

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.dod.mil/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

The purpose of this counseling is to review the criteria for entitlement to INCAP pay and advise you of your rights and responsibilities in conjunction with your injury, illness, or disease that occurred or was aggravated while in a qualified duty status.

Relevant references

- Section 204, Title 37, United States Code.
- Department of Defense Instruction 1241.01, dated 19 April 2016.
- Please refer to AR 135-381 and DA Pam 135-381 for further guidance and information.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

- A RC member incurring or aggravating any injury, illness, or disease ILD is entitled to health care; pay and allowances; and travel and transportation benefits in accordance with 37 USC 204 and 37 USC 206. The amount of incapacitation pay a member may receive will be determined in accordance with DOD 7000.14-R and the Joint Travel Regulation (JTR).
- A RC member is entitled to pay and allowances (of corresponding grade and length of service) whenever a member is incapacitated, as a result of an ILD condition, in accordance with 37 USC 204. The total compensation received will be reduced by the amount of any earned nonmilitary income (civilian or self-employment). The total amount of pay and allowances payable may not exceed the maximum amount of authorized pay and allowances (of corresponding grade and length of service).
- RC members are entitled to appropriate medical, dental, and behavior health treatment options by the direct care program in an MTF, or SHCP with a civilian provider, for the ILD condition, in accordance with DODI 1241.01. If the resulting ILD condition cannot be materially improved by further hospitalization or treatment, the case will be processed and finalized through the IDES for determining return to duty, separation, or retirement when eligible for disability processing.
- The ILD determination is a prerequisite for INCAP pay. RC members have 180 days from the date of injury, illness, or disease to report the incident or diagnosis. Exceptions are covered in AR 135-381 dated January 3, 2021.
- There are two types of INCAP pay (tier 1 and tier 2) covering the inability to perform military duty, or the demonstrated loss of non-military earned income.
- Eligibility for INCAP pay is determined on a case-by-case basis. Each claim period (covering up to 1 calendar month) is filed separately.
- Requests for INCAP pay may not exceed a period of more than 6 months unless extended by the SECARMY, or the SECARMY's designee.
- Requests are filed through the chain of command and uploaded into the eMMPS.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

i. Requirements from the RC member: approved ILD condition, DA Form 3349 for ILD condition, DA Form 7574, the medical treatment plan, additional medical supporting documents (if applicable), and supporting financial documents.

j. It is the commander's discretion, based on the physical profile and supporting documentation, to authorize any excused absences from scheduled training. This is relevant to tier I INCAP pay claim requests and will be reviewed monthly. RC members requesting tier I INCAP pay are not authorized to perform military duties and/or receive pay for duties, unless for approved correspondence courses. Performance of duty terminates eligibility for tier 1 INCAP pay. Soldiers who are unemployed are not eligible for tier 2 INCAP pay.

k. Requests are reviewed monthly. A recommendation is submitted by the unit commander (or a representative), to the IRB, who will determine tier type, validate all requirements, and provide final recommendation to the approval authority. If approved, claim(s) will process to the appropriate finance office. If denied, notification is sent within 30-days (upon confirmed receipt) to request reconsideration.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

- a. Comply with the key points of discussion from page one of this counseling.
- b. Maintain a copy of the counseling in personal records for future reference.
- c. If the Army determines your injury, illness, or disease was incurred or aggravated NLD, you have no entitlement to INCAP pay.
- d. I understand, if filing for tier 2 INCAP pay, and in receipt of both Department of Veterans Affairs compensation and military compensation for duty performed, I must fill out a VA Form 21-8951-2 (Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowances) and file it with my regional VA office with my election to waive either VA or military compensation.
- e. I have read and understand the above counseling discussion points and understand my rights and responsibilities concerning my injury, illness, or disease condition.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:	DATE (YYYYMMDD):
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Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)	
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Signature of Counselor:	Date (YYYYMMDD):
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PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Note: Both the counselor and the individual counseled should retain a record of the counseling.

SIGNATURES

Counselor:	Individual Counseled:	Date of Assessment (YYYYMMDD):
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Note: Both the counselor and the individual counseled should retain a record of the counseling.