

<b>PART C – DECISION UNDER APPEAL</b>
<p>The decision under appeal is the reconsideration decision of the Ministry of Social Development and Poverty Reduction (the ministry) dated February 7, 2019, which held that the appellant did not meet 3 of the 5 statutory requirements of section 2 of the <i>Employment and Assistance for Persons with Disabilities Act</i> for designation as a person with disabilities (PWD). The ministry found that the appellant met the age and duration requirements, but was not satisfied that:</p> <ul style="list-style-type: none"><li>• the appellant has a severe physical and/or mental impairment;</li><li>• 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</li><li>• as a result of those restrictions, the appellant requires an assistive device, the significant help or supervision of another person, or the services of an assistance animal to perform DLA.</li></ul>



<b>PART D – RELEVANT LEGISLATION</b>
<p><i>Employment and Assistance for Persons with Disabilities Act</i> (EAPWDA), section 2</p> <p><i>Employment and Assistance for Persons with Disabilities Regulation</i> (EAPWDR), section 2</p>

**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 information before the ministry at the time of reconsideration consisted of the following:

- The information before the ministry at the time of reconsideration included the appellant's PWD application comprised of a Medical Report (MR), dated September 13, 2018 and an Assessor Report (AR), dated September 12, 2018, both of which were completed by the appellant's general practitioner (the "GP"). The GP has known the appellant for less than 25 years and saw the appellant 2-10 times in the past 12 months prior to completing the PWD application. The PWD application also included the appellant's Self-Report (SR) dated July 26, 2018.

***Diagnoses***

In the MR, the GP diagnosed the appellant with spondylosis of the lumbar spine, depression (currently in remission) and Stimulant abuse (currently in remission). The onset of the diagnosis was not provided.

***Physical Impairment***

In the MR, the GP indicated the following about the appellant:

- "Increasing mid and low back pain".
- "Currently awaiting appointment with Neurosurgeon".
- The appellant can walk less than 1 block unaided, climb 5+ steps unaided, lift 5-15 lbs and remain seated for 1-2 hours.

In the AR, the GP indicated the following about the appellant:

- Periodic assistance is required with walking indoors, walking outdoors ("walks slowly"), climbing stairs ("cannot manage stairs without assistance"), standing ("limited from sitting or standing") and lifting.
- Continuous assistance is required with 'carrying and holding' ("can carry less than 10lbs").

In the SR, the appellant stated, in part, the following:

- She has been diagnosed with spondylosis and has had terrible pain for some time.
- She is not able to walk 1.5 blocks before pain makes her stop and rest.
- She can lift a jug of milk but it's very painful and she cannot carry it more than 50 feet.
- Sitting is limited to about 30 minutes as back pain prevents any longer sitting.

***Mental Impairment***

In the MR, the GP indicated the following about the appellant:

- "History of Depression and substance abuse".
- "No hospitalizations. Previously disorganized personal life improved functional capacity mentally in last 12 months – is held back by increasing back pain [secondary] to spondylolisthesis – this may well be a permanent condition".
- There are no difficulties with communication.
- There are no significant deficits with cognitive and emotional function.

In the AR, the GP indicated the following about the appellant:

- Speaking, reading, writing and hearing are listed as 'good'.
- There are moderate impacts to Emotion and attention/concentration. All other listed areas of cognitive and emotional functioning are indicated as either minimal or no impact.
- "Intermittently depressed mood makes some aspects of [DLA] difficult".

In the SR, the appellant stated, in part, the following:

- She is not taking medication currently but has been treated for depression in the past.
- She experience depressed mood “but more find [herself] angry because of pain”.
- “I have a hard time finding words when speaking because of pain”.

### **Daily Living Activities**

In the MR, the GP indicated the following about the appellant:

- No medications and/or treatments have been prescribed that would interfere with the ability to perform DLA.

