

PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development and Social Innovation (the ministry) reconsideration decision dated September 3, 2014 which found that the appellant did not meet three of the five statutory requirements of Section 2 of the *Employment and Assistance for Persons with Disabilities Act* for designation as a person with disabilities (PWD). The ministry found that the appellant met the age requirement and that his impairment is likely to continue for at least two years. However, the ministry was not satisfied that the evidence establishes that:

- the appellant has a severe physical or mental impairment;
- the appellant's daily living activities (DLA) are, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods; and,
- as a result of these restrictions, the appellant requires the significant help or supervision of another person, the use of an assistive device, or the services of an assistance animal to perform DLA.

PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act (EAPWDA), Section 2

Employment and Assistance for Persons with Disabilities Regulation (EAPWDR), Section 2

PART E – Summary of Facts

With the consent of both parties, the hearing was conducted as a written hearing, pursuant to section 22(3)(b) of the *Employment and Assistance Act*.

The evidence before the ministry at the time of the reconsideration decision included the Person With Disabilities (PWD) Application comprised of the applicant's information dated March 5, 2014, a physician report (PR) dated September 13, 2014 and completed by a general practitioner who has known the appellant for one year and has seen him once in that time, and an assessor report (AR) dated March 5, 2014 and completed by a registered nurse who has known the appellant for 19 to 20 years as a friend. The evidence also included the Request for Reconsideration dated August 1, 2014 attaching a handwritten letter from the appellant's mother.

Diagnoses

In the PR, the appellant was diagnosed by the general practitioner with chronic pain related to previous left ankle fracture with date of onset in June 2011. There is no diagnosis of a mental health condition.

Physical Impairment

In the PR, the general practitioner reported that:

- In terms of health history, the appellant has a "calcaneal fracture left foot related to work place injury 2011. Had operation and hardware placed. Continues to have chronic pain. Previous history of possible seizure disorder- has not been yet diagnosed."
- The appellant does not require an aid for his impairment. The general practitioner noted: "does use a cane intermittently."
- In terms of functional skills, the appellant can walk 4 or more blocks unaided and climb 5 or more steps unaided, can lift 7 to 16 kg (15 to 35 lbs.) and has no limitation with remaining seated.
- In the additional comments, the general practitioner wrote: "chronic pain of left ankle causes discomfort with prolonged walking or standing."

In the AR the nurse indicated that:

- There is no assessment with his ability to walk indoors, and he uses an assistive device for walking outdoors. The nurse noted: "has loss of mobility to left foot due to 32-foot fall and fracture of calcaneus foot bone."
- The appellant takes significantly longer than typical with climbing stairs, with a note by the nurse that he is "medically restricted from stairs and ladders." He is independent with standing, with a note by that nurse that he is unable to stand for more than one hour.
- The appellant requires periodic assistance from another person with lifting and he requires periodic assistance with carrying and holding, with no explanation provided by the nurse.

In the Request for Reconsideration, the appellant's mother wrote that:

- The appellant needs time to connect with an advocate regarding filling forms and to gather proper medical records.
- The appellant's family is concerned and worried about him.
- He has had two falls off roofs while he was still able to work. The last time, he broke his arm and ankle in two places and crushed his heel and is on permanent disability with workers' compensation.

- He cannot walk 2 blocks without it swelling right up. He may in the future require more surgery.
- The appellant is often in terrible pain. He has a curvature in the spine from birth that is growing worse. She visits him one to two times a month and he is not doing well.
- The appellant is unable to function entirely by himself.

Mental Impairment

In the PR, the general practitioner reported:

- In terms of health history, the appellant has a "previous history of possible seizure disorder- has not been yet diagnosed."
- The appellant has no difficulty with communication and no significant deficits with cognitive and emotional function, with no comments provided.

