



Computer/Electronic
Accommodations Program
Service Member Initiative Handbook

Support. Equip. Empower.



U.S. Department of Defense
Defense Human Resources Activity

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Computer/Electronic Accommodations Program

CAP is a component of the Defense Human Resources Activity (DHRA), a field activity in the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD P&R). Recognizing that the cost of technology often remained a barrier to employment, the Department of Defense (DoD) established CAP in 1990 as a centrally funded program to provide assistive technology (AT) and services to DoD civilian employees with disabilities at no cost to employing offices.

Via the National Defense Authorization Act of October 2000, Congress granted CAP the authority to provide AT, devices, and services free of charge to federal agencies that have a partnership agreement with CAP. Currently, CAP has a partnership agreement with 68 federal agencies outside of DoD. A full list of CAP's DoD and Non-DoD partner agencies is located in Appendix A.

In 2006, legislation was passed via the National Defense Authorization Act, Public Law 109-364, Section 561 (See Appendix B), to provide AT to support wounded, ill and injured Service members. Service members separating from active duty following their recovery and rehabilitation are allowed to retain the equipment upon separation from active service. With the passage of this legislation, CAP began a new initiative and expanded its mission to include wounded, ill and injured Service members.

CAP's mission is to provide assistive technology and accommodations to support individuals with disabilities and wounded, ill and injured Service members throughout the Federal Government in accessing information and communication technology.

Service Member Initiative



Since the program's inception in 1990, CAP's disability accommodation experts have filled over 150,000 accommodation requests for federal employees with disabilities and wounded, ill and injured Service members by bridging the gap between functional capabilities and job requirements. Using this experience in AT and disability accommodation, the CAP staff transferred this knowledge into a pilot project to assist Service members during their rehabilitation process. Recognizing the success of the pilot, Congress passed legislation ensuring retention of the AT and CAP formally established its Service Member Initiative in 2004.

As stated in the Public Law 109-364, Section 561 and outlined in the DoD Instruction 6025.22, "Assistive Technology (AT) for Wounded, Ill, and Injured Service Members" (Appendix C), CAP works closely with medical providers, therapists, case managers, military treatment liaisons at military treatment facilities (MTFs), and wounded warrior program representatives to increase awareness and availability of AT. CAP provides needs assessments, AT, and training to our nations' wounded, ill and injured Service members with cognitive, dexterity, hearing, and visual impairments. Once the appropriate AT has been identified, CAP provides the solutions free of charge to support the Service member's medical recovery and rehabilitation.

CAP has provided over 40,000 accommodations to wounded, ill, and injured Service members and Service members with limitations impacting their ability to perform specific duty requirements.

This handbook is to act as a resource and provide details on the AT and support CAP provides to Service members, whether they are in rehabilitation due to an injury or have a limitation that prevents them from successfully functioning in a workplace setting.

Overview of DoDI 6025.22



Public Law 109-364 was passed in the 2007 National Defense Authorization Act. This legislation outlines the change in policy that allows a service member to retain the AT received from CAP upon separation from active service. The full text of the section of the act pertaining to CAP is located in Appendix B. This file is also available electronically at: cap.mil/Documents/public_law_109-364.pdf.

In accordance with the new regulation, CAP developed an implementing instruction. This instruction, Department of Defense Instruction 6025.22 (DoDI 6025.22), entitled “Assistive Technology (AT) for Wounded, Ill and Injured Service Members,” was re-issued on January 30, 2015. The Instruction:

- Establishes the policy, defines terms, assigns responsibilities, and provides procedures for establishing AT programs in coordination with the Military Health System (MHS) and the Recovery Coordination Program.
- Provides support for an interdependent AT system between the Human Resources Activity’s (DHRA) Computer/Electronic Accommodations Program (CAP), the MHS, and the wounded warrior programs. The AT system will provide specific guidance to military treatment facilities (MTFs) and transition units to improve the delivery and quality of rehabilitative services to wounded, ill, and injured Service members in the active duty, Reserve, and National Guard components.

In general, the DoDI was created to ensure all MTFs and transition units are able to provide AT to service members in an appropriate timeframe without the burden of establishing internal AT experts and funding resources.

This instruction provides support for an interdependent AT system between the DoDHRA CAP Office, the MHS, and the Recovery Coordination Program providing specific guidance to MTFs and transition units to improve the delivery and quality of rehabilitative services to wounded, ill and injured Service members in the active duty, Reserve, and National Guard components.

The full instruction can be found in Appendix C. The file can also be access electronically at: cap.mil/Documents/AT_for_Wounded_Ill_and_Injured_ServiceMembers_602522acc_1.pdf

Procedures



As stated in the DoDI 6025.22, MTF commanders and wounded warrior program leaders shall identify a CAP Representative via a signed DD Form 2988, “CAP Partnership Representative Form.” This provides a single point of contact to ensure process and procedures are clearly identified, communicated, and improve information dissemination. A copy of this form may be found on CAP’s website: dtic.mil/whs/directives/forms/forminfo/forminfolpage3545.html, as well as in Appendix D.

In collaboration with CAP, the MTFs will:

- Incorporate CAP into rehabilitative services programs that include AT as part of the recovery and rehabilitative process.
- Develop a coordinated plan for ensuring that eligible Service members have access to AT services and equipment as part of existing rehabilitative services programs.
- Designate a CAP Partnership Representative to be the point of contact for the CAP partnership by completing the DD Form 2988, “CAP Partnership Representative Form.” This individual will coordinate AT needs assessments, onsite inventory when applicable, and CAP-related services to guarantee eligible Service members receive appropriate accommodation solutions.
- Integrate AT service provision and utilization within the integrated rehabilitation care plan using the Electronic Medical Record System.

