

PART C – DECISION UNDER APPEAL

The decision under appeal is the Ministry of Social Development and Poverty Reduction (the Ministry) Reconsideration Decision (RD) dated May 26, 2020, 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* (EAPWDA) for designation as a person with disabilities (PWD). While the Ministry found that the Appellant met the age requirement and had an impairment which was likely to continue for at least two years, it 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.

The Ministry also found that the Appellant is not 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) and the Appellant did not appeal the decision on this basis.

PART D – RELEVANT LEGISLATION

EAPWDA, Section 2

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

Employment and Assistance Act (EAA), Section 22(4)

PART E – SUMMARY OF FACTS

The evidence before the Ministry at the time of the RD included the PWD Application comprised of the applicant information and self report (SR) completed by the Appellant on March 6, 2020, a Medical Report (MR) dated February 19, 2020 and completed by the Appellant's General Practitioner (GP) who has known the Appellant for six months and who has seen the Appellant 2 times in the past year, and an Assessor Report (AR) dated February 19, 2020, also completed by the GP.

The evidence also included:

- A Request for Reconsideration form (RFR) signed by the Appellant on May 25, 2020 with the section of the RFR that asks for the reason for the request left blank;
- Several documents including: a transaction record issued in another province (the Other Province) dated August 8, 2005 relating to the Appellant and asking the Appellant to review personal information contained in the record and to immediately report any required corrections; a three page, undated Mandatory Special Benefits Request form from the Other Province prepared on behalf of the Appellant by a health professional identifying 4 visits by the Appellant to a medical practitioner on March 16, 2005, April 5, 2005, April 11, 2005 and June 2, 2005; and, an undated letter addressed "Dear Patient" announcing the death of a medical practitioner in the Other Province on April 12, 2019 and referring to an enclosed record transfer request with instructions, which is also included;
- A letter dated May 1, 2020 signed by an individual on behalf of the director of a disability support program in the Other Province confirming that the Appellant was receiving income and support benefits under that province's Disability Support Program (DSP) from November 1998 through May 2019 and from July 2019 through December 2019;
- An invoice from a medical centre in the Appellant's community dated May 6, 2020 in the amount of \$20.00 billing the Appellant for a "form fee" associated with the Appellant's May 5, 2020 visit with their GP; and,
- A prescription form dated May 5, 2020 signed by the Appellant's GP (the Amendment) stating that the GP "*would like to amend the answers on (the Appellant's PWD application form)*". Details of the amended answers are provided below.

Diagnoses

In the MR, the GP diagnosed the Appellant with bipolar disorder with an unidentified date of onset, type II diabetes with a date of onset of November 2019, and chronic back pain (arthritis) with an unidentified date of onset.

Physical Impairment

In the MR, the GP states that the Appellant has chronic back pain which is medicated and controlled and that they use insulin to manage their diabetes well. With respect to functional skills, the GP reports that the Appellant can walk more than 4 blocks unaided on a flat surface, climb 2 – 5 steps unaided, and can remain seated for less than an hour and that the Appellant's lifting ability is unknown. The GP has not made any comments in the section of the MR where the prescribed professional is asked to provide any

additional information that might be considered relevant in understanding the significance of the Appellant's medical condition and the nature of their impairment.

In the section of the AR where the assessor is asked to indicate the assistance required related to impairments that directly restrict the applicant's management of mobility and physical abilities, the GP indicates that the Appellant is independent with walking indoors and outdoors, standing, lifting, and carrying and holding but that the Appellant either requires continuous assistance or is unable to climb stairs. The GP has not specified any assistive devices required or provided any other comments in the space provided.

In the SR, the Appellant states that they have congenital arthritis that causes constant pain which is somewhat controlled by medication but never goes away, and "*bladder problems*" that require the use of a catheter from time-to-time. The Appellant writes that they have to use needles and take medication every day for their newly-developed diabetes. The Appellant also states that they have two stents in a main artery as a result of a heart attack but that no further heart surgeries can be undertaken because the Appellant's heart isn't working well enough. The Appellant explains that they cannot walk or use their hands "*at all times*" and that some days they can't even drive. The Appellant states that they had "*been on disability*" in the Other Province for 20 years and can provide records from the disability support program in that province if necessary.

Mental Impairment

In the MR, the GP has written that the Appellant has bipolar disorder that results in "difficult relationships" with others and is well supported by their spouse and parent. The GP indicates that the Appellant has no difficulties with communication. In the section of the MR where the prescribed professional is asked if there are any significant deficits with cognitive and emotional function, the GP has ticked "yes" for emotional disturbance with no comments or clarification provided.