In the AR, the nurse indicated that:

- Regarding his ability to communicate, the appellant has a good ability with speaking (note: "at times has difficulty being understood") and reading and satisfactory with writing and hearing (note: "sometimes gets confused about what is said").
- There are major impacts to the appellant's cognitive and emotional functioning in the areas of bodily functions (also a moderate impact indicated), emotion and insight and judgment. There are moderate impacts in many areas of functioning, namely: bodily functions, consciousness, impulse control (also minimal and no impacts indicated), attention/concentration, executive, motivation, motor activity, psychotic symptoms, other neuropsychological problems, and other emotional or mental problems. There are minimal impacts to memory and language.
- The appellant "was diagnosed with anxiety and seizure disorder. Says he did very poorly on a psychosocial evaluation/assessment done at a memory clinic, so was told he would not do well going back to school. Did quite a few WCB assessments."
- The appellant requires continuous support/supervision in 4 out of 5 aspects of social functioning, namely with: making appropriate social decisions (note: "often isolates self"), developing and maintaining relationships (note: "often isolates self"), dealing appropriately with unexpected demands (note: "requires controlled environment to function"), and securing assistance from others (note: "denies need for support").
- The appellant requires periodic support/supervision with interacting appropriately with others, described by the nurse as "little interaction."
- The appellant has marginal functioning in his immediate social networks as he "often does not answer the door when close friends stop by."
- The appellant has very disrupted functioning in his extended social networks, described as "isolates self- major social isolation, often won't open door."
- Asked to describe the support/supervision required to maintain the appellant in the community, the nurse wrote: "trailer court owner checks up on him frequently (daily to weekly) to ensure he is okay and make sure he has a proper meal."
- In the additional comments, the nurse wrote: "had a seizure last week. No one around. Bashed head, woke up, no memory of what happened. Knows he's had seizures 4 other times recently. Was hospitalized once."

In the Request for Reconsideration, the appellant's mother wrote that:

- The appellant requests time to have his seizures diagnosed and to be given proper medications by a specialist.

- Until 4 years ago, the appellant was a fully-functioning, productive person.
- The appellant started to display symptoms of schizophrenia and he was hospitalized many times. He was on anti-psychotic drugs and anti-seizure meds. He never took them as prescribed or he did not take them at all, except in hospital.
- The appellant does not, cannot, or will not acknowledge his mental problems. Getting him to seek medical help is almost impossible, although he has made an appointment with the general practitioner to get help and diagnose his problems.
- He has been having seizures, with the last one being on May 11, 2014 and he was taken to hospital. They were very concerned and want to keep him in hospital but he left and she found him hiding off the highway at night and he was terrified.
- The nurse who completed the AR has known the appellant for years and looks in on him and is very concerned.
- In May 2011, a psychiatrist at the hospital told the appellant he is a paranoid schizophrenic but the appellant will not acknowledge it.

Daily Living Activities (DLA)

In the PR, the general practitioner indicated:

- The appellant has not been prescribed any medication and/or treatments that interfere with his daily living activities.
- In response to the question whether the appellant's impairment directly restricts the appellant's ability to perform DLA, the general practitioner indicated "no."

In the AR, the nurse reported that:

- The appellant uses an assistive device with moving about outdoors, described as "has loss of mobility to left foot due to 32-foot fall and fracture of calcaneus foot bone."
- For personal care, the appellant is independent with dressing, grooming (note: "stated by client but hygiene very poor"), bathing, toileting, feeding self and with transfers in and out of bed and transfers on and off a chair. He requires periodic assistance with regulating his diet. The nurse noted that his "clothing, personal care, deficient."
- For basic housekeeping, the appellant is independent with doing his laundry and basic housekeeping. The nurse also wrote that he "has some difficulty maintaining basic housekeeping."
- For shopping, the appellant is independent with reading prices and labels and requires continuous assistance from another person with going to and from stores, making appropriate choices and carrying purchases home. He requires periodic assistance with paying for purchases, with no comments added.
- The appellant takes significantly longer than typical with all tasks of the DLA of managing his meals, namely with meal planning (note: "writes out a list"), food preparation ("doesn't prepare meals"), cooking ("doesn't cook meals"), and safe storage of food ("food often goes bad").
- For paying rent and bills, the appellant is independent with banking and he requires periodic assistance with budgeting and paying rent and bills. The nurse wrote that his "mother helps with budgeting and paying bills."
- Regarding medications, the appellant takes significantly longer than typical with filling/refilling prescriptions ("rarely would fill prescription") and taking as directed ("not taking prescription medication"), with no assessment reported for safe handling and storage.
- Regarding transportation, the appellant is independent with getting in and out of a vehicle and the nurse has noted that public transportation is not available to him.