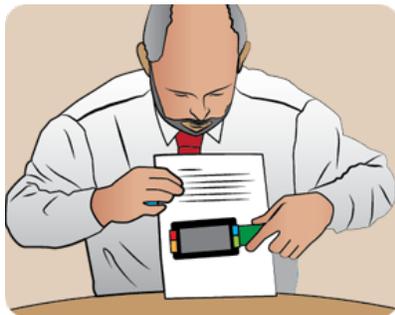
In coordination with CAP, the wounded warrior programs will:

- Incorporate CAP into support services that include AT as part of the Service member’s transition.
- Military Department and United States Special Operations Command (USSOCOM) wounded warrior programs must develop a coordinated plan in coordination with the responsible MTF representative, if applicable, and with the MTF CAP representative for ensuring that eligible Service members have access to AT services and equipment as part of existing rehabilitative services programs.
- Military Department and United States Special Operations Command (USSOCOM) wounded warrior programs must identify an appropriate individual to serve as a CAP Representative by completing the DD Form 2988, “CAP Partnership Representative Form.” The CAP Representative will coordinate AT needs assessments and related CAP services to confirm eligible Service members receive appropriate accommodation solutions.

In coordination with CAP, the MTFs and wounded warrior programs will:

- Identify when CAP staff members are required to assist in the needs assessment process.
- Submit AT requests to CAP.
- Document in the Service member's record when he or she receives AT devices or services from CAP.
- Provide independent verification of property receipt back to CAP.

Training for MTF and Wounded Warrior Program Representatives



The MTF and wounded warrior program representatives shall be involved in the needs assessments, acquisition process and support the training of the AT on-site.

CAP is able to provide a variety of in-service trainings to ensure an MTF or wounded warrior program integrates the partnership in a useful and appropriate manner. The following are a few examples of how training may be provided:

- **Teleconferences:** CAP may provide regular training via teleconferences to ensure support for the service members, updated information, new technology and a venue for information exchange.
- **Video teleconference (VTC):** CAP may provide VTCs instead of teleconferences if preferred by the representative.
- **Onsite In-services:** After reviewing the partnership needs, CAP staff members may be able to visit and conduct on-site trainings. CAP prefers to do these in-service trainings in conjunction with other Service member events, such as Hiring Heroes Career Fairs and Recovery Care Coordinator Trainings.
- **Webinars:** CAP may provide webinars regarding the DoDI, new technologies, CAP policies and general training upon request. Educational webinars are currently archived at the CAP website at cap.mil/newsevents/Training/Webinars.aspx.

Support through Training and Needs Assessments



CAP partners closely with medical providers, MTF personnel, and wounded warrior program representatives to establish communication and process channels. To begin, CAP will schedule training sessions for new points of contact to review the initiative, roles, responsibilities, and procedures.

CAP supports wounded, ill, and injured Service members, their service providers, and Service members with functional limitations by providing needs assessments. CAP needs assessments are a critical step in the accommodation process. Many Service members sustain multiple injuries and require an individualized needs assessment to identify the most appropriate AT solutions. In an effort to streamline this process and provide the most appropriate solutions, the online needs assessment questionnaire is suggested as the first step of the CAP process. More information on the CAP needs assessment process is provided in the following section titled “Equip with AT Solutions.”

CAP supports wounded, ill and injured Service members across the nation to ensure they receive appropriate AT for their needs. To learn more about the AT accommodations that are available for service members, please review the following section entitled “Equip with AT Solutions.”

Equip with AT Solutions

CAP equips Service members with AT devices, accommodations, and training. Many Service members sustain multiple injuries and require a combination of AT devices. AT includes assistive, adaptive, and rehabilitative devices such as ergonomic keyboards and voice recognition software for individuals with dexterity limitations, memory cueing aids for individuals with cognitive limitations, and text magnification software for individuals with low vision.

When identifying tools, CAP will work with the Service member, their case manager, medical professional, etc. to determine tools that are both reasonable and appropriate for their situation and vocational goals. CAP looks at the Service member’s specific limitations and what they are experiencing, their job duties/requirements, and their future plans.

Accommodations and training are available for the conditions described below.

Cognitive Limitations

For Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and other closed-head injuries, CAP provides various memory cueing aids to Service members who struggle with memory loss and other cognitive difficulties. Cueing aids can assist Service members in

remembering appointments, medication schedules, and personal contact information. Technology options can vary in complexity from simple cueing aids to powerful software applications that support deficits in expressive or receptive literacy.

Dexterity Limitations

CAP provides devices to assist Service members who have sustained nerve damage, fractures, burns, and amputations to their upper extremities. Solutions may include compact keyboards, alternative pointing devices, and voice recognition software.

Hearing Loss

CAP supports Service members who suffer from partial or full hearing loss, including fluctuating, progressive, or low-frequency hearing loss, tinnitus, and deafness. Assistive listening devices can increase an individual's ability to perceive target sounds, while diminishing the effects of unwanted, or background noises. This technology also may benefit individuals with TBI, improving concentration on a single voice.

While CAP cannot provide hearing aids, as these items are durable medical equipment for personal use, CAP may provide hearing aid brand specific compatible assistive devices. In this instance, CAP would work with the Service member and their Audiologist to identify the most appropriate tools.

Vision Loss

For Service members that experience limitations to their visual acuity or visual field, screen magnification software and/or hardware may reduce eye strain, blurry vision, and eye fatigue. Software enlarges fonts and changes color contrasts, enabling users to customize the application for specific needs. Portable magnification devices are also available. For complete vision loss, CAP provides scanners and screen reader software with certified training.

