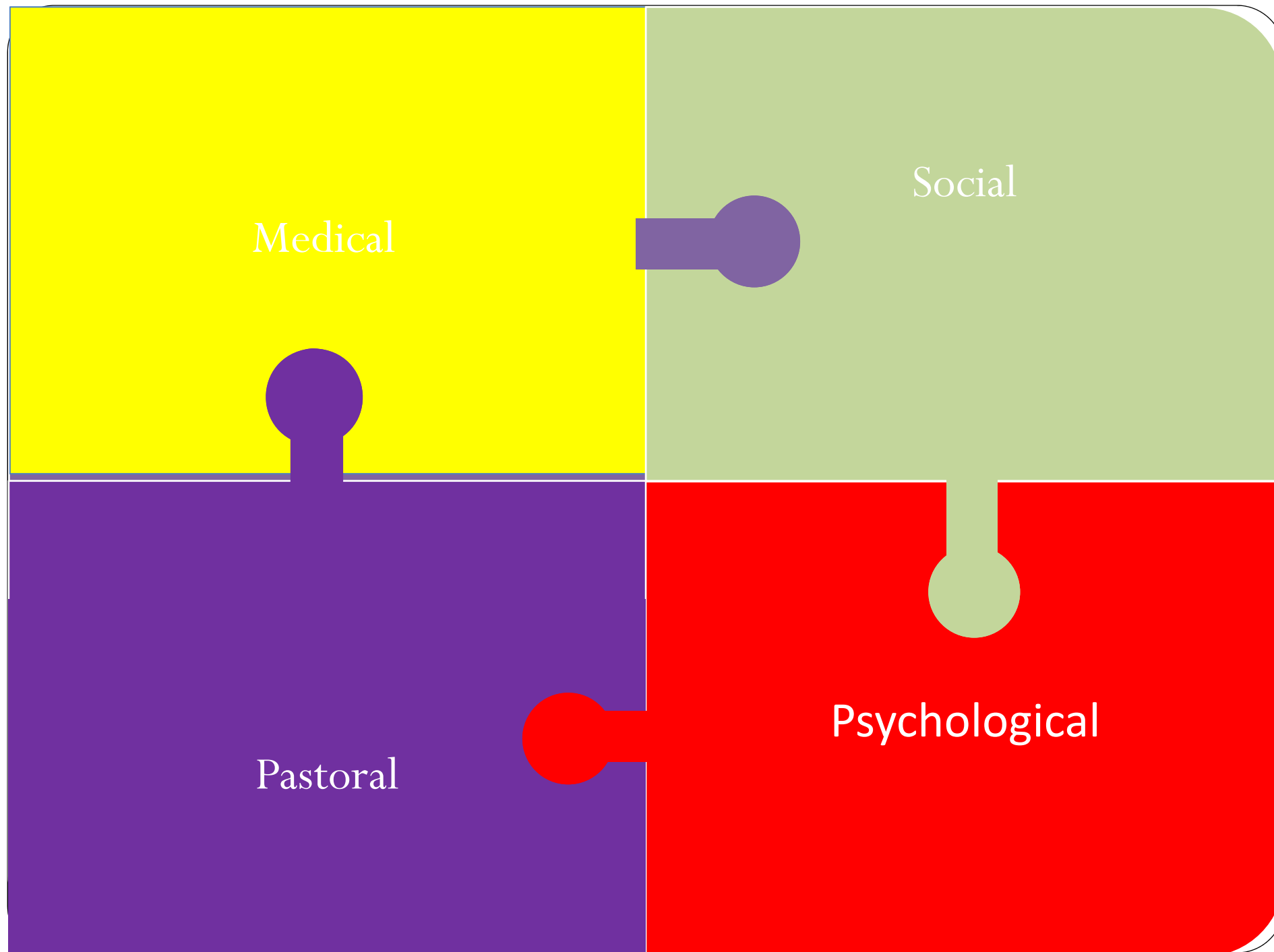
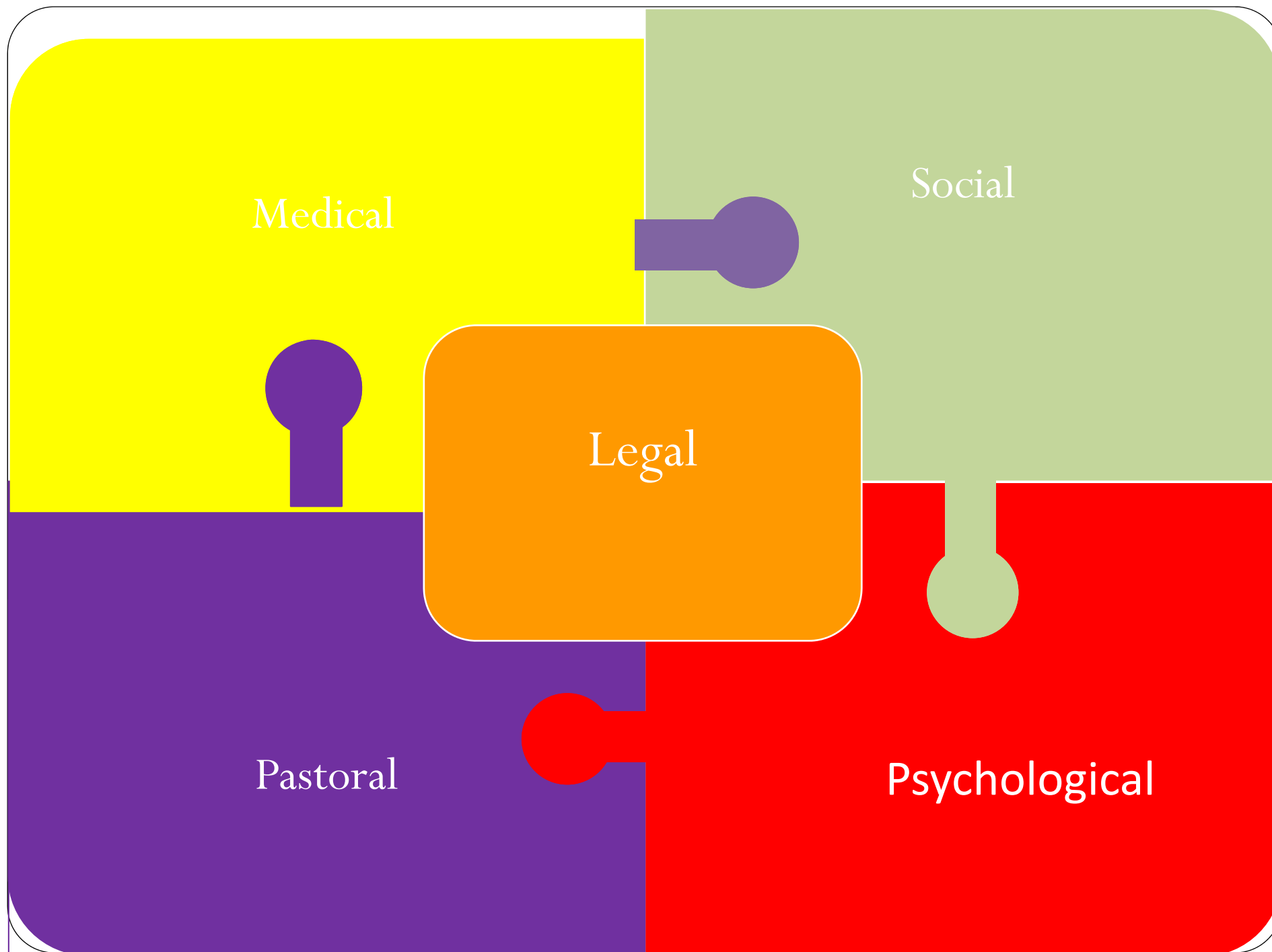


