

PART C – DECISION UNDER APPEAL

The decision under appeal is the reconsideration decision of the Ministry of Social Development and Poverty Reduction (the ministry) dated 26 February 2020 that denied the appellant designation as a person with disabilities (PWD) under section 2 of the *Employment and Assistance for Persons with Disabilities Act*. The ministry found that the appellant meets the age and duration requirements, but was not satisfied that:

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

The ministry also found that the appellant is not in one of the prescribed classes of persons who may be eligible for PWD designation on the alternative grounds set out in section 2.1 of the *Employment and Assistance for Persons with Disabilities Regulation* ("EAPWDR"). As there was no information or argument provided for PWD designation on alternative grounds, the panel considers that matter not to be at issue in this appeal.

PART D – RELEVANT LEGISLATION

Employment and Assistance for Persons with Disabilities Act (EAPWDA) – section 2.
Employment and Assistance for Persons with Disabilities Regulation (EAPWDR) – sections 2 and 2.1.

PART E – SUMMARY OF FACTS

Evidence before the ministry at reconsideration

1. The appellant's PWD Designation Application received by the ministry on 30 October 2019. The Application contained:
 - A Self Report (SR)
 - A Medical Report (MR) dated 22 October 2019, completed by a general practitioner (GP) who has known the appellant since 2019 and seen the appellant 2 - 10 times in the past year.
 - An Assessor Report, unsigned and not dated – i.e. by an unknown author. The ministry found that it could not be confirmed that this version of the AR was completed by a prescribed professional.
 - Another version of the Assessor Report (AR) completed and signed by the same GP who completed the MR, faxed to the ministry on 28 January 2020.

In the reconsideration decision, the ministry noted that as the AR signed by the GP is the only version completed by a prescribed professional, the ministry's decision summary reviewed and assessed only that version of the AR. Given the deficiencies noted in the Assessor Report submitted as part of the original application, the panel finds that the ministry was reasonable in relying only on the AR faxed by the GP to the ministry on 28 January 2020. In this decision, the panel will refer to this version as the AR.

2. The appellant's Request for Reconsideration, dated 11 February 2020. Under Reasons, the appellant provides a type-written submission (see below).

In the MR, the GP provides the following diagnoses related to the appellant's impairment: Type 1 diabetes (onset 2010) and hypoglycemia & seizure, with the diagnostic code for traumatic brain injury (onset 2015). In the AR, the GP describes the appellant's disability as, "Cognitive delay following coma secondary to uncontrolled diabetes Type 1."

The panel will first summarize the evidence from the MR and the AR as it relates to the PWD criteria at issue in this appeal.

Severity/health history

Physical impairment

MR:

Under Health History, the GP writes:

"Admitted 2015 for severe hypoglycemia, required intubation, suspected brain injury due to seizure damaged [the appellant's] cognition.
Islet cell transplant in 2016, but had to stop immunosuppressive therapy [for medical reasons]."

Regarding functional skills, the GP indicates that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, and there are no limitations in lifting and remaining seated.

The GP indicates that the appellant has not been prescribed medication and/or treatments that interfere with the ability to perform DLA.

AR:

Respecting mobility and physical ability, the GP assesses the appellant as independent for walking indoors, walking outdoors, climbing stairs, standing, lifting, and carrying and holding.

Mental impairment

MR:

As noted above under Physical impairment Health History, the GP writes, "Admitted 2015 for severe hypoglycemia, required intubation, suspected brain injury due to seizure damaged [the appellant's] cognition."

The GP indicates that the appellant has significant deficits with cognitive and emotional function in the areas of executive, memory, and attention and sustained concentration.

The GP indicates that the appellant has difficulties with communication, with a cognitive cause.

AR:

The GP assesses the appellant's ability to communicate as good for speaking, reading, writing, and hearing.

The GP assesses the degree to which the appellant's mental impairment impacts daily functioning as follows:

- Major impact: nil.
- Moderate impact: attention/concentration, executive, memory, and motivation.
- Minimal impact: nil.
- No impact: bodily functions, consciousness, emotion, impulse control, insight and judgement, motor activity, language, psychotic symptoms, other neuropsychological problems, and other emotional or mental problems.

Ability to perform DLA

MR:

The GP indicates that the appellant's impairment restricts the ability to perform DLA. The GP checks the DLA of management of medications and management finances as being restricted on a continuous basis. The GP indicates "unknown" for all other DLA, including social functioning.

The GP comments that the appellant is unable to manage medications and glucose effectively.

AR:

The GP provides the following assessments of the assistance the appellant requires in performing DLA:

- Personal care – independent for all tasks.
- Basic housekeeping – independent for all tasks.