In the AR, the GP indicated the following about the appellant:

- Under Personal Care, toileting, feeding self, and regulating diet are listed as ‘independent’ and dressing, grooming, bathing and transfers (in/out of bed and on/off chair) are listed as ‘takes significantly longer’. The GP commented “Back pain limits basic movements. All movements slow
- Under Basic Housekeeping, laundry and basic housekeeping are listed as ‘takes significantly longer’. The GP commented “cannot manage, needs help”.
- Under Shopping, reading prices/labels, making appropriate choices and paying for purchases are listed as ‘independent’ and going to/from stores and carrying purchases home are listed as ‘takes significantly longer’.
- Under Meal, meal planning and safe storage of food are listed as ‘independent’ and food preparation and cooking are listed as ‘takes significantly longer’; with the comment “difficulty with standing and at sink or stove”.
- Under Pay rent/bill and Medication all items were listed as ‘independent’.
- Under Transportation, using transit schedules and arranging transportation are listed as ‘independent’ and getting in/out of vehicle and using public transit are listed as ‘takes significantly longer’, with the comment “nervously”.
- Under social function, ‘Able to deal appropriately with unexpected demands’ is listed as requires periodic support/supervision and commented: “mood disorder not present all the time”.
- All other aspects of social function were listed as ‘independent’ with ‘good functioning’ with immediate social network, and ‘marginal functioning’ with extended social networks, with the comment: “limited number of friends” and “reunited [with] daughter [and] grandchild has improved social network”.

In the SR, the appellant stated, in part, the following:

- Personal care (dressing, bathing, grooming) takes 3-5 times longer and the more she moves the more pain she experiences.
- With basic housekeeping, she cannot vacuum or wash the floors and must get in the bathtub to wash it. “Back pain makes simple things a great challenge”.
- She needs help if she has to carry more than 10 lbs when shopping.
- She has to take breaks and rest when making meals. She cannot stand for more than 10 minutes.

### **Help**

In the MR, the GP indicated the following about the appellant:

- No prostheses or aids are required for the appellant’ impairment (“May use cane occasionally”).

In the AR, the GP indicated the following about the appellant:

- The help required for DLA is provided by ‘family’.

- Under Assistance provided through the uses of assistive devices, the GP stated “none”.
- Under assistance provided by assistance animals, the GP indicated ‘no’.

### **Supplementary Information**

A document prepared by the appellant’s advocate (supplementary information). This document consisted of a number of statements to which the appellant’s GP provided check marks in agreement with those statements. It was signed and dated January 26, 2019. The GP agreed with the following statements:

- The appellant is not able to stand longer than 10 minutes.
- Most days the appellant is not able to go walk outdoors as she is not able to tolerate the pain. The GP commented “But would suggest frequent short walks”.
- The appellant requires help with carrying her purchases when shopping. The only transportation she has is the bus and she cannot carry her purchases from the bus to home.
- The appellant is not able to lift more than 5 pounds as she experiences severe pain thus preventing her from lifting more.
- The appellant’s friend come to her home 3-4 days per week to do her dishes as she is not able to stand and lean over the sink.
- She has help most of the time with vacuuming, sweeping, cleaning the bathroom as the movements required, reaching, bending and twisting side to side are too painful.
- Bathing, dressing, and grooming take the appellant 5 times longer than typical as the pain slows her down. To this statement, the GP provided a checkmark and beside it a question mark with the comment: “Not sure if it would take 5 times longer”.
- The appellant takes 5 times longer to prepare a meal.
- The appellant’s medical condition is severe, that he has significant restrictions with her [DLA] and as a result she requires help most of the time. The GP provided a comment but it is illegible.

The panel notes that the supplementary information provided is an advocate prepared document which asks the GP to either agree or disagree with a provided statement by way of checkmark. Though there is space available for the GP to write comments the document does not ask for or require assessment or to indicate the causal link between the appellant’s impairment and ability to function either physically or emotionally. Furthermore, when there is a difference in the information provided in the original assessment in the PWD application and the supplementary information, an explanation is not required or provided by the GP. As a result, the panel places little weight on the supplementary information.

