vCJD TRUST SEPARATE CLAIM FORM FOR CARE

This should only be completed if care was provided for a Victim prior to (i) 31 March 2001 or (ii) the receipt of care by that Victim as part of the Government Care Package (whichever is earlier). For this earlier period payment may be made to reimburse the cost of commercial care provided for a Victim and/or to pay for "gratuitous" care provided by others, such as family members or friends.

Where travel expenses have been incurred in order to provide care, reasonable costs may also be reimbursed

Section H - Care

- 1. Date when Victim was first provided with care:
- 2. Date of implementation of Care Package in relation to Victim:
- 3. Was commercial care arranged and paid for? Yes/No
- 4. *If so*, please complete the following box:

NATURE OF CARE	NAME OF PERSON	DATE	AMOUNT	INVOICE	OTHER SUPPORTING
PURCHASED	WHO PAID FOR			ENCLOSED	EVIDENCE ENCLOSED
	CARE				
				(identify or tick)	(identify or tick)

- 5. Was care provided by partners, family members or friends without charge? Yes/No
- 6. *If so*, please identify all persons involved in providing care

NAME OF CARER	RELATIONSHIP TO VICTIM

7.	Each carer listed at Answer 6 above sh	ould please complete a separate copy of the sched	dule that follows entitled "Gratuitous Care".
	If you need additional schedules, you s	should telephone Fieldfisher.	
I conf	irm that all the information which I have	re supplied on this Application is true and that I	have included names of all those entitled to
claim	so far as I am aware.		
Signe	i:		
Date:			

GRATUITOUS CARE

Please provide the following information:

(a)	Personal details
	Name:
	Relationship to Victim:
	Address:
	Telephone:
	Fax:
	Email:

(b) Details of care you provided

In order to simplify the task of assessing the amount of compensation to be paid, the Trustees have divided the care into four periods, three for home care and a fourth for hospital care as the Victim deteriorated. A description of each of the 4 is attached. You will obviously understand that this provides only a general description of each period and the Trustees fully

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understand that the circumstances of your loved one's own illness may have been rather different. However, it would be helpful if you could so far as possible divide the time up in the same way.

For each period please give a short description of the nature of the care which you were providing. You should only provide details of the time which you spent <u>caring</u> for the Victim (e.g. washing, keeping patient active), not the total amount of time spent with him/her.

Please set out the approximate average number of hours of care you personally provided (a) during weekdays and (b) at weekends/during public holidays.

Where care was provided by Social Services or there were periods of respite care, please identify this and the hours provided in the relevant column. Where several carers are completing separate Gratuitous Care forms, such details need only be provided once.

When the Victim was in hospital or in a hospice, you should only provide details of the time which you spent <u>caring</u> for the Victim (e.g. assisting with feeding or toileting), not the amount of time spent visiting him/her.

An example of how to complete the form is given below

Period 3 – 1 September 1997 – 31 May 1997

Nature of care provided	Location	Average	Average no. of	Details of assistance	Other relevant information
to Victim	where care	no. of	hours of care	provided by social	
	provided	hours per	per day	services etc.	
		day of	provided		
		care on	during		
		weekdays	weekends/		
			holidays		

Washing morning and	At parents'	4	6	Carer from social	
evening, preparing food	home			services attended twice	
and assisting with feeding,				a day for a total of 4	
assisting with toileting 4				hours	
times per day and					
generally keeping Patient				Respite care provided by	
active				local hospice for 2	
				weekends during period	

Name of Victim	:	Name of Care	>r:			
Stage 1 – Early s	ymptomatic phase					
	the Stages of Illness an hich are appropriate for	•	ns report attached	which provides guid	lance on the sympto	ms and care
Period: [] to []				

Nature of care provided to Victim	Location where care provided	Average no. of hours per day of care on weekdays	of hours of care per day	provided by social	Other relevant information

Name of Victim:		Name of Carer	r:					
Stage 2 – Phase of increasing ataxia, cognitive impairment and associated behavioural problems								
*Please refer to the Sta requirements which are	_	-	ns report attached which provides guidance on the symptoms and care					
Period: [] to []						

Nature of care provided to Victim	Location where care provided	Average no. of hours per day of care on weekdays	of hours of care per day provided	provided by social	Other relevant information

Name of Victim	:	Name of Care	er:			
Stage 3 – Phase of	of loss of mobility					
	the Stages of Illness ar hich are appropriate for	-	ons report attached v	which provides guida	nce on the symptoms and car	re
Period: [] to []				

Nature of care provided to Patient	Location where care provided	Average no. of hours per day of care on weekdays	Average no. of hours of care per day provided during weekends/ holidays	Details of assistance provided by social services etc.	Other relevant information

Name of Victim:	Name of Ca	Pr:	
Stage 4 – Phase of total dependency			
*Please refer to the Stages of Illn requirements which are appropria	•	ns report attached which provides guidance on	the symptoms and care
Period – Hospital/Hospice [] to []	

Nature of care provided to Victim	Location where care provided	Average no. of hours per day of care on weekdays	Average no. of hours of care per day provided during weekends/ holidays	Details explaining why any particular type of assistance needed to be provided by the family rather than hospital/hospice staff	Other relevant information
			V		

(c) Travel expenses

Please provide below a detailed breakdown of any travel expenditure you have incurred for the sole or main purpose of providing care. For travel by private car a flat rate of 21p per mile will be paid in respect of any journeys for which the Trustees decide to provide reimbursement. Where travel has been by public transport, you should, if possible, provide train, bus and taxi receipts and if you are enclosing such material in respect of any item, please tick the appropriate column:

DATE	POINT OF ORIGIN	DESTINATION	PURPOSE OF JOURNEY	MODE OF TRAVEL (e.g. car)	TOTAL MILEAGE(car only) or ACTUAL TRAVEL COST	SUPPORTING EVIDENCE ENCLOSED