- Shopping – independent for all tasks.
- Meals – independent for all tasks.
- Pay rent and bills – independent for all tasks
- Medications – independent for all tasks.
- Transportation – independent for all tasks.

Social functioning

The GP assesses the support/supervision required for social functioning as follows

- Making appropriate social decisions – independent.
- Developing and maintaining relationships – Independent.
- Interacting appropriately with others – independent
- Dealing with unexpected demands – independent.
- Securing assistance from others – independent

The GP assesses the appellant's relationship with both immediate and extended social networks as “marginal functioning.”

Help provided/required

MR:

The GP indicates that the appellant does not require any prostheses or aids to compensate for impairment.

AR:

The GP indicates that assistance for DLA is provided by community service agencies. The GP does not indicate that the appellant uses any of the listed assistive devices. The GP does not indicate that the appellant has an assistance animal.

Self Report

The appellant's disability is described as follows:

“I am a Type 1 diabetic with uncontrollable sugars that is hard to control. I am on immune-suppressant medication, heart medication and insulin.”

The appellant did not provide further information on the effect of the disability on the ability for self-care.

Request for Reconsideration

In the Request for Reconsideration, the appellant writes:

“I have a severe case of uncontrollable sugars due to the type 1 diabetes I have. It affects me greatly with comprehending my awareness and I do also struggle with low blood sugars. With my blood sugars being all over the place it is harder to control, and I lose a lot of weight with the high sugars and for the lows I have seizures and I do also sometimes just black out if I don't get sugar in time. I also take medication for my acid reflux (tecta -

prantoprazole magnesium) because of my diabetes so I feel sick all the time and I do take a medication called dompridone as my gastric nerve in my stomach has been affected and harmed due to my blood sugars. I went to a new doctor so he is not too familiar with my case as well. I do also have a heart condition I believe it is called wpw/pcvr (not sure which one) and I do take medication (metropolol twice a day) for it till I can have my next heart surgery. I previously had a surgery/ cardiac ablation in April of 2018 I believe but it did not seem to work or stop the heart from going out of whack. It also affects me greatly with walking, running, exercising, anything of that nature. Majority of the time it is harder for me and majority of the time I do or will pass out, so I do not walk far and if I do, I have to bring someone with me just in case. Majority of the time I cannot walk due to those issues. From the life support and brain injury as well it has affected my thinking my memory and the use of my legs, I am still recovering from it till this day and some days I'm unable to even get up. Many of the daily tasks I can do but with someone around just in case something does happen like what I posted earlier, and some daily functions are much more harder for me."

Notice of Appeal

The Notice of Appeal is dated 27 February 2020. Under Reasons for Appeal, the appellant provides an attachment that reads:

"Diabetes is a lifelong illness and it does affect everything; physical mental and internal. I have been a type 1 diabetic (juvenile diabetes) for almost 10 years and I have severe uncontrollable sugars. I have damage to my stomach gastric nerve (gastroparesis), my eyesight, and diabetic neuropathy (damage to my nerves). My latest A1C level was 10.6 and fasting glucose was 22.6. I have very frequent kidney infections due to the diabetes and the uncontrollable sugars which makes me very ill. On top of that I have an irregular heartbeat and an added pathway which also effects my daily life completely.

From the life support for a month (due to my uncontrollable sugars) until now I still have issues even till this day. I had a massive brain injury. I lost all my memory and I'm still trying to rebuild. I was unable to walk, and I still have issues with that. Some days I can barely get out of bed or even function and I lay in bed sore [and] in pain."

The hearing

The appellant did not attend the hearing. After confirming that the appellant was notified of the hearing, the hearing proceeded in accordance with section 86(b) of the Employment and Assistance Regulation

The ministry stood by its position at reconsideration.

Admissibility of additional information

The panel finds that the information provided by the appellant in the Notice of Appeal is reasonably required for a full and fair disclosure of the matter under appeal, as it contributes to

the panel's understanding of the nature of the appellant's impairments, the severity of which is at issue in this appeal. The panel therefore admits this information as evidence pursuant to section 22(4) of *the Employment and Assistance Act*.

PART F – REASONS FOR PANEL DECISION

The issue in this appeal is whether the ministry decision that determined that the appellant did not meet three of the five statutory requirements of Section 2 of the EAPWDA for designation as a person with disabilities (PWD) is reasonably supported by the evidence or is a reasonable application of the legislation in the circumstances of the appellant. Specifically, the ministry determined that the information provided did not establish that the appellant has a severe physical or mental impairment that in the opinion of a prescribed professional

- directly and significantly restricts the appellant's ability to perform daily living activities (DLA) either continuously or periodically for extended periods; and,
- as a result of those restrictions, the appellant requires help to perform those activities.