A letter signed and dated January 26, 2019 from the appellant’s friend and helper. The friend stated, in part, the following:

- She stated helping the appellant “frequently” with DLA including dishes 4-5 times per week.
- She does most of the vacuuming, cleaning the bathroom and helps the appellant get out of bed when her back seizes up.
- She helps the appellant get her groceries home because she cannot pull the weight of the cart.
- The appellant is emotional all the time due to her back pain and the medication does not seem to help.

### **Evidence on Appeal**

Notice of Appeal (NOA), signed and dated February 22, 2019, which stated, in part, that the GP has stated that the appellant needs help with DLA. The appellant stated that she is in constant pain, she is trying to find daily help and her prescribed medication does not work.

The panel finds that the NOA contains the appellant's argument and notes that no additional evidence or information was provided.

### **Additional Information**

Prior to the hearing the appellant submitted a letter, signed and dated March 14, 2019, and in part stated the following:

- The appellant's advocate stated that she did not have a strong enough case to continue.
- The appellant was not present when the GP completed the PWD application.
- The appellant knows that she has bipolar disorder, depression and anxiety and her mental disorders are due to her daily pain.
- She is snappy with people, bedridden and cannot think most of the time.
- Her friend helps her with DLA.
- The appellant is becoming more and more depressed.

### ***Admissibility of Additional Information***

Section 22(4) of the *Employment and Assistance Act* (EAA) provides that panels may admit as evidence (i.e. take into account in making its decision) the information and records that were before the minister when the decision being appealed was made and "oral and written testimony in support of the information and records" before the minister when the decision being appealed was made – i.e. information that substantiates or corroborates the information that was before the minister at reconsideration. These limitations reflect the jurisdiction of the panel established under section 24 of the EAA – to determine whether the ministry's reconsideration decision is reasonably supported by the evidence or a reasonable application of the enactment in the circumstances of an appellant. That is, panels are limited to determining if the ministry's decision is reasonable and are not to assume the role of decision-makers of the first instance. Accordingly, panels cannot admit information that would place them in that role.

The panel found that the letter dated March 14, 2019 from the appellant, provided additional detail or disclosed information that was in support of the information or corroborated the information addressed in the reconsideration. Accordingly, the panel has admitted this new information as being in support of information and records that were before the ministry at the time of reconsideration, in accordance with s. 22(4) of the *Employment and Assistance Act*. However, the panel did not admit any reference the appellant made to bipolar disorder or anxiety as this information was not in support of the information nor did it corroborate the information addressed in the reconsideration, in accordance with s. 22(4) of the *Employment and Assistance Act*.

## PART F – REASONS FOR PANEL DECISION

The issue on appeal is whether the ministry's decision to deny the appellant designation as a PWD was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. In particular, was the ministry reasonable when concluding it was not satisfied that

- the appellant has a severe physical and/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 those restrictions, in the opinion of a prescribed professional, the appellant requires help, as it is defined in the legislation, to perform DLA?

### Relevant Legislation

#### EAPWDA

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 or nurse 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).

#### EAPWDR

## 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.

(2) For the purposes of the Act, "**prescribed professional**" means a person who is

(a) authorized under an enactment to practice the profession of

- (i) medical practitioner,
- (ii) registered psychologist,
- (iii) registered nurse or registered psychiatric nurse,
- (iv) occupational therapist,
- (v) physical therapist,
- (vi) social worker,
- (vii) chiropractor, or
- (viii) nurse practitioner, or

(b) acting in the course of the person's employment as a school psychologist by

- (i) an authority, as that term is defined in section 1 (1) of the *Independent School Act*, or
- (ii) a board or a francophone education authority, as those terms are defined in section 1 (1) of the *School Act*,

if qualifications in psychology are a condition of such employment.

(3) The definition of "parent" in section 1 (1) applies for the purposes of the definition of "dependent child" in section 1 (1) of the Act.

### Panel Decision

#### Severe Impairment

In the reconsideration decision, the ministry was not satisfied that the information provided establishes a severe physical or mental impairment. Determining a severe physical or mental impairment requires weighing the evidence provided against the nature of the impairment and its reported functional skill limitations. 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, the ministry must consider the nature of the impairment and the extent of its impact on daily functioning.

