

WARRIOR RESILIENCY PROGRAM

REQUEST FOR ADMINISTRATIVELY REQUIRED BEHAVIORAL HEALTH EVALUATION (ARBHE)

To Be Completed by Commander

Per MEDCOM, SMs may be *compelled* to participate in a BH evaluation only if administratively required or command-directed.

For Command Directed Behavioral Health Evaluations (CDBHE) use MEDDAC FORM 514

I. **IDENTIFYING DATA:** SOLDIER'S RANK/NAME: _____

AGE: _____ LAST 4 SSN: _____ MARITAL STATUS: _____ GT SCORE: _____

CURRENT UNIT ASSIGNMENT: _____ TIME IN SERVICE _____ MOS: _____

UNIT TELEPHONE: _____ 1SG: _____

II. **PURPOSE OF EVALUATION:**

Enlisted Administrative Separation IAW AR 635-200:

CH 7-17 (fraudulent entry) CH 10 (in lieu of court-martial) CH 13 (unsatisfactory performance)

CH 14-5 (Civilian Conviction) CH 14-12a (minor disciplinary infractions)

CH 14-12b (pattern of misconduct) CH 14-12c (serious offense)

Officer Elimination IAW AR 600-8-24:

CH 3-13 (in lieu of court-martial) CH 4-2a (substandard performance)

CH 4-2b (misconduct, dereliction, national security) CH 4-2c (derogatory information)

Occupational Evaluation:

Recruiter Drill Sergeant AIT Platoon Sergeant Full-Time SHARP VA Full-Time SARC

Other _____

Is this a Second Opinion Evaluation? Yes* No *Requires prior written request to the IDPH.

Note: AR 635-200 Ch. 5-13, 5-17, Aeromedical, and Security Clearance evaluations are conducted by local BH providers.

COMMANDER'S COMMENTS: For separations, identify the *specific* reason for the action (e.g., APFT failure, specific misconduct such as FTRs, DUI arrest). _____

III. **MILITARY INFORMATION:** Has SM deployed? (location/return date) _____

Describe any problems with job performance/personal matters: _____

Commander's estimate of SM's potential for retention, if cleared by Behavioral Health:

None (why): _____ Questionable (low) Good Very Good

IV. **DISCIPLINARY ACTION:** History of Courts-Martial No Yes (offenses) _____

Previous Article 15s No Yes (dates/offenses): _____

Article 15 currently pending No Yes (offenses): _____

V. **REHABILITATION ATTEMPTS:**

Counseling in unit, transfers, recycles, and job changes (comments): _____

Behavioral Health/FAP/SUDCC services: _____

Commander's Signature and Date: _____

Printed Name: _____ Phone Number: _____