

**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 PURCHASED	NAME OF PERSON WHO PAID FOR CARE	DATE	AMOUNT	INVOICE ENCLOSED (identify or tick)	OTHER SUPPORTING EVIDENCE ENCLOSED (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 should please complete a separate copy of the schedule that follows entitled “Gratuitous Care”.

If you need additional schedules, you should telephone Fieldfisher.

I confirm that all the information which I have supplied on this Application is true and that I have included names of all those entitled to claim so far as I am aware.

Signed:.....

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

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 caring 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 caring 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

<i>Nature of care provided to Victim</i>	<i>Location where care provided</i>	<i>Average no. of hours per day of care on weekdays</i>	<i>Average no. of hours of care per day provided during weekends/holidays</i>	<i>Details of assistance provided by social services etc.</i>	<i>Other relevant information</i>
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<p><i>Washing morning and evening, preparing food and assisting with feeding, assisting with toileting 4 times per day and generally keeping Patient active</i></p>	<p><i>At parents' home</i></p>	<p><i>4</i></p>	<p><i>6</i></p>	<p><i>Carer from social services attended twice a day for a total of 4 hours</i></p> <p><i>Respite care provided by local hospice for 2 weekends during period</i></p>	
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(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