The panel finds that employability is not a consideration for eligibility for PWD designation because employability is not a criterion in section 2(2) of the EAPWDA nor is it listed among the prescribed daily living activities in section 2 of the EAPWDR.

### Physical Impairment

The appellant's position is that her medical condition causes her severe pain which has impacted her mobility and physical ability.

The ministry argued that based on the information provided in the PWD application, a severe impairment of the appellant's physical functioning has not been established.

The ministry noted that in the MR, the GP indicated that the appellant can walk less than 1 block unaided, climb 5+ steps unaided, lift 5-15 lbs and remain seated for 1-2 hours. In the AR, the GP indicated that periodic assistance is required with walking indoors/outdoors, climbing stairs, standing and lifting; while continuous assistance is required with carrying and holding. The ministry noted that the type and frequency of the assistance remains unclear. The ministry noted the GP indicated that the appellant does not require the use of any prostheses or aids to manage her physical functioning and indicated that the appellant "may use can occasionally" but did not provide any information to explain the frequency or the duration in which the use of a cane is required. In terms of the supplementary information provided by the advocate, the ministry noted that the GP agreed with the statements provided and indicated that the appellant should take frequent short walks.

The ministry concluded that the functional skill limitations described by the GP do not demonstrate that the appellant is severely limited in her ability to independently manage her functional skills as a result of a physical impairment. Therefore it is not satisfied that the information provided is evidence of a severe physical impairment.

The panel finds that the ministry reasonably concluded that the information provided by the GP regarding the appellant's physical functioning does not support a finding of a severe physical impairment. That is, the GP has not explained the frequency and type of assistance the appellant requires with physical mobility, thereby making it difficult to determine if the appellant's limitations meet the requirements of a severe impairment as indicated above and in the legislation. The panel also noted that in the AR, the GP indicated that the appellant requires periodic assistance with walking outdoors. However, in the supplementary information provided by the advocate, the GP agreed that the appellant is not able to walk outdoors and forced to stay home but did not provide an explanation to the apparent difference in his opinion. Likewise, in the AR the GP indicated that the appellant requires periodic assistance with standing (and commented "Cannot manage this without assistance"), but in the supplementary information provided, the GP agreed that the appellant is able to stand up to 10 minutes and there is no mention of the requirement of assistance with standing. As stated earlier, the supplementary information did not provide explanation for the difference in the GP's assessment from the PWD, and therefore the panel places little weight on this information.



Given the assessments of the appellant's functional ability, and mobility and physical ability in the PWD application and the lack of explanation in supplementary information provided at appeal, the panel finds that the ministry was reasonable in its determination that the evidence does not support a finding that the appellant suffers from a severe physical impairment and that the legislative criteria outlined in Section 2(2) of the EAPWDA have not been met.

### Mental Impairment

The appellant argued that her pain causes her to be depressed, 'snappy' with others, she cannot think most of the time and she has problem finding words when speaking.

The ministry's position is that based on the assessments provided in the PWD application, a severe impairment of mental functioning has not been established.

In its reconsideration decision, the ministry noted that the GP indicated that there are no deficits to cognitive and emotional function, no difficulty communicating, ability to communication was 'good' (speaking, reading, writing and hearing), and that there are moderate impacts to emotion and attention/concentration with minimal or no impacts to all other listed areas of cognitive and emotional functioning. The ministry noted that the GP indicated "intermittent depressed mood" without indicating the frequency of the intermittent depressed mood and that the GP did not report that there are any major impacts on DLA as a result of cognitive and emotional functioning. The ministry noted that no additional information regarding mental impairment was provided in the Supplementary information.

The ministry concluded that the information provided by the appellant's GP does not provide evidence of a severe mental impairment.

The panel finds that the ministry reasonably concluded that the information provided by the GP regarding the appellant's mental functioning does not support a finding of a severe mental impairment because the overall cognitive and emotional functioning of the appellant is indicated as good. The panel also notes that the GP indicated that the appellant independently performs all aspects of 'paying rent/bills' and 'medication'. The panel also notes that the appellant is independent in most aspects of social functioning including 'appropriate social decisions', 'able to develop and maintain relationships' and 'interacts appropriately with others'. Furthermore, the GP indicated that the appellant has not been prescribed any medication or treatment that interferes with her ability to perform her DLA. Finally the panel notes that the GP indicated that the appellant's depression and substance abuse are in remission.

