

Incapacitation Pay (INCAP) Checklist

| Soldier Information | |
|-----------------------------------|--------------------------|
| Name (Last, First, MI): | Rank: |
| DOD ID: | Initial request: (Y / N) |
| LOD #: | Previous dates: |
| Unit Information | |
| Organization: | UIC: |
| Unit POC (Rank, Last, First, MI): | Unit PRN: |
| POC Email: | POC Phone: |
| ONLY ONE MONTH PER CHECKLIST | |
| Injury date (LOD): | Diagnosis: |
| Month Requested: | Days Requested: to |

| Soldier Tier Selection (Initial One) | | |
|--------------------------------------|------|--|
| Request | Tier | Description of the Tiers |
| | 1 | (Full Military Pay and Allowance) Soldier unable to perform military or civilian duties – cannot request Tier I if Soldier attended drill for the month requesting. |
| | 2 | (Lost Civilian Wages) Soldier able to drill but unable to perform civilian duties. |

| Admin Initials | Item | Document Description |
|--|------|---|
| Items required for each month of INCAP submitted (#1-9) | | |
| | 1 | DA Form 2173; with approval memo or DD Form 261 |
| | 2 | Commander's Memorandum |
| | 3 | DA Form 4856 – Unit must go through the DA Form 4856 and Soldier and Counselor must sign the <u>same day</u> . |
| | 4 | DA Form 7574- Request and Certification for Incapacitation Pay. Complete page 1 ONLY, page 2 will be completed through the Incapacitation Board Review. |
| | 5 | DA Form 3349; Physical Profile Record ➤ Profile must cover the ILD condition and extend through the period of time being requested. |
| | 6 | Medical Treatment Plan with Attending Physician (Use Template) ➤ Must identify the timespan and the required after care (i.e. PT, OT, follow-up visits and results). Utilize INCAP template. |

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|--|-------------------------------|--|------------------|
| | 7 | Monthly Medical Documentation ➤ Physician's notes or letter of disposition from current treating physician, physical therapy notes, X-rays, MRIs, CT scan, post-surgical notes, etc. | |
| | 8 | Civilian Pay stub and Military LES ➤ Include <u>last</u> 3 months prior to INCAP request ➤ Include current month of request | |
| | 9 | Job description | |
| | 10 | Employer Verification Memo (Use Template) | |
| INCAP Packet Checklist Review | | | |
| I have reviewed the enclosed request for incapacitation pay and allowances and certify the information contained herein to be true and correct. All statements, forms, certifications, approved DA Form 2173/DD Form 261, etc., are enclosed. All discrepancies have been corrected prior to submission. | | | |
| Unit Representative | | | |
| Rank | Name (Last, First, MI) | | Signature |
| | | | |

READ ME: Incapacitation pay applications are all *retroactive*, therefore the DA Form 7574 cannot be signed prior to the last date of claim, by both the soldier and the commander (or designee). All required documentation **MUST** be provided prior to submission to the INCAP review board for approval recommendation.

All documentation is required for each claim period. Claim periods **CANNOT** cross calendar months. "Calendar Month" is from the beginning of the month to the end of the same month, i.e. Oct. 1, 2021 to Oct. 31, 2021.

Physical Profiles **MUST** cover the claim period, an explanation must be given as to why the profile does not cover the claim period. The medical notes must support what is documented on the treatment plan.

The employment letter/memo **MUST** have the job description and explanation of how SM is unable to perform job duties due to the LOD injury.

Once the IRB has voted on a recommendation to approve or deny the application, it will then be submitted to NGB for final adjudication. After NGB has reviewed and a determination made, the soldier will be notified of outcome. If the application is approved, an authorization for pay will be submitted to the appropriate financial office. If the application is denied the soldier will be given an opportunity to appeal.