Submitting AT Requests

Once the MTF or wounded warrior program representative has determined that a Service member would benefit from AT or a needs assessment evaluation through CAP, a formal request should be submitted online at cap.mil/wsm.

Requests for AT should be submitted to CAP to review the requested AT device(s), assessment details, and the accommodation justification.

There are some cases that require additional information, as identified below.

- **DD Form 2989, Computer Specifications Information:** The DD Form 2989, "Computer Specifications Information," should be completed in addition to the electronic accommodations request form when computer software (e.g., voice recognition software) is being requested. This form ensures that the individual's computer with Windows operating

system can support the software they will receive. This form will be sent to the customer and point of contact (POC) by CAP staff upon receipt of the request or may be accessed online at cap.mil/Documents/dd2989.pdf.

- **Medical Documentation:** CAP requires supporting medical documentation (i.e. NeuroPsych evaluation, speech evaluation, SF 600, medical notes) for all cognitive injuries or impairments and some dexterity injuries/impairments when the request is submitted by the Service member or by a Case Manager on behalf of the Service member. CAP prefers that a request for technology is submitted to CAP by a treating physician or therapist.

The AT shall be procured by CAP and delivered to the MTF or other appropriate location at no cost to the MTF or location.

Training on AT

The MTF CAP Representative shall inform CAP of specific training on the AT as needed. As part of the original assessment, an analysis of training is included as part of the accommodation request (see steps above). In some cases, there are extra requirements to ensure a successful training experience.

- **Software:** Once the need for AT software has been identified, a request for an appropriate number of training hours should be submitted through CAP depending on need.

The MTF or wounded warrior program representative, in conjunction with the CAP staff, will provide information on general needs assessments and training options.

Ongoing Support

Service members in recovery and rehabilitation shall be provided access to ongoing support from CAP following receipt of an AT device until separation from active duty service, at which time, AT provision and rehabilitative services shall become the responsibility of the Department of Veterans Affairs. The AT provided by CAP remains with the Service member as their property, even after separation.



Transitions to Other Locations

As Service members move from the MTF, Warrior Transition unit, or command to a home base/convalescence leave, the AT may move with them. The AT should be logged into the MTF or Command for informational purposes and safe delivery. The CAP Representative should check with the Supply/Logistician Officer for the specific practice and protocol.

The CAP Representative and other medical providers should also include the following information in the Electronic Health Record System notes section:

- Date CAP needs assessment was conducted;
- Date AT was received; and
- Progress/changes to the functional limitation and recovery.

Providing this information in the medical record will assist in the transition to another location or to the Department of Veterans Affairs. It will also assist other service providers in determining if the AT is assisting in the recovery and rehabilitation process.

Upgrades on Equipment

Any software upgrades, while the Service member remains on active duty, will be reviewed and provided on a case-by-case basis. Both AT software and hardware may need to be updated. If the person remains on active duty or becomes employed within DoD or one of CAP's partner agencies, he or she may request an upgrade from CAP. Upgrades will be provided on a case-by-case basis in support of Service member needs. Service members are encouraged to register all software or hardware accommodations with the manufacturer upon receipt of the equipment to ensure that manufacturer warranties are activated.

Lost Equipment

CAP cannot replace lost, stolen, or damaged equipment. If the equipment malfunctions through no fault of user error, CAP will consider replacements on a case-by-case basis.

New Training Needs

As the Service member continues on his or her road to recovery, he or she may need to have additional training on the AT. A DD Form 2987, "CAP Accommodation Request" should be submitted with the required training and justification.

Training and Materials



As described in several sections of this handbook, CAP staff members provide a variety of training and support to the MTFs, wounded warrior programs, and Service members. The list of training options below are available for MTF and wounded warrior program personnel.

(VTC), or onsite.

Train the CAP Representative: CAP will ensure a proper and full orientation for the CAP Representative. These sessions may be conducted one-on-one via the telephone, video teleconference

In-Service Training: CAP staff members will provide training to MTF or wounded warrior program personnel on CAP operations, AT options, and other related services and information to optimize the CAP partnership in each medical department. CAP is able to provide these via teleconference, webinar, or, when possible, with onsite sessions coordinated by the CAP representative.

AT Training for Service members: As part of the original assessment, an analysis of training is included as part of the accommodation request. CAP will review the request and, when appropriate, provide training for Service members.

Program Updates: In order to provide updates on AT, process improvements, and other program elements, CAP staff members will provide webinars and teleconferences to ensure service providers at the MTF and wounded warrior programs have the latest information and resources regarding AT and CAP.

In order to support the MTFs and wounded warrior programs, and to complement the training described above, CAP has several tools available for information dissemination:

- CAP Service Member Fact Sheet: cap.mil/Documents/CAP_SMI_Fact_Sheetacc_1.pdf
- CAP Website: cap.mil/WSM/Default.aspx
- CAP WSM Mailing List: sign up at: cap.mil/subscribe.aspx

Appendices

Appendix A: CAP Agency Partnership List

Appendix B: Public Law 109.364, Section 561

Appendix C: DoD Instruction 6025.22, "Assistive Technology (AT) for Wounded, Ill, and Injured Service Members"

Appendix D: Partnership Representative Form, DD Form 2988

Appendix E: Frequently Asked Questions (FAQs)