Given that the assessment of the appellant's mental functioning provided by the GP does not indicate a severe mental impairment, and that no additional or supportive information from the GP was provided at appeal in this regard, the panel finds that the ministry was reasonable in its determination that the evidence does not support a finding that the appellant suffers from a severe mental impairment and the legislative criteria outlined in Section 2(2) of the EAPWDA have not been met.

### Restrictions in the ability to perform DLA

Section 2(2)(b)(i) of the EAPWDA requires that the minister be satisfied that in the opinion of a prescribed professional, a severe mental or physical impairment directly and significantly restricts the appellant's ability to perform DLA either continuously or periodically for extended periods. While other evidence may be considered for clarification or support, the ministry's determination as to whether or not it is satisfied that the legislative criteria are met, is dependent upon the evidence from prescribed professionals. The term "directly" means that there must be a causal link between the severe impairment and the restriction. The direct restriction must also be significant. Finally, there is a component related to time or duration – the direct and significant restriction may be either continuous or periodic. If periodic, it

must be for extended periods. Any analysis of periodicity must also include consideration of how frequently the activity is restricted. All other things being equal, a restriction that only arises once a year is less likely to be significant than one that occurs several times a week. Accordingly, in circumstances where the evidence indicates that a restriction arises periodically, it is appropriate for the ministry to require evidence of the duration and frequency of the restriction in order to be "satisfied" that this legislative criterion is met.

DLA are defined in section 2(1) of the EAPWDR and are listed in both the MR and the AR sections of the PWD application with the opportunity for the prescribed professional to check marked boxes and provide additional narrative.

The appellant argued that due to her back pain she is unable to perform her DLA as reaching, bending and twisting are painful and her medication does not help.

The ministry argued that it is not satisfied that the information provided establishes that the impairment directly and significantly restrict DLA continuously or periodically for extended periods.

The ministry noted the GP's narrative as indicated above and that the GP indicated that the appellant takes significantly longer with activities of personal care, basic housekeeping, going to/from stores, carrying purchases home, food preparation and cooking, getting in/out of a vehicle and using public transit. The ministry noted that the GP did not provide further explanation of how much longer the appellant takes to perform these DLA. The ministry noted that all other listed activities of daily living are performed independently. In regards to the supplementary information provided by the advocate, the ministry noted that the GP agreed with all of the appellant's statements but did not provided additional information to explain the type or the degree of the assistance the appellant receives.

In terms of social functioning the ministry noted that only one aspect of social functioning requires periodic assistance and that no additional information was provided to explain the type or the degree of the assistance required or to explain the frequency in which the appellant experiences changes to her mood.

The ministry concluded that there is not enough evidence to confirm that the appellant has a severe impairment that significantly restricts her ability to perform her DLA continuously or periodic for extended periods. Therefore, the legislative criteria have not been met.

The panel finds that the ministry reasonably concluded that there is not enough evidence to confirm that the appellant has a severe impairment that significantly restricts her ability to perform her DLA continuously or periodic for extended periods. The panel notes that the information provided established that the appellant is able to perform the most of her DLA independently. Of those DLA that the appellant struggles with, the GP only indicated that she takes significantly longer to complete them. Thus though it takes longer, the appellant is able to complete all of her DLA independently except 'able to deal appropriately with unexpected demands'. The panel also noted that, in the PWD application, the GP did not clearly indicate how much longer it takes for the appellant to perform her DLA. In regards to the supplementary information, the panel notes that though the GP agreed that appellant takes 5 times longer to prepare a meal, he did not explain why this information was absent in the original PWD application and as a result little weight is placed on the supplementary information. The panel also notes that though the GP agreed with the supplementary information that the appellant needs help from her friend with dishes, vacuuming, sweeping and cleaning the bathroom, he did not explain why this information was missing in the original PWD application.