- The appellant is “taking Tylenol with codeine and caffeine 15 to 20 per day for back pain, Knows 12 is maximum to take per day but does not want to take other pain medications and seizure and anti-psychotic medications prescribed by doctor.”

In the Request for Reconsideration, the appellant’s mother wrote that:

- The appellant’s living conditions are terrible. He does not wear clean clothes or bathe. It is a very sad situation.
- He has major trouble just filling out the stub the ministry requires each month. The simplest things are extremely difficult for him.
- He does not eat, he does not do anything. He said that he does not eat because people are starving all around the world.
- He will not open mail or respond to bills.

Need for Help

The nurse indicated in the AR that, with respect to the assistance provided by other people, the appellant’s family, friends and workers’ compensation provide him with this help. With respect to help required but not available, the nurse wrote that the appellant “would benefit from counseling, assistance with shopping, meal prep, care of living space, but very difficult to provide assistance as often does not answer door.” The appellant routinely uses a cane and the nurse also indicated that the appellant has an assistance animal, described as: “cat’s companionship.”

In his Notice of Appeal dated September 25, 2014, the appellant expressed his disagreement with the ministry’s reconsideration decision, and wrote that he has new information about disability. He has a severe impairment and not able to work at present time.

The ministry relied on its reconsideration decision.

PART F – Reasons for Panel Decision

The issue on the appeal is whether the ministry's reconsideration decision, which found that the appellant is not eligible for PWD designation, was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. The ministry found that the appellant does not have a severe mental or physical impairment based on the information provided and that his daily living activities (DLA) are not, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods. Also, as a result of those restrictions, it could not be determined that the appellant requires the significant help or supervision of another person, the use of an assistive device, or the services of an assistance animal to perform DLA.

The criteria for being designated as a PWD are set out in Section 2 of the EAPWDA as follows:

Persons with disabilities

2 (1) In this section:

"**assistive device**" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"**daily living activity**" has the prescribed meaning;

"**prescribed professional**" has the prescribed meaning.

(2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and

(b) in the opinion of a prescribed professional

(i) directly and significantly restricts the person's ability to perform daily living activities either

(A) continuously, or

(B) periodically for extended periods, and

(ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

(a) a person who has a severe mental impairment includes a person with a mental disorder, and

(b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires

(i) an assistive device,

(ii) the significant help or supervision of another person, or

(iii) the services of an assistance animal.

(4) The minister may rescind a designation under subsection (2).

Section 2(1)(a) of the EAPWDR defines DLA for a person who has a severe physical or mental impairment as follows:

Definitions for Act

2 (1) For the purposes of the Act and this regulation, "**daily living activities**" ,

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

(i) prepare own meals;

(ii) manage personal finances;

(iii) shop for personal needs;

- (iv) use public or personal transportation facilities;
 - (v) perform housework to maintain the person's place of residence in acceptable sanitary condition;
 - (vi) move about indoors and outdoors;
 - (vii) perform personal hygiene and self care;
 - (viii) manage personal medication, and
- (b) in relation to a person who has a severe mental impairment, includes the following activities:
- (i) make decisions about personal activities, care or finances;
 - (ii) relate to, communicate or interact with others effectively.

Severe Physical Impairment

The appellant's position is that a severe physical impairment is established by the evidence of the chronic pain and restricted mobility due to his previous left ankle fracture. In the Request for Reconsideration, the appellant's mother wrote that the appellant cannot walk 2 blocks without his ankle swelling up and he is often in terrible pain. The appellant's mother stated that the appellant has a curvature in the spine from birth that is growing worse and he is unable to function entirely by himself.

The ministry's position is that there is not enough corroborating evidence from the medical professionals for the ministry to be satisfied that the appellant has a severe physical impairment. The ministry pointed out that the information from the general practitioner and from the nurse differs regarding the assessments of the appellant's physical functioning. The ministry stated that the general practitioner did not provide enough medical evidence to indicate that the appellant has a severe physical impairment while the nurse indicated that he requires an assistive device, takes significantly longer and requires periodic assistance to manage his physical functions.

Panel Decision

A diagnosis of a serious medical condition does not in itself determine PWD eligibility or establish a severe impairment. An "impairment" is a medical condition that results in restrictions to a person's ability to function independently or effectively.