Appendix A: CAP Agency Partnership List

Available online at: cap.mil/Customers/NonDoDEmployees.aspx

DoD Agency List

African Command
American Forces Information Service
Army and Air Force Exchange Service (AAFES)
Central Command
Defense Acquisition University (DAU)
Defense Advanced Research Projects Agency
Defense Commissary Agency (DeCA)
Defense Contract Audit Agency (DCAA)
Defense Contract Management Agency (DCMA)
Defense Finance and Accounting Service (DFAS)
Defense Health Agency (DHA)
Defense Human Resource Activity
Defense Information Systems Agency (DISA)
Defense Intelligence Agency (DIA)
Defense Legal Service Agency
Defense Logistics Agency (DLA)
Defense Media Activity
Defense Prisoner of War/Missing Personnel Office
Defense Security Cooperation Agency
Defense Security Service (DSS)
Defense Technical Information Center (DTIC)
Defense Threat Reduction Agency (DTRA)
Department of Defense Education Activity (DoDEA)
Department of the Air Force
Department of the Army
Department of the Navy/Marine Corps
European Command
Joint Chiefs of Staff
Joint Improvised Explosive Device Defeat Organization (JIEDDO)
Missile Defense Agency (MDA)
National Geospatial-Intelligence Agency (NGA)
National Guard Bureau
National Reconnaissance Office (NRO)
National Security Agency (NSA)
Office of Economic Adjustment
Northern Adjustment
Office of the Inspector General (DoDIG)
Office of the Secretary of Defense
Pacific Command
Pentagon Force Protection Agency

Southern Command
Special Operations Command
Strategic Command
Transportation Command
Uniformed Services University of the Health Sciences
Washington Headquarters Service (WHS)

Non-DoD Agency Partner List

African Development Foundation
Agency for International Development
American Battle Monuments Commission
Architectural and Transportation Barriers Compliance Board (Access Board)
Broadcasting Board of Governors
Committee for the Purchase from People Who are Blind or Severely Disabled
Commodity Futures Trading Commission
Consumer Product Safety Commission
Corporation for National and Community Service
Court Services and Offender Supervision Agency for the District of Columbia
Department of Agriculture
Department of Commerce (including Census Bureau)
Department of Energy
Department of Health and Human Services
Department of Homeland Security
Department of Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation (including Surface Transportation Board)
Department of the Treasury (excluding the Internal Revenue Service)
Department of Veterans Affairs
Environmental Protection Agency
Equal Employment Opportunity Commission
Executive Office of the President
Export - Import Bank of the United States
Farm Credit Administration
Federal Communications Commission
Federal Deposit Insurance Corporation
Federal Election Commission
Federal Energy Regulatory Commission
Federal Housing Finance Board
Federal Labor Relations Authority
Federal Maritime Commission

Federal Mine Safety and Health Review Commission
Federal Trade Commission
General Services Administration
Holocaust Memorial Museum
Institute of Museum and Library Services
International Trade Commission
John F. Kennedy Center for the Performing Arts
Merit Systems Protection Board
National Aeronautics and Space Administration
National Archives and Records Administration
National Capital Planning Commission
National Council on Disability
National Credit Union Administration
National Endowment for the Arts
National Endowment for the Humanities
National Gallery of Art
National Indian Gaming Commission
National Labor Relations Board
National Science Foundation
National Transportation Safety Board
Nuclear Regulatory Commission
Occupational Safety and Health Review Commission
Office of Government Ethics
Office of Personnel Management
Office of Special Counsel
Overseas Private Investment Corporation
Peace Corps
Pension Benefit Guaranty Corporation
Railroad Retirement Board
Securities and Exchange Commission
Selective Service System
Small Business Administration
Smithsonian Institution
Trade and Development Agency

Appendix B: Public Law 109-364, Section 561

Available online at: cap.mil/Documents/public_law_109-364.pdf

Public Law 109–364

109th Congress

John Warner National Defense Authorization Act for Fiscal Year 2007

Oct. 17, 2006

[H.R. 5122]

TITLE V—MILITARY PERSONNEL POLICY

Subtitle G—Matters Relating to Casualties

SEC. 561. AUTHORITY FOR RETENTION AFTER SEPARATION FROM SERVICE OF ASSISTIVE TECHNOLOGY AND DEVICES PROVIDED WHILE ON ACTIVE DUTY.

(a) IN GENERAL.—Chapter 58 of title 10, United States Code, is amended by inserting after section 1150 the following new section:
“§ 1151. Retention of assistive technology and services provided before separation

“(a) AUTHORITY.—A member of the armed forces who is provided an assistive technology or assistive technology device for a severe or debilitating illness or injury incurred or aggravated by such member while on active duty may, under regulations prescribed by the Secretary of Defense, be authorized to retain such assistive technology or assistive technology device upon the separation of the member from active service.

“(b) DEFINITIONS.—In this section, the terms ‘assistive technology’ and ‘assistive technology device’ have the meaning given those terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1150 the following new item:

“1151. Retention of assistive technology and services provided before separation.”

Appendix C: DoD Instruction 6025.22

Available online at:

[cap.mil/Documents/AT for Wounded Ill and Injured ServiceMembers 602522acc 1.pdf](https://cap.mil/Documents/AT%20for%20Wounded%20Ill%20and%20Injured%20ServiceMembers%20602522acc%201.pdf)



Department of Defense INSTRUCTION

NUMBER 6025.22
January 30, 2015

USD(P&R)

SUBJECT: Assistive Technology (AT) for Wounded, Ill, and Injured Service Members

References: See Enclosure 1

1. PURPOSE. In accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)), and section 561 of Public Law 109-364 (Reference (b)), similar to sections 794d and 3002 of Title 29, United States Code (Reference (c)), and in accordance with DoD Instruction (DoDI) 1300.24 (Reference (d)), this instruction reissues DoDI 6025.22 (Reference (e)) to:

a. Establish policy, define terms, assign responsibilities, and provide procedures for establishing AT programs in coordination with the Military Health System (MHS) and the Recovery Coordination Program.

b. Provide support for an interdependent AT system between the DoD Human Resources Activity's (DoDHRA) Computer/Electronic Accommodations Program (CAP), the MHS, and the wounded warrior programs. The AT system will provide specific guidance to military treatment facilities (MTFs) and transition units to improve the delivery and quality of rehabilitative services to wounded, ill, and injured Service members in the active duty, Reserve, and National Guard components.