The ministry determined that the appellant satisfied the other criteria of section 2 having reached 18 years and the impairment continuing for at least 2 years.

The following section of the EAPWDA applies to this appeal:

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 is in a prescribed class of persons or 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.

The following sections of the EAPWDR applies to this appeal:

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 practise 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.

Alternative grounds for designation under section 2 of Act

2.1 The following classes of persons are prescribed for the purposes of section 2 (2) [*persons with disabilities*] of the Act:

- (a) a person who is enrolled in Plan P (Palliative Care) under the Drug Plans Regulation,
- (b) a person who has at any time been determined to be eligible to be the subject of payments made through the Ministry of Children and Family Development's At Home Program;
- (c) a person who has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the *Community Living Authority Act*;
- (d) a person whose family has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the *Community Living Authority Act* to assist that family in caring for the person;
- (e) a person who is considered to be disabled under section 42 (2) of the *Canada Pension Plan* (Canada).

Analysis

Preliminary Considerations

The designation of a person as a person with disabilities arises from the application of legislation – section 2 of the EAPWDA reproduced above. It is clear from this legislation that PWD designation is at the discretion of the minister. However, it is also clear that this discretion is limited, by requiring the minister to be “satisfied” that the applicant meets the criteria set out in section 2.

For the minister to be “satisfied” that the person meets the criteria, the legislation requires the minister to rely primarily on the evidence provided by the independent and professional medical practitioner and prescribed professional (in this case the GP) completing the MR and AR. Given

these legislative requirements, the panel considers it reasonable for the ministry to expect that the material submitted by the medical practitioner / prescribed professional provides the minister with sufficient information on the nature and extent of the impacts of the person's medical conditions on daily functioning. As the legislation requires the minister to make determinations regarding the degree of impairment, the degree of restrictions in the ability to perform DLA and the resulting degree of help required, it is therefore important that the MR and the AR include explanations, descriptions or examples in the spaces provided so that the minister has the information needed to make these determinations. Significant weight must also be placed on the evidence of the applicant, unless there is a legitimate reason not to do so. Such information provided by the applicant, while optional in the Application form, may be helpful in fleshing out the general picture provided by the medical practitioner/prescribed professional. The reconsideration process provides the opportunity for the prescribed professionals and applicant to clarify or add to the information provided on application, and the panel hearing an appeal must consider any information provided on appeal, as long as the panel finds it admissible.

Severity of impairment

Physical impairment

The appellant's position

The panel understands from the Notice of Appeal that the appellant's position is that it is unreasonable for the ministry not to find that the uncontrollable Type 1 diabetes, as evidenced by recent A1C and fasting glucose readings and associated medical difficulties such as gastroparesis, demonstrates a severe physical impairment

The ministry's position

The position of the ministry, as set out in the reconsideration decision, is that the information provided in the PWD application and in the Request for Reconsideration does not establish that the appellant has a severe physical impairment.

In reaching this conclusion, the ministry noted that a diagnosis of a serious medical condition does not in itself determine PWD eligibility or establish a severe impairment. To assess the severity of a physical impairment the ministry must consider the nature of the impairment and the extent of its impact on daily functioning as evidenced by limitations / restrictions in mobility, physical ability, and basic functional skills. Accordingly, the ministry reviewed the information provided by the GP in the MR and AR for these areas. The ministry noted the functional skills reported by the GP in the MR (can walk 4+ blocks unaided, etc.) and the assessments in the AR that the appellant is independent with all listed activities of mobility and physical ability (walking indoors, etc.). The ministry stated that these assessments are not considered indicative of an impairment of physical functioning.

Panel finding

In the MR and AR forms, the ministry defines "impairment" as "a loss or abnormality of psychological, anatomical or physiological structure or function causing a restriction in the ability

to function independently, effectively, appropriately or for a reasonable duration.” The panel finds this definition of impairment to be reasonable, given the emphasis in the legislation on restrictions and help required. Thus, as the ministry noted, a diagnosis of a serious medical condition does not in itself determine PWD eligibility or establish a severe impairment – i.e. information on the nature and extent of the resulting restrictions is required to fully assess the severity of impairment.

The GP has diagnosed the appellant with Type 1 diabetes, noting that:

- the appellant was admitted to hospital in 2015 due to severe hypoglycaemia requiring intubation, and
- that there was an Islet cell transplant attempt in 2016 that proved unsuccessful, and that a repeat procedure is being wait-listed.