The Legal Implications of Being Affected by MND











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Alice and Billy's Story



Alice and Billy's Story

Alice is 51 and has just received a diagnosis of MND. Upon receiving the diagnosis she is distraught especially as she lives at home with her son, Billy who has Downe's Syndrome.

Alice is concerned not only about the impact of MND upon her but how it will impact on Billy too.

What legal issues does Alice have to think about?



Discussion with Alice would elicit

- ? Home – is it rented/owned
- ? If owned, is there a mortgage
- ? If rented, is Billy on the tenancy agreement
- ? Where/who is Billy's father
- ? Can Billy live at home independently, at home
- ? Is Alice working
 - employment rights/benefits/insurances
- ? Life and/or disability insurance
- ? Debt
- ? Deputyship Order for Billy
- ? Funeral arrangements
- ? Discretionary/Disabled Person's Trust
- ? Will



Discussions with Alice

Would enable us to raise awareness of Advance Care Planning needs for Alice

This may include:

1. Advance Care Statement
2. Advance Decision to Refuse Treatment
3. DNACPR
4. Lasting Powers of Attorney – Health & Welfare and Property and Finance
5. Emergency Healthcare Plan



Lasting Powers of Attorney

2 Types : – health and welfare ;and
property and finance

They are legally binding. Therefore ALWAYS check whether your patient has any other ACP in place (if they have an LPA for H&W)

You are NOT bound by them unless you have seen them.

ALWAYS keep a copy of the LPA (or relevant sections)

They take between 6-9 weeks to register



ORIGINATING CONTACT FORM

Date:	_____	
Client Name:	_____	
Address:	_____	

Tel No:	_____	DOB: _____
Diagnosis:	_____	R <input type="checkbox"/> A <input type="checkbox"/> G <input type="checkbox"/>
National Ins No:	_____	B <input type="checkbox"/>
Contact Name:	_____	Tel No : _____
Organisation:	_____	Originating Trust: _____
<u>ADVICE SOUGHT (If known)</u>		
Employment	<input type="checkbox"/>	Insurance <input type="checkbox"/>
Guardianship	<input type="checkbox"/>	Matrimonial <input type="checkbox"/>
Mortgage/Housing	<input type="checkbox"/>	Debt <input type="checkbox"/>
Wills	<input type="checkbox"/>	Lasting Power of Attorney <input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	Not sure <input type="checkbox"/>

I _____, consent to my health professional disclosing to LegaCare this form or information provided on it as well as providing to them any additional information (medical or otherwise) they may need, written or verbal, to enable them to assist me with my legal affairs.

CONTACT DETAILS:

**Legacare (UK) Limited,
35-46 Dudley Court
Cramlington
Northumberland NE23 6QW**

**Tel: 01670 700 720 Fax: 01670 737 317
Email: enquiries@legacare.org**



How does your patient access LegaCare?



Thank you for your time

mkirby@legacare.org

Tel : 01670 700723