2. APPLICABILITY. This instruction applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within DoD (referred to collectively in this instruction as "DoD Components").

3. POLICY. It is DoD policy that:

a. Strategies for utilizing AT during rehabilitation must be aligned with generally accepted standards for health promotion and maximum functional outcomes.

b. MTFs and wounded warrior programs must incorporate AT into rehabilitative services programs as part of an organization-wide, interdisciplinary adoption of computer and telecommunication accessibility practices.

c. MTFs and wounded warrior programs must provide and assess AT services, as required, for wounded, ill, and injured Service members or Service members who are:

(1) Enrolled in their respective wounded warrior program; or

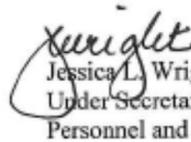
(2) Referred to the Integrated Disability Evaluation System (IDES) and participating in the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF) programs for federal employment opportunities, in accordance with DoDI 1300.25 (Reference (f)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This instruction is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This instruction is effective January 30, 2015.


Jessica L. Wright
Under Secretary of Defense for
Personnel and Readiness

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) Section 561 of Public Law 109-364, "John Warner National Defense Authorization Act for Fiscal Year 2007," October 17, 2006
- (c) Title 29, United States Code
- (d) DoD Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009
- (e) DoD Instruction 6025.22, "Assistive Technology (AT) for Wounded Service Members," September 9, 2008 (hereby cancelled)
- (f) DoD Instruction 1300.25, "Guidance for the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF)," March 25, 2013
- (g) DoD Directive 5400.11, "DoD Privacy Program" October 29, 2014
- (h) DoD 5400.11-R, "Department of Defense Privacy Program" May 14, 2007
- (i) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition

ENCLOSURE 2
RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R):

- a. Serves as the Secretary of Defense's principal advisor on the DoD interdependent AT system to improve the delivery and quality of rehabilitative, recovery and transition services for wounded, ill, and injured Service members.
- b. Monitors compliance with this instruction.

2. DIRECTOR, DoDHRA. Under the authority, direction, and control of the USD(P&R), the Director, DoDHRA:

- a. Establishes organizational priorities for AT programs in coordination with the MHS and wounded warrior programs.
- b. Oversees implementation of the CAP.
- c. Confirms that CAP policy is established and monitored in accordance with References (a) and (b) and that CAP activities meet all applicable acquisition, confidentiality, privacy, security, and disclosure requirements in accordance with DoDD 5400.11 and DoD 5400.11-R (References (g) and (h)).
- d. Establishes a standardized methodology for implementing the CAP AT process at MTFs and wounded warrior programs to increase awareness and impact of AT programs across the MHS and throughout the wounded warrior programs.

3. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Establishes organizational priorities for AT programs within the MHS.
- b. Confirms that AT policy is established and monitored in accordance with References (a) and (b) and that AT activities meet all applicable confidentiality, privacy, security, and disclosure requirements in accordance with References (g) and (h).
- c. Establishes a standardized methodology for implementing the CAP AT process at MTFs to increase awareness and impact of AT programs across the MHS.
- d. Incorporates the CAP process in healthcare promotion, programs, and procedures.

4. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR WARRIOR CARE POLICY (DASD(WCP)). Under the authority, direction, and control of the ASD(HA), the DASD(WCP):

a. Synchronizes all programs and processes throughout the DoD that support E2I and OWF, including those provided by the Military Departments and U.S. Special Operations Command (USSOCOM). Recommends changes to policy and operational procedures to the USD(P&R), as necessary.

b. Coordinates the consultation and collaboration with other federal entities to maximize wounded, ill, and injured, and IDES-enrolled Service members access to all available support services and resources.

c. Engages with private-sector entities, to the extent authorized by law and DoD regulations, to facilitate the formation of partnerships to enhance employment opportunities.

5. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the ASD(HA), the Director, DHA ensures that MTFs in the National Capital Region implement actions applicable to MTFs under this instruction.

6. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Comply with the policies and procedures prescribed in this instruction.

b. Provide implementing guidance and oversee implementation of AT policies and procedures.

c. Recommend policy changes to this instruction, as necessary, to the USD(P&R).

7. SURGEONS GENERAL OF THE MILITARY DEPARTMENTS. Under the authority, direction, and control of the Secretaries of the Military Departments, the Surgeons General of the Military Departments:

a. Establish comprehensive CAP and AT programs within MTFs serving wounded, ill, and injured Service members, and implement a system for ongoing evaluation of such programs, including cost of AT, type of AT, medical diagnosis and prognosis.

b. Disseminate CAP policy and procedures to MTFs.

DoDI 6025.22, January 30, 2015

c. Support CAP and AT programs within the continuum of care, such as DoD Component wounded warrior programs, community-based healthcare organizations, the Veterans Administration Polytrauma Rehabilitation Centers, and other similar programs.

d. Require that MTF commanders designate an individual (e.g., CAP representative) with a relevant clinical background to establish and oversee program activities promoting a targeted, coordinated AT plan for improving access and care for patients, recovering warriors and, when applicable, employees.

