

USAFE/AVIANO REINTEGRATION CHECKLIST

NAME: _____ GRD: _____ UNIT: _____ LAST 4: _____ FLY STAT: YES / NO

PRP: YES / NO DATE RETURNED: _____ DEPLOYED LOCATION: _____

MASS ARRIVAL BRIEFING DATE: _____ (if attended, no initials required in shaded areas) A&FRC STAMP: _____

Have you deployed to Afghanistan or Iraq for more than 12 months in the past 3 years? YES / NO

PRP	Non PRP	ACTIVITY	DATE	SIGNATURE
Day 1 - Arrival (or first thing next day if arrival is after duty hours)				
YES	YES	<p>****MANDATORY**** Mbr will not be able to proceed !!!!</p> <p>Installation Personnel Readiness (632-7496 IDRC-Bldg 936-Across AMC Term) Mon, Wed, Fri 0900-1600/Tues, Thurs 1300-1600</p> <p>- Mbr deployed to Afghanistan/Iraq for _____ months in the past 3 yrs. Mbr is authorized _____ days of PDMRA in accordance with MPFM 07-90, PDMRA.</p>		
YES	<u>N/A</u>	<p>Medical PRP (632-5339/5165) (31st MDG-Bldg 121-Area 1)</p> <p>- Drop off AOR Medical Records and completed DD Form 2796</p> <p>Walk In Hours: M-F 0900-1000 & 1330-1430</p>		
Day 2 - Decompression (24 hours of rest, decompression and personal time)				
Days 3-4 - Reintegration				
YES	<u>N/A</u>	<p>Medical PRP (632-5339/5165) (31st MDG-Bldg 121-Area 1)</p> <p>_____ No PDI identified, or _____ PDI identified and forwarded to Certifying Official (CO)</p> <p>Walk In Hours: Mon-Fri 0900-1000 & 1330-1430</p>		
YES	YES	<p>Public Health (632-6253/5570;) (31st MDG - Bldg 103 2nd floor)</p> <p>- Drop off Medical records; DD Form 2796 Review, Post- Deployment blood work, TB Assessment, BW/CW Antidote turn in. BRING 1 copy of orders</p> <p>Walk In Hours: Monday-Friday 1300-1600</p>		
YES	YES	<p>Finance (632-CASH) (31st CPTS-Bldg 1403-MPS Building)</p> <p>- Travel Voucher/Entitlements Review</p>		
YES	YES	<p>Safety (632-8240) (Bldg 1413, Near MPS)</p> <p>Walk-In Briefings: Mon, Wed, & Fri at 1400</p>		
YES	YES	<p>MOBAGs (632-7229) (31st LRS-Hangar 4)</p> <p>- Turn in mobility bags (A, B, and/or C) and IPE Equip or Weapons</p> <p>- Turn in copy of DD Form 1149 if weapon was shipped</p> <p>- Turn in Weapon Prepositioning paperwork(if applicable)</p>		
YES	YES	<p>Family Advocacy/Mental Health (632-5321) (31st MG-Bldg 108-Area 1)</p> <p>- Communication Workshop</p> <p>Walk-In Briefings: Mon-Fri at 1530</p>		
YES	YES	<p>Airman & Family Readiness (632-5407) (31st FSS/FSFR-Bldg 1431- Area F)</p> <p>- Reintegration Briefing / Project Care Survey (briefing & link)</p> <p>Walk In Briefings: Mon, Wed, & Fri at 0900</p>		
YES	YES	<p>Unit UDM</p> <p>- Return PRF (Personnel Readiness Folder)</p>		
YES	YES	<p>Unit Command Staff</p> <p>- Unit Specific Requirements/ Schedule appt w/ CC; date: _____</p>		
YES	YES	<p>Unit Commander</p> <p>- Welcome back appointment</p>		
YES	<u>N/A</u>	<p>Unit PRP Monitor</p> <p>- PDI discussion; member complete Reintegration PDI Questionnaire</p> <p>_____ no PDI identified, or _____ PDI identified and forwarded to Certifying Official</p>		
YES	<u>N/A</u>	<p>PRP Certifying Official</p> <p>- PDI discussion; member turn in signed Reintegration PDI Questionnaire</p> <p>All available PDI was reviewed/discussed with member and: _____ member is cleared for continued PRP duties, or _____ actions are being taken to Temp Decertify or Suspend PRP status</p>		
YES	YES	<p>Unit UDM: Completed Checklist</p> <p>Upon completion of the checklist and before starting R&R have UDM sign and date, UDM gets original, if on PRP take one copy to unit PRP Monitor & keep one copy for your personal records.</p>		

Reintegration PDI Questionnaire

Please answer the following questions truthfully and to the best of your knowledge concerning your time deployed. Circle your response and do not leave any questions unanswered. If you answer yes for any question, provide an explanation in the comments section.

1. Have you been involved in any alcohol or drug related incidents?	Yes / No
2. Have you been involved in any serious incident?	Yes / No
3. Have you been negligent or delinquent in the performance of your duties?	Yes / No
4. Have you made any suicide attempts and/or threats?	Yes / No
5. Have you had any legal or financial problems (to include bounced checks)?	Yes / No
6. Have you been involved in the unauthorized trafficking, cultivation, processing, manufacturing or sale of any controlled or illegal drugs (including cannabis)?	Yes / No
7. Have you received any Non-Judicial Punishment?	Yes / No
8. Have you had drug, alcohol, emotional, mental, and/or behavioral problems?	Yes / No
9. Have you used non-prescription steroids?	Yes / No
10. Have you used more medication (yours or someone else) than prescribed?	Yes / No
11. Have you hurt yourself on purpose, for example, by burning or cutting?	Yes / No
12. Have you had emotional problems that caused you to miss work?	Yes / No
13. Did you frequently have problems sleeping?	Yes / No
14. Did you break or hit things when you were frustrated or angry?	Yes / No
15. Are you currently taking any medications or supplements?	Yes / No
16. Are you having any relationship difficulties that might affect your reliability?	Yes / No
17. Do you have any other information that should be considered prior to you performing PRP duties?	Yes / No
Comments:	

Member's Signature/Date

Certifying Official's Signature/Date