The panel considered the assessment by the GP in the PWD application of independence with almost all

of the DLA, the lack of information regarding the causal link between a physical or mental impairment and a restriction to perform some DLA either continuously or periodically for extended periods, and that insufficient additional or supporting information was provided from a prescribed professional at appeal to support the appellant's position. The panel finds that the evidence provided by the GP does not describe or indicate that a severe impairment restricts the appellant's ability to perform his DLA either continuously or periodically for extended periods. Given the evidence as a whole, the panel finds that the ministry reasonably concluded that the evidence does not establish that an impairment significantly restricts DLA continuously or periodically for extended periods, pursuant to Section 2(2)(b)(i) of the EAPWDA.

#### Help to perform DLA

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 DLA.

The appellant indicated that she requires assistance from her friend for cleaning, vacuuming and doing the dishes and that her GP confirmed that help was required.

The ministry argued that because it has not been established that DLA are significantly restricted, it cannot be determined that help is required.

The panel notes that, in the AR, the GP did indicate that assistance is required from family and that the appellant uses a cane occasionally. However, in the PWD application, the GP did not indicate what assistance family provided, how often or for how long. The GP indicated that the appellant uses a cane "occasionally" but did not indicate how often or how long the appellant uses his cane for mobility. Furthermore, the panel notes that the GP did not comment on whether or not the use of an assistive device such as a cane or walker alleviates the appellant's struggles or whether occasional use of a cane was sufficient for the appellant. The panel notes that the GP indicated that the appellant receives help from family but the appellant only mentions receiving assistance from her friend. There is no information to explain this discrepancy. Finally, the panel notes that the appellant and her friend provided information regarding the extent of help required and that in the supplementary information, the GP agreed by way of check mark that the appellant's friend provides help. However, the panel notes that the GP did not provide explanation for the change in his assessment of help from the AR to the supplementary information or why in the AR the GP indicated that basic housekeeping takes significantly longer and also commented "cannot manage, needs help". The panel is of the opinion that if the appellant cannot manage and needs help then the GP should have indicated that the appellant requires continuous assistance or period assistances and that it is insufficient to indicated only that the task takes significantly longer.

Given that confirmation of direct and significant restrictions with DLA is a precondition of the need for help criterion and because the panel found that the ministry reasonably determined that direct and significant restrictions in the appellant's ability to perform DLA have not been established, the panel also finds that the ministry reasonably concluded that it cannot be determined that the appellant requires help to perform DLA as required by section 2(2)(b)(ii) of the EAPWDA.

#### Conclusion

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 is a reasonable application

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of the applicable enactment, and therefore confirms the decision. The appellant is not successful on appeal.

<b>PART G – ORDER</b>	
THE PANEL DECISION IS: (Check one) <input checked="" type="checkbox"/> UNANIMOUS <input type="checkbox"/> BY MAJORITY	
THE PANEL <input checked="" type="checkbox"/> CONFIRMS THE MINISTRY DECISION <input type="checkbox"/> RESCINDS THE MINISTRY DECISION	
If the ministry decision is rescinded, is the panel decision referred back to the Minister for a decision as to amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LEGISLATIVE AUTHORITY FOR THE DECISION:</b>	
<i>Employment and Assistance Act</i>	
Section 24(1)(a) <input checked="" type="checkbox"/> or Section 24(1)(b) <input checked="" type="checkbox"/>	
and	
Section 24(2)(a) <input checked="" type="checkbox"/> or Section 24(2)(b) <input type="checkbox"/>	

<b>PART H – SIGNATURES</b>	
PRINT NAME Neena Keram	
SIGNATURE OF CHAIR	DATE (YEAR/MONTH/DAY) 2019/04/16

PRINT NAME Susan Johnston	
SIGNATURE OF MEMBER: On behalf of	DATE (YEAR/MONTH/DAY) 2019/04/16
PRINT NAME Carla Tibbo	
SIGNATURE OF MEMBER	DATE (YEAR/MONTH/DAY) 2019/04/16