ENCLOSURE 3

PROCEDURES

1. CAP. The CAP:

- a. Conducts needs assessments; procures and delivers AT to the MTF or wounded warrior program location at no cost to the MTF or wounded warrior program; and provides training support services to confirm integration and use of AT for wounded, ill, and injured Service members in collaboration with MTFs and the wounded warrior programs.
- b. Provides AT and information or communication technology to MTFs and wounded warrior programs, as requested and appropriate, to enable onsite assessments, improved integration of AT into rehabilitation services, and onsite inventory.
- c. Provides in-service training on CAP and the AT program to MTFs and wounded warrior programs. Provides training for new CAP representatives, including an overview of AT, needs assessments, request procedures, inventory management, and other ongoing support services. Also provides annual refresher training for key partners via online training, video teleconference, or webinars.
- d. Publishes and maintains a CAP wounded, ill, and injured Service members guide (www.cap.mil/Documents/CAP_WSM_Handbook.pdf) to support the implementation of AT programs at MTFs and wounded warrior programs.
- e. Provides access to ongoing support to Service members following receipt of an AT device until separation from active duty service, at which time the AT device becomes the property of an eligible Service member under Reference (b) and AT and rehabilitative services provided for personal use become the responsibility of the Department of Veterans Affairs.
- f. Distributes a report to MTF commanders and wounded warrior program leaders annually. The report will describe accommodation and AT activities, including cost savings achieved by MTFs and wounded warrior programs as a result of collaboration with CAP.

2. MTF. In collaboration with CAP, MTFs will:

- a. Incorporate CAP into rehabilitative services programs that include AT as part of the recovery and rehabilitation process.
- b. Establish an AT plan. MTFs must develop a coordinated plan for ensuring that eligible Service members have access to AT services and equipment as part of existing rehabilitative services programs. The AT plans must incorporate the CAP partnership, integration of AT as part of recovery and rehabilitation, the introduction of re-employment through the utilization of

AT after injury or illness, and onsite inventory management procedures. The AT plans must be shared with the CAP Office at CAP@mail.mil.

c. Designate a CAP representative to be the MTF lead and point of contact for the CAP partnership by completing DD Form 2988, "CAP Partnership Representative Form." MTFs must identify an appropriate individual with a relevant clinical background to the CAP office to serve as a CAP representative. CAP representatives may include medical or rehabilitation professionals or case managers. The CAP representative will coordinate AT needs assessments, onsite inventory when applicable, and CAP-related services to guarantee eligible Service members receive appropriate accommodation solutions.

d. Integrate AT service provision and utilization within the integrated rehabilitation care plan using the Electronic Medical Record System. To better understand the impact of rehabilitation services, MTFs, working with CAP and the wounded warrior programs, must conduct annual reviews of activities, including measuring and reporting the impact of AT on healthcare and rehabilitation.

3. WOUNDED WARRIOR PROGRAMS. In coordination with CAP, the wounded warrior programs:

a. Incorporate CAP into support services that include AT as a part of the Service member's transition.

b. Establish an AT plan. Military Department and USSOCOM wounded warrior programs must develop a coordinated plan in coordination with the responsible MTF representative, if applicable, and with the MTF CAP representative for ensuring that eligible Service members have access to AT services as part of existing rehabilitative services programs. The AT plans must be shared with the CAP Office at CAP.WSM@mail.mil.

c. Designate a CAP representative. Military Department and USSOCOM wounded warrior programs must identify to the CAP office an appropriate individual to serve as a CAP representative by completing DD Form 2988. The CAP representative, a case manager, or another individual who provides support to wounded, ill and injured Service members, will coordinate AT needs assessments and related CAP services to confirm eligible Service members receive appropriate accommodation solutions.

4. COMMON PROCEDURES. In coordination with CAP, the MTFs and wounded warrior programs:

a. Identify when CAP staff members are required to assist in the needs assessment process. The needs assessment process must consider Service members' limitations, essential and required functions, and transition goals; as well as technical specifications for computers and telecommunication systems using DD Form 2989, "Computer Specification Information."

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- b. Submit AT requests to CAP using DD Form 2987, “CAP Accommodation Request.” A needs assessment summary must also be submitted as part of the justification for accommodation section of the AT request.
- c. Document in the Service member’s record when he or she receives AT devices or services from CAP.
- d. Provide independent verification of property receipt back to CAP. In accordance with Reference (b), the AT is authorized to become the property of the wounded, ill, or injured Service member at his or her separation from active service. MTFs and wounded warrior programs must record the transfer of property to the Service member upon separation from active service, or to his or her next duty station if he or she returns to active service.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
AT	assistive technology
CAP	Computer/Electronic Accommodations Program
DASD(WCP)	Deputy Assistant Secretary of Defense for Warrior Care Policy
DHA	Defense Health Agency
DoDHRA	Department of Defense Human Resource Agency
DoDD	DoD directive
DoDI	DoD instruction
E2I	Education and Employment Initiative
IDES	Integrated Disability Evaluation System
MHS	Military Health System
MTF	military treatment facility
OWF	Operation WARFIGHTER
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USSOCOM	U.S. Special Operations Command

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this instruction.

AT. Technology that provides individuals with disabilities equal access to computer and telecommunication work environments. It does not include durable medical equipment and is divided into two categories: devices and services.

AT device. Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. The devices help individuals access computer and telecommunication systems and gain improved access to care and decision making. Examples

include voice recognition and speech output software, assistive listening devices, and augmentative or alternative communication devices. A list of available devices can be found at www.cap.mil/wsm/solutions/index.aspx.

AT service. Any service that directly assists an individual with a disability in the selection, acquisition, or use of an AT device. Services may include needs assessments, acquisition, integration, coordination of services with rehabilitation plans, training, and technical assistance.