To assess the severity of an impairment one must consider the nature of the impairment and the extent of its impact on daily functioning as evidenced by functional skill limitations and the degree to which performing DLA is restricted. In making its determination the ministry must consider all the relevant evidence, including that of the appellant. However, the legislation is clear that the fundamental basis for the analysis is the evidence from a prescribed professional – in this case, the appellant's general practitioner and a nurse.

The general practitioner diagnosed the appellant with chronic pain related to previous left ankle fracture. The general practitioner reported that the appellant has a "calcaral fracture left foot related to work place injury 2011," that he had an operation and hardware placed but he continues to have chronic pain. While the appellant's mother wrote in the Request for Reconsideration that the appellant has a curvature in the spine from birth that is growing worse, and the nurse reported he is "taking Tylenol with codeine and caffeine 15 to 20 per day for back pain," this has not been reported by the general practitioner. In the Request for Reconsideration, the appellant's mother explained that the appellant has had two falls off roofs while he was still able to work and, the last time, he broke his arm and ankle in two places and crushed his heel and is on permanent disability with workers'

compensation. She wrote that the appellant cannot walk 2 blocks without his ankle swelling up. In terms of functional skills, the general practitioner reported that the appellant can walk 4 or more blocks and climb 5 or more steps unaided, can lift 7 to 16 kg (15 to 35 lbs.) and has no limitation with remaining seated. The general practitioner wrote that "chronic pain of left ankle causes discomfort with prolonged walking or standing." There is no assessment by the nurse for the appellant's ability to walk indoors, but she indicated that he uses an assistive device for walking outdoors. The general practitioner reported that the appellant does not require an aid for his impairment although he "does use a cane intermittently." The nurse reported in the AR that the appellant takes significantly longer than typical with climbing stairs, with a note that he is "medically restricted from stairs and ladders." He is independent with standing and requires periodic assistance from another person with lifting and with carrying and holding, with no explanation provided by the nurse. The panel finds that the periodic assistance required for lifting and carrying and holding is more likely than not for those weights in excess of the range of 15 to 35 lbs. as reported by the general practitioner.

The panel finds that the evidence demonstrates that while the appellant experiences some limitations to his physical abilities relating to longer distances or heavier weights, he remains independent with his mobility. In the absence of further detail from the medical professionals regarding the extent of limitations to the appellant's functioning, the panel finds that the ministry reasonably determined that there is not sufficient evidence to establish that the appellant has a severe physical impairment under section 2(2) of the EAPWDA.

Severe Mental Impairment

Although the appellant did not directly maintain a position that he has a severe mental impairment, his mother argued on his behalf that a severe impairment is established by the evidence of the impacts from anxiety and a seizure disorder. The appellant's mother wrote in the Request for Reconsideration that in May 2011, a psychiatrist at the hospital told the appellant he is a paranoid schizophrenic but the appellant will not acknowledge it. The appellant was on anti-psychotic drugs and anti-seizure medications but he never took them as prescribed or he did not take them at all, except in hospital. Getting the appellant to seek medical help is almost impossible, although he recently made an appointment with the general practitioner to get help and diagnose his problems. The appellant's mother wrote that the nurse who completed the AR has known him for years and checks in on him. The nurse confirmed that the appellant has been diagnosed with anxiety and seizure disorder and that there are many major and moderate impacts to his cognitive and emotional functioning.

The ministry's position is that there is insufficient evidence to establish that the appellant has a severe mental impairment as the general practitioner did not diagnose a mental impairment and reported that there are no significant deficits with his cognitive and emotional functioning. The ministry stated that the general practitioner referred to a previous history of possible seizure disorder "not yet diagnosed" and there is a wide disparity between the reports by the general practitioner and the nurse.

Panel Decision

In the PR, the general practitioner who had known the appellant for one year and had only seen him once, did not diagnose a mental health condition. The general practitioner wrote in the health history that the appellant has a "previous history of possible seizure disorder- has not been yet diagnosed." The appellant's mother wrote that the appellant has previously been diagnosed with paranoid schizophrenia and the nurse who completed the AR indicated a diagnosis of anxiety and seizure

disorder, and both the appellant's mother and the nurse indicated that the appellant is reluctant to acknowledge his mental health conditions.