The GP indicated that the appellant’s diabetes restricts the ability to perform DLA in the areas of management of medications and management finances, and notes that the appellant is unable to manage medications and glucose effectively.

In the Request for Reconsideration and Notice of Appeal, the appellant provides a more complex picture: blood sugar levels are “uncontrollable,” there have been diabetes-related complications – acid reflux, gastric nerve effects, heart issues, frequent kidney infections, eyesight problems and diabetic neuropathy. According to the appellant, the compound effect of all these conditions is that “Some days I can barely get out of bed or even function and I lay in bed sore [and] in pain.”

However, as the ministry noted when reviewing the appellant’s Request for Reconsideration in the reconsideration decision, none of the related medical conditions and resulting restrictions described by the appellant were addressed by the GP in the MR or AR. Without anything from the GP that could be said to substantiate or corroborate the appellant’s descriptions of these complications, the panel finds that the ministry was reasonable in relying primarily on the GP’s assessments of functional skills in the MR and of mobility and physical ability in the AR to assess the severity of physical impairment. This should not be read as casting doubt on the appellant’s descriptions, but simply as reflecting the legislative requirement for the minister to be “satisfied” that the PWD designation criteria are met and for the ministry to rely primarily on the evidence provided by the medical practitioner / prescribed professional.

Given the lack of restrictions to physical functioning reported by the GP, the panel finds that the ministry was reasonable to determining that a severe physical impairment has not been established.

Mental impairment

The appellant’s position

In the Notice of Appeal, the appellant stresses having had a massive brain injury, losing all memory and still trying to rebuild it. Surely this demonstrates a severe mental impairment?

The ministry’s position

In the reconsideration decision, the ministry found that the appellant does not have a severe physical impairment.

In making this determination, the ministry reviewed the information provided by the GP in the MR and AR (see under *Mental impairment* and *Social functioning* in Part E above). In particular, the ministry noted:

- Although in the MR the GP indicates that the appellant has difficulties with communication, a cognitive cause, in the AP the GP assesses good ability with all listed areas of communications.
- While the GP indicates *significant* deficits with cognitive and emotional functioning in the areas of executive, memory and sustained attention / concentration, in the AR the GP assesses *moderate* impacts in these areas.
- In the AR, the GP indicates no major impacts to cognitive and emotional functioning, and moderate impacts in four areas, with no impacts in the other eleven listed areas – i.e. a cumulative impact not considered indicative of a severe impairment of mental functioning.
- While in the AR, the GP indicates marginal functioning with immediate and extended social networks, the GP also indicates that the appellant is independent in all listed areas of social functioning.

On this basis, the ministry concluded that based on the assessments provided by the GP and the appellant's self-reports, a severe impairment of mental functioning has not been established.

Panel finding

In the MR, the GP diagnoses the appellant with hypoglycemia & seizure, with the diagnostic code for traumatic brain injury, in 2015. In the AR the GP describes the appellant's disability as, "Cognitive delay following coma secondary to uncontrolled diabetes Type 1." Under Health History, the GP explains that the appellant was admitted to hospital for severe hypoglycemia, with suspected brain injury due to a seizure that resulted in damaged cognition. Referring to this episode, in the Notice of Appeal the appellant writes, "From the life support for a month (due to my uncontrollable sugars) until now I still have issues even till this day. I had a massive brain injury. I lost all my memory and I'm still trying to rebuild."

From this, the panel understands that the appellant was in a coma for a month following a seizure caused by hypoglycemia; this is thought to have caused a brain injury, causing memory loss and "cognitive delay." However, as the ministry noted, and as discussed above under *Physical impairment*, a diagnosis of a serious medical condition does not in itself determine PWD eligibility or establish a severe impairment. To assess the severity of a mental impairment the ministry must consider the nature of the impairment and the extent of its impact on daily functioning as evidenced by impacts on cognitive and emotional functioning and restrictions in the ability to perform DLA, including the "social functioning" DLA of making decisions about personal activities, care or finances and relating to, communicating or interacting with others effectively.

In terms of the nature of the appellant's mental impairment, the GP has referred to "cognitive delay" and "damaged cognition." However, while the appellant states, "I lost all my memory and I'm still trying to rebuild," the GP has not provided any information on the extent to which, and in

what areas, the appellant may have regained memory. In addition, the GP has not provided any narrative to explain, in terms of day-to-day tasks, how and to what degree the appellant life is impacted by any cognitive deficits. For instance, the GP indicates that the appellant is restricted in the management of medications, stating that the appellant is unable to manage medications and glucose effectively, but without explaining why this is the case – i.e. what the appellant is doing or not doing in not managing medications effectively, and why.