CAP. A program under the authority of the DoDHRA that provides AT to increase access to computer and telecommunication systems by employees with disabilities within the DoD and federal partner agencies, and Service members with cognitive, communication, dexterity, hearing, or vision impairments.

wounded warrior programs. A system of support and advocacy to guide and assist the wounded, ill, and injured Service members and family or designated caregiver through treatment, rehabilitation, return to duty, or military retirement into the civilian community. Each Military Department has a unique wounded warrior program that addresses its Service members' needs. This term and its definition are proposed for inclusion in the next edition of Joint Publication 1-02 (Reference (j)).

Appendix D: DD Form 2988, Partnership Representative Form

dtic.mil/whs/directives/forms/forminfo/forminfopage3545.html

**COMPUTER/ELECTRONIC ACCOMMODATIONS PROGRAM (CAP)
PARTNERSHIP REPRESENTATIVE FORM**

In accordance with the Department of Defense Instruction 6025.22, Assistive Technology (AT) for Wounded, Ill, and Injured Service Members, the Commander at the Military Treatment Facility (MTF) or transition unit shall designate an appropriate individual to serve as the CAP Representative. The CAP Representative will coordinate AT needs assessments, requests and related services with the DoD CAP Office to ensure eligible Service members receive appropriate accommodation solutions. The MTF CAP Representative shall identify when CAP staff members are required to assist in the assessment process. Needs assessments shall include aspects of Service members' functional limitations, computing or communication tasks, technical specifications for computers and/or telecommunication systems, and identification of training needs. Once completed, the needs assessment information shall be submitted to CAP as part of the AT request. After receipt of AT, CAP Representatives will ensure that independent verification of property receipt is provided to CAP. MTFs and wounded warrior programs must also record the transfer of property to the Service member upon separation from active service or to his or her next duty station if he or she returns to active service.

CAP, located in Arlington, VA, provides a centrally funded process to increase accessibility of electronic and information technology systems. CAP provides AT to increase access to computer and telecommunication systems by employees with disabilities within the Department of Defense, Federal partner agencies, and Service members with cognitive, communication, dexterity, hearing and vision impairments. The CAP mission is to ensure that people with disabilities and wounded Service members have equal access to the information environment and opportunities in the Department of Defense (DoD) and throughout the Federal government.

Department of Defense CAP Contact Information:

DoD Computer/Electronic Accommodations Program CAP Director 1700 N. Moore Street, Suite 1000 Arlington, VA 22209	Voice: 703-614-8416 Fax: 703-697-5851 Email: cap.wsm@mail.mil
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1. CAP REPRESENTATIVE CONTACT INFORMATION

a. MTF OR TRANSITION UNIT		
b. REPRESENTATIVE NAME (Last, First, Middle Initial)		c. TITLE
d. OFFICE/DUTY STREET ADDRESS		
e. CITY	f. STATE	g. ZIP CODE
h. OFFICE/DUTY TELEPHONE/TTY (Include area code)	i. FAX (Include area code)	j. EMAIL

2. APPROVAL

a. NAME (Last, First, Middle Initial)		b. TITLE
c. OFFICE/DUTY TELEPHONE/TTY (Include area code)		d. EMAIL
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)

Please email agreement to cap.wsm@mail.mil or fax to 703-697-5851.

Appendix E: Frequently Asked Questions

Q: What is CAP?

A: Established by the Department of Defense (DoD) in 1990, the Computer/Electronic Accommodations Program (CAP) is a centrally funded program that provides assistive technology (AT) and reasonable accommodations to individuals with disabilities and wounded, ill, and injured Service members. CAP's mission is to provide assistive technology and accommodations to support individuals with disabilities and wounded, ill and injured Service members throughout the Federal Government in accessing information and communication technology.

Q: What is a reasonable accommodation?

A: Reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities. The provision of reasonable accommodations is the responsibility of the employing agency. CAP serves as a resource to our DoD and partner agencies.

Q: What is assistive technology?

A: The Assistive Technology Act of 1998 defines Assistive or Adaptive Technology as: products, devices, or equipment, whether acquired commercially, modified or customized, that are used to maintain, increase or improve the functional capabilities of individuals with disabilities.

Q: Who qualifies for CAP's Service Member Initiative?

A: Any wounded, ill, or injured Service member that is currently on Active Duty. The limitations of the Service member do not have to be injuries sustained while in theater. No matter the origin of the injury, illness, or functional limitation(s), any Active Duty Service member is eligible for our services.

Q: How do I request an accommodation?

A: CAP encourages customers to submit their request online at www.cap.mil or www.cap.mil/wsm using our online CAP Accommodation Request Form. You may also email your request form to CAP@mail.mil.

Q: Who is able (or authorized) to submit a request?

A: A Service member request may be submitted by the Service member themselves, a medical or non-medical Case Manager, Recovery Care Coordinator, or other non-medical professional on behalf of a Service member, and/or Physician/Therapist or any medical professional. The beginning of the request submission process will ask this person to state who they are via a dropdown menu.

Q: Who pays for the products?

A: CAP is a centrally funded Department of Defense program. All products are provided to CAP customers free of charge, upon submission of a CAP request and sufficient supporting documentation and justification.

Q: Will medical documentation be required?

A: CAP reserves the right to request medical documentation to support a request for accommodation and maintain acquisitions integrity. In most cases, if a CAP request is submitted by anyone who is not a medical or rehabilitation professional (the Service member, a spouse or family member, Case Manager, etc.) then medical documentation will likely be requested. The medical documentation must be from a medical professional, and must include the diagnosed condition(s) of the Service member. When additional medical documentation or other information is necessary to evaluate a request, customers should submit the information in a timely manner.