In the AR, the nurse who has known the appellant for 19 to 20 years wrote that there are major impacts to the appellant's cognitive and emotional functioning in the areas of bodily functions, emotion and insight and judgment, as well as moderate impacts in 9 of the remaining 11 areas of functioning. The nurse also reported that the appellant requires continuous support/supervision in 4 out of 5 aspects of social functioning, namely with: making appropriate social decisions (note: "often isolates self"), developing and maintaining relationships (note: "often isolates self"), dealing appropriately with unexpected demands (note: "requires controlled environment to function"), and securing assistance from others (note: "denies need for support"). The appellant requires periodic support/supervision with interacting appropriately with others, described by the nurse as "little interaction."

The nurse reported some restrictions to the DLA that are specific to mental impairment- make decisions about personal activities, care or finances (decision making) and relate to, communicate or interact with others effectively (social functioning). With respect to decision making, the nurse reported that the appellant requires periodic assistance from his mother to manage budgeting and paying rent and bills and that he does not fill his prescriptions or take his prescription medications. The nurse noted that the appellant does not want to take "seizure and anti-psychotic medications prescribed by doctor." She is also reported a need for continuous assistance/supervision in some of the decision-making components of the DLA of daily shopping (making appropriate choices), meal preparation (food storage), and with making appropriate social decisions as part of his social functioning. The appellant's mother wrote in the Request for Reconsideration that the appellant has major trouble just filling out the stub the ministry requires each month and the simplest things are extremely difficult for him. He will not open mail or respond to bills and it is "a very sad situation." However, the general practitioner reported in the PR that the appellant has no difficulty with communication, no significant deficits with cognitive and emotional function, and no restrictions to DLA including social functioning.

Although the appellant's mother wrote in the Request for Reconsideration that the appellant needs time to have his seizures diagnosed and to be given proper medication by a specialist, and the appellant wrote in his Notice of Appeal dated September 25, 2014 that he has new information about his disability, there was no additional evidence before the panel on this appeal. Given the absence of a definitive mental health diagnosis and the inconsistency in reported impacts to the appellant's mental and social functioning, the panel finds that the ministry reasonably determined that a severe mental impairment was not established under Section 2(2) of the EAPWDA.

Restrictions in the ability to perform DLA

The appellant's position is that his physical impairment directly and significantly restricts his ability to perform DLA on an ongoing basis to the point that he requires the significant assistance of another person or the use of an assistive device. The appellant's mother wrote in the Request for Reconsideration that the appellant's living conditions are terrible as he does not wear clean clothes or bathe, he has major trouble just filling out the stub the ministry requires each month, the simplest things are extremely difficult for him, he does not eat "because people are starving all around the world", he will not open mail or respond to bills, and he "doesn't do anything."

The ministry's position is that there is not sufficient evidence from the prescribed professional to

establish that the appellant's impairment significantly restricts his ability to perform DLA either continuously or periodically for extended periods of time. The ministry stated that the information provided by the general practitioner and by the nurse is not consistent. The ministry pointed out that the general practitioner reported that the appellant's impairment does not restrict his ability to perform DLA, including social functioning, while the nurse reported a need for assistance with some tasks of the DLA moving about indoors and outdoors, personal care, shopping, finances, decision making and social functioning.

Panel Decision

Section 2(2)(b) of the EAPWDA requires that a prescribed professional provide an opinion that an applicant's severe impairment directly and significantly restricts his DLA, continuously or periodically for extended periods. In this case, the general practitioner, who has known the appellant for one year and the nurse who has known the appellant for 19 to 20 years, are the prescribed professionals. DLA are defined in section 2(1) of the EAPWDR and are also listed in the PR and, with additional details, in the AR. Therefore, a prescribed professional completing these forms has the opportunity to indicate which, if any, DLA are significantly restricted by the appellant's impairments continuously or periodically for extended periods.

In the appellant's circumstances, the general practitioner indicated in the PR that the appellant has not been prescribed medications that interfere with his DLA, and the appellant's impairment does not directly restrict his mobility or his ability to perform DLA. In the AR, the nurse reported that the appellant uses an assistive device with moving about outdoors, described as "has loss of mobility to left foot due to 32-foot fall and fracture of calcaneus foot bone." The general practitioner indicated that the appellant uses a cane "intermittently." For personal care, the appellant is independent with all tasks with the exception of regulating his diet, for which he requires periodic assistance not explained by the nurse. The nurse noted that his "clothing, personal care, deficient" and that although he is independent as "stated by client", his hygiene is actually "very poor." The appellant is reported as independent with doing his basic housekeeping, although he has "some difficulty maintaining."