Given the lack of information on the nature of the appellant's impairment as discussed above and the inconsistencies in the assessments provided by the GP as noted by the ministry, the panel finds that the ministry reasonably found that a severe mental impairment has not been established.

Direct and significant restrictions in the ability to perform DLA

In the reconsideration decision the ministry held that, based on the information provided by the GP, the appellant does not have a severe impairment that, in the opinion of the prescribed professional, directly and significantly restricts the ability to perform the DLA set out in the legislation. In making this determination, the ministry reviewed the information regarding the appellant's ability to perform DLA provided by the GP in the MR. The ministry noted:

- Although the GP indicates in the MR that the appellant is continuously restricted with management of medications and management of finances, and states that the appellant is unable to manage medications and glucose effectively, in the AR the GP assesses the appellant as independent with all listed areas of paying rent / bills and medications.
- While the GP indicates that it is unknown whether the appellant is restricted for all other DLA listed in the MR, in the AR the GP assesses the appellant as independent in all of these areas.
- In the AR, the GP indicates that the appellant is independent in all listed areas of DLA, including social functioning.

Panel finding

The panel notes that, according to the legislation, the direct and significant restriction in the ability to perform DLA must be the result of a severe impairment, a criterion not established in this appeal. The legislation – section 2(2)(b)(i) of the EAPWDA – requires the minister to assess direct and significant restrictions to DLA in consideration of the opinion of a prescribed professional, in this case the GP. This does not mean that other evidence should not be factored in as required to provide explanation of the professional evidence, but the legislative language is clear that a prescribed professional's evidence is fundamental to the ministry's determination whether it is "satisfied." And for the minister to be "satisfied," it is reasonable for the ministry to expect that a prescribed professional provides sufficient information as to the extent to which the ability to perform DLA is restricted, as assessed in terms of the nature and duration of help required or the time it takes to perform a task, in order for the ministry to determine whether the restrictions are "significant." Any information submitted by the applicant or others could be useful in adding context and detail to the picture provided by the prescribed professional.

As noted by the ministry, in the AR the GP assessed the appellant as independent for all DLA

applicable to a person with a severe mental or physical impairment (including all areas of mobility and physical ability – the DLA of moving about indoors and outdoors) and independent in all listed areas of social functioning – the two DLA applicable to a person with a severe mental impairment (making decisions about personal activities, care or finances and relating to, communicating or interacting with others effectively). Considering these assessments, the panel finds that that the ministry was reasonable in determining that the information provided does not establish that, in the opinion that a prescribed professional, the appellant's ability to perform DLA is significantly restricted either continuously or for extended periods.

Help required

Section 2(2)(b)(ii) of the EAPWDA requires that, as a result of being directly and significantly restricted in the ability to perform DLA either continuously or periodically for extended periods, a person must also require help to perform those activities. That is, the establishment of direct and significant restrictions under section 2(2)(b)(i) is a precondition of meeting the need for help criterion. 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.

Although the GP noted that help required for DLA is provided by community service agencies, and in the Request for Reconsideration the appellant mentioned needing to have someone around just in case something happens, neither the GP nor the appellant reported any detailed information on the nature, type, frequency or duration of assistance required from another person, or the use of an assistive device or the services of an assistance animal. Because the ministry reasonably determined that direct and significant restrictions in the appellant's ability to perform DLA have not been established, the panel finds that the ministry reasonably concluded that under section 2(2)(b)(ii) of the EAPWDA it cannot be determined that the appellant requires help to perform DLA.

Conclusion

The panel finds that the ministry's reconsideration decision that the appellant was not eligible for PWD designation was reasonably supported by the evidence. The panel therefore confirms the ministry's decision. The appellant is not successful on appeal.

APPEAL NUMBER
2020-00067

PART G—ORDER

THE PANEL DECISION IS: (Check one) UNANIMOUS BY MAJORITY

THE PANEL CONFIRMS THE MINISTRY DECISION 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? Yes No

LEGISLATIVE AUTHORITY FOR THE DECISION:

Employment and Assistance Act

Section 24(1)(a) or Section 24(1)(b)

and

Section 24(2)(a) or Section 24(2)(b)

PART H—SIGNATURES

PRINT NAME

Richard Roberts

SIGNATURE OF CHAIR

DATE (YEAR/MONTH/DAY)

2020 March 26

PRINT NAME

Inge Morrissey

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2020 March 26

PRINT NAME

Wesley Nelson

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2020 March 26