Q: When/do I have to return the products? What if I switch jobs, finish school, etc.?

A: Service members who will be separating from active duty to continue their education or seek employment in either the private or public sectors are entitled by law (Section 561 of title V of Public Law 109-364, "John Warner National Defense Authorization Act for Fiscal Year 2007," October 17, 2006) to retain any accommodations provided by CAP as their personal property. When Service members request accommodations that will support their continuation in an active duty status, those accommodations are considered to be the property of the agency or activity and would be retained by the Service member's agency or activity upon separation.

Q: Does the MTF or Command have to approve an item before CAP will provide it?

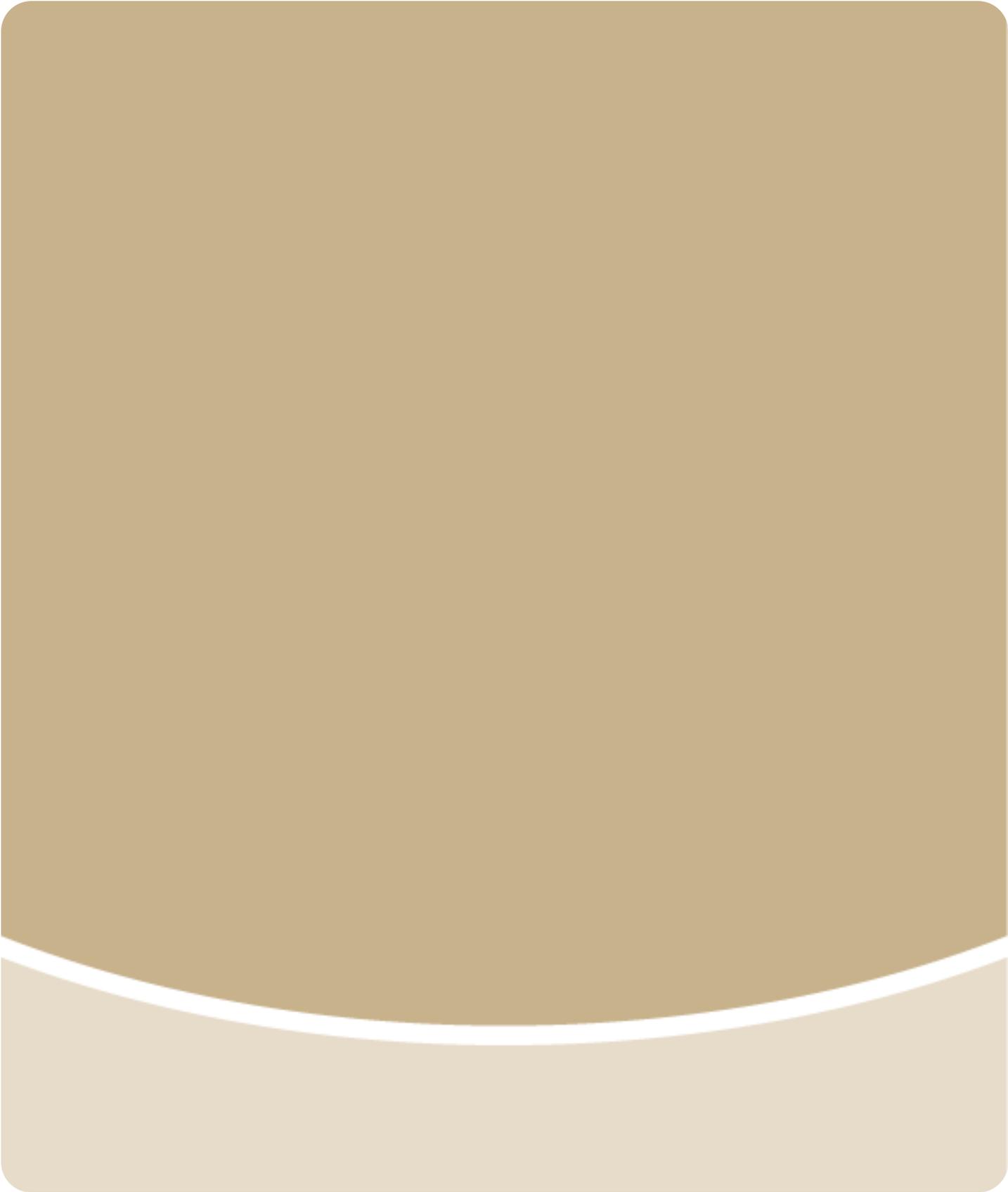
A: The MTF or command approves only those assistive technology items that will be used on a government computer or network. The MTF or command does not have to approve items that will be used on a Service member's personal computer or will be used in conjunction with continuing education or seeking employment in either the private or public sectors.

Q: Are there items that CAP cannot provide?

A: CAP purchases the assistive technology for access to information and essential work functions. Items beyond the CAP scope include: electric scooters, furniture, ergonomic chairs for non-DoD customers, foot rests, wrist rests, mouse pads, glare screen protection, medical supplies, durable medical equipment, non-computer equipment related items, electric stapler, and any services that incurs a monthly charge.

Q: Can CAP provide technologies to assist me with personal activities?

A: CAP was created as a program to provide workplace accommodations. Any item provided by CAP must be reasonable and appropriate tools to support the individual's essential job duties/functions. CAP understands that Service members may have different job duties and requirements than a DoD civilian or federal employee; all requests received by CAP are reviewed on a case-by-case basis to determine if the requested items are reasonable and appropriate and will support essential job duties/functions.



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