For shopping, the appellant is independent with reading prices and labels and requires continuous assistance from another person with going to and from stores, making appropriate choices and carrying purchases home. As the general practitioner indicated that the appellant can walk 4 or more blocks unaided and lift 15 to 35 lbs., the assistance going to and from stores and carrying purchases home would more likely than not be required for walking longer distances and carrying weights in excess of this range. The nurse indicated that the appellant requires periodic assistance with paying for purchases, but did not note how often he requires this assistance. The appellant takes significantly longer than typical with all tasks of the DLA of managing his meals, namely with meal planning, food preparation (described as: "doesn't prepare meals"), cooking (described as: "doesn't cook meals"), and safe storage of food (note: "food often goes bad"), and it is not clear how the appellant accomplishes these tasks and how much longer it takes him. For paying rent and bills, the appellant is independent with banking and he requires periodic assistance with budgeting and paying rent and bills, described as: "mother helps with budgeting and paying bills." Regarding medications, the appellant takes significantly longer than typical with filling/refilling prescriptions ("rarely would fill prescription") and taking as directed ("not taking prescription medication"), with no assessment reported for safe handling and storage. Regarding transportation, the appellant is independent with getting in and out of a vehicle and public transit is not available.

The panel finds that the evidence from the general practitioner is that there are no restrictions to the appellant's ability to perform DLA and the evidence from the nurse is that the restrictions are largely to those DLA that are specific to a mental impairment, namely decision making and social functioning, and these are not clearly demonstrated. The appellant's mother wrote that the appellant is reluctant to acknowledge a mental impairment and the nurse reported a major impact to the appellant's insight and judgment, which may account for the inconsistent picture of the restrictions to the appellant's DLA and the lack of detail. As previously mentioned, there was no additional evidence from a prescribed professional provided on the appeal. Therefore, the panel finds that the ministry reasonably concluded that there is not enough evidence currently available from the prescribed professionals to establish that the appellant's impairment significantly restricts his ability to manage his DLA either continuously or periodically for extended periods, thereby not satisfying the legislative criterion of Section 2(2)(b)(i) of the EAPWDA.

Help to perform DLA

The appellant's position is that his physical impairment affects his daily living functions to a severe enough extent that assistance is required from other persons, an assistive device and an assistance animal.

The ministry's position is that because it has not been established that DLA are significantly restricted, it cannot be determined that significant help is required. The ministry acknowledged that the appellant uses a cane as an assistive device but stated that he does not require the assistance of an assistance animal.

Panel Decision

Section 2(2)(b)(ii) of the EAPWDA requires that, as a result of direct and significant restrictions in the ability to perform DLA, a person requires help to perform those activities. Help is defined in subsection (3) as the requirement for an assistive device, the significant help or supervision of another person, or the services of an assistance animal in order to perform a DLA.

The nurse indicated in the AR that, with respect to the assistance provided by other people, the appellant's family, friends and workers' compensation provide him with this help. With respect to help required but not available, the nurse wrote that the appellant "would benefit from counseling, assistance with shopping, meal prep, care of living space, but very difficult to provide assistance as often does not answer door." The appellant routinely uses a cane and the nurse also indicated that the appellant has an assistance animal, described as: "cat's companionship." Although the appellant's cat may provide him with companionship, the panel finds that the cat is not an animal trained to assist the appellant with performing his DLA and, therefore, the ministry's determination that it is not included as an "assistance animal" was reasonable. The panel finds that the ministry reasonably determined that as direct and significant restrictions in the appellant's ability to perform DLA have not been established, it cannot be determined that the appellant requires help to perform DLA as a result of those restrictions, as defined by Section 2(3)(b) of the EAPWDA.

Conclusion

Having reviewed and considered all of the evidence and relevant legislation, the panel finds that the ministry's reconsideration decision which determined that the appellant was not eligible for PWD designation was reasonably supported by the evidence, and therefore confirms the decision.