Name: _____		
Signature: _____		
MM/DD/YYYY		
SECTION 2: PATIENT INFORMATION (TO BE COMPLETED BY PATIENT OR HIS/HER DESIGNEE)		
I understand that I am being referred to the Joint DoD / VA Disability Evaluation System Pilot process for a fitness for continued military service determination and possible referral to the Department of Veterans Affairs for the evaluation and assignment of a disability rating for those medical conditions (diagnoses) that are determined to be Service connected. I further understand that I will be provided an opportunity to claim other medical conditions before my case is referred to the VA Rating Board.		
I <input type="checkbox"/> DO <input checked="" type="checkbox"/> DO NOT desire to comment on the content of this referral.		
(see attachment) _____		
Patient Signature		
MM/DD/YYYY		
SECTION 3: PHYSICAL EVALUATION BOARD LIAISON OFFICER/MEDICAL BOARD CASE WORKER		
1. Date Referral Received	MM/DD/YYYY	2. DES Case ID (For example A-00012-1)
3. Service member counseled on DoD DES Pilot	MM/DD/YYYY	4. Date DES Case file forwarded to Military Service Coordinator
PEBLO / MEB Case Worker Name: _____		
Signature: _____		
MM/DD/YYYY		
SECTION 4: MILITARY SERVICES COORDINATOR (VA REPRESENTATIVE)		
1. Date DES Case file received	MM/DD/YYYY	
2. Date Service Member Counseled on VA DES Pilot Process	MM/DD/YYYY	
3. Date VA / DoD Joint Disability Evaluation Form (VA Form 21-0819) Completed	MM/DD/YYYY	
4. Date Referred for Required Medical Exam (VA CAPRI / VERIS)	MM/DD/YYYY	
5. Date DES Case file forwarded to referring Military Treatment Facility	MM/DD/YYYY	
SECTION 5: MILITARY TREATMENT FACILITY (Follow-up Medical Evaluation Board Actions)		
1. Date DES Case file received (PEBLO / MEB Case Worker)	MM/DD/YYYY	2. Date Narrative Summary signed (Provider / PEBLO / MEB Case Worker)
3. Date DES Case sent to MEB (PEBLO / MEB Case Worker)	MM/DD/YYYY	4. Date MEB action completed (Medical Board)
<input type="checkbox"/> Case deferred due to additional treatment required <input type="checkbox"/> Service member returned to full duty status <input type="checkbox"/> Service member referred to Service Physical Evaluation Board		
5. Date Service member notified of MEB findings (PEBLO / MEB Case Worker)	MM/DD/YYYY	
6. Date DES Case file forwarded to Service PEB (PEBLO / MEB Case Worker)	MM/DD/YYYY	

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UNITED STATES MARINE CORPS
SUPPORT BATTALION
RECRUIT TRAINING REGIMENT
MARINE CORPS RECRUIT DEPOT
PO BOX 15001
PARRIS ISLAND, SOUTH CAROLINA 29905-5001

1900
RPC
20 Jun 18

From: Commanding Officer, Recruit Processing Company, Support Battalion
To: Private First Class Chesty B. Puller 1234567890/8000/USMC

Subj: Home Awaiting Orders (HAO) Statement of Understanding

Ref: (a) MCO 1900.16 w/ch 1
(b) MCO P5800.16 w/volumes 1-7
(c) MCRD Parris Island Policy Letter 4-18
(d) MCO P1020.G Marine Corps Uniform Order
(e) RegO 1050.1P Regulations for Leave and Liberty

1. I understand that I am in the United States Marine Corps, and subject to the Uniform Code of Military Justice (UCMJ), until my discharge date determined by my Physical Evaluation Board (PEB) proceedings. _____
2. I understand that I am expected to maintain a proper military appearance according to ref (d). _____
3. I understand that my leave/liberty boundaries (liberty radius) are per the identified address of my home of record. Additionally, I understand that the liberty radius is established in ref (e), and I will abide by it. Any change in address and request for extended travel limits will be coordinated through my Chain of Command. _____
4. I understand I am to make a telephonic report to the Recruit Separations Platoon (RSP) duty phone 843-228-3887 DAILY at 0800 EST/EDT. _____
5. I understand that I am to make a telephonic or physical report to my local Recruiting Substation (Recruiter's Office) weekly. _____
6. I understand that my medical treatment plan is the priority and prior coordination for schooling will be arranged if any complications arise that might prevent my report to RSP at 0800. _____
7. I understand that any involvement (arrests, detainments, court dates, etc.) with any local, state, or Federal Law Enforcement Agency must be immediately reported to the RSP duty phone 843-228-3887. _____
8. I understand that any change in my medical status i.e. further or different injury will prolong my current PEB process and that great care should be exercised. _____
9. I understand that should I gain another dependent through pregnancy, marriage, adoption, etc., the USMC/DOD will bear no fiscal responsibility for these new dependents. _____
10. I understand that I can seek a 2nd opinion for my medical condition. However, the USMC/DOD will bear no fiscal responsibility for any incurred medical expenses. _____

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Subj: Home Awaiting Orders (HAO) Statement of Understanding

11. I have been briefed and understand my responsibilities and entitlements while HAO. _____

12. Contact with my PEB Liaison Officer and the Recruit Administration Branch will be maintained as per my HAO package. _____

13. I understand that body modifications (tattoos, piercings, brands, etc.) are not authorized by my command while in a HAO status. _____

14. I understand that employment outside of the Marine Corps is not authorized by my command while in a HAO status. However, requests for outside employment may be considered on a case-by-case basis and must be approved by my Chain of Command before I begin employment. _____

15. I understand that I am subject to random urinalysis testing while in a HAO status, and that regardless of local laws the Marine Corps has a Zero Tolerance Drug Policy. _____

16. I understand that failure to abide by any of the above stipulations could result in administrative punishment via the UCMJ or the cancellation of my HAO status and I would have to return to MCRD Parris Island. _____

17. I understand that if I elect to execute HAO and am found "Fit" for duty by the PEB my retention or separation will be determined by the Commanding General of MCRD Parris Island. _____

Recruit Signature Date

Company Officer Date