In the section of the AR where the assessor is asked to indicate the level of ability to communicate, the GP indicates that the Appellant's abilities are good in all areas (writing, speaking, reading ability and hearing). In the section of the AR where the assessor is asked to indicate to what degree the Appellant's mental impairment restricts or impacts functioning, the GP has indicated no major impacts, a moderate impact on emotion, impulse control and insight and judgment, and no impact on any other area (bodily functions, consciousness, attention/concentration, executive functioning, memory, motivation, motor activity, language, psychotic symptoms, other neuropsychological problems, and other emotional or mental problems). With respect to social functioning, the GP indicates (with comments in *italics*) that the Appellant is independent in making appropriate social decisions, appropriate interaction with others, dealing appropriately with unexpected demands (*Does so very poorly ++ anger*) and ability to secure assistance from others, and needs periodic support or supervision in ability to develop and maintain relationships (*Requires (spouse) to help with hostile/stressful relationships*). The GP also indicated that the Appellant has good functioning with their immediate social network and very disruptive functioning with their extended social networks. The GP does not describe the degree of support or supervision required in the space provided, and does not provide any additional comments.

In the SR, the Appellant states that, while they take their medication for their bipolar disorder, their disorder "*controls (them) sometime(s) even with (medications)*".

Restrictions in the Ability to Perform DLA

In the MR, the GP indicates that the Appellant has not been prescribed any medications or treatments that interfere with their ability to perform DLA. The GP has not made any comments in the section of the MR where the prescribed professional is asked to provide any additional information that might be considered relevant in understanding the impact of the Appellant's medical condition on DLA.

In the AR, the GP states that the Appellant is independent with respect to all listed DLA in all areas. No additional comments are given in the space provided.

In the Amendment, the GP states that the Appellant told the GP that the Appellant needs support from family to bathe, dress and prepare meals.

Need for Help

In the MR the GP indicates that the Appellant does not require any prostheses or aids for their impairment.

In the section of the AR that asks who provides the help required for DLA the GP has ticked "Family" but has not provided any comments in the space provided. The GP has not completed the section of the AR that asks what assistance is provided through the use of assistive devices. The GP indicates that the Appellant does not have an assistance animal.

In the Amendment, the GP states that the Appellant told the GP that the Appellant needs support from family to bathe, dress and prepare meals, and that the Appellant uses a shower chair in the bathtub and uses a walker periodically when they have pain.

In the SR the Appellant states that they need help bathing, getting in and out of bed, and doing daily jobs such as washing dishes and vacuuming.

Additional Information Submitted after Reconsideration

Section 22(4) of the EAA says that a panel may consider evidence that is not part of the record that the panel considers to be reasonably required for a full and fair disclosure of all matters related to the decision under appeal. Once a panel has determined which additional evidence, if any, is admitted under EAA Section 22(4), instead of asking whether the decision under appeal was reasonable at the time it was made, a panel must determine whether the decision under appeal was reasonable based on all admissible evidence.

In the Notice of Appeal (NOA), the Appellant states that they disagree with the Ministry's RD because they are disabled with the sickness they described in the original application and that they are awaiting medical records from the Other Province, including records from their previous doctor of 37 years. The Panel considered the written information in the NOA to be argument.

At the hearing, the Appellant stated that they wished that people could see them at home so that they could understand their disabilities. The Appellant said that they sometimes fall to the floor when getting out of bed, that they rely on their spouse or adult child to help them bathe, and that they can't complete food preparation tasks such as peeling potatoes. They stated that they are able to walk up to a few blocks without support but whenever they do it takes days to recover. In a response to a question from the Ministry, the Appellant stated that they use a walker, every day but not all the time, and that they

always have to rely on a shower chair when taking a shower. The Appellant explained that they also have a cane that they sometimes use instead of the walker but will often have to rely on one or the other because if they fall they will fall face first. The Appellant explained that the walker was purchased 10 years ago and was funded by the Other Province's DSP.

In response to a question from the Ministry the Appellant stated that their adult child visits 2 or 3 times a week and helps the Appellant take showers and put laundry in and out of the washing machine, and that the adult child has to take time off work to help out. In response to a question from the Panel the Appellant said that they always have to have their spouse or adult child to help with the grocery shopping, adding that, while the Appellant has a driver's licence, they often can't drive because their legs don't function properly. In response to another question from the Panel the Appellant stated that they always require the physical support of another person when climbing stairs but that there were no stairs in the Appellant's household. The Appellant also stated that their spouse was diagnosed with cancer last week, and the Appellant doesn't know what they would do without their spouse's assistance.

Regarding their mental disability, the Appellant explained that they take medication for their bipolar disorder, but that sometimes their "*head says to get off the meds*", adding that you have to have the disorder to understand. The Appellant explained that their bipolar disorder makes it difficult to sleep and that they often have to get by on 3 hours of sleep a night. The Appellant stated that they explained the problems with staying on the bipolar medication to their GP and have been referred to a psychiatrist, but due to the current pandemic they have not yet been able to schedule a visit.

Regarding the Appellant's disabilities that were not diagnosed by the GP and which include complications from 3 reconstruction surgeries on the Appellant's bladder and a heart attack several years ago, the Appellant explained that they have arranged to have their medical records shipped out from the Other Province, and that when they arrive the Appellant will present them to the Ministry, and that if the Ministry still refused to recognize the Appellant as a PWD, they would appeal the decision again.

The Ministry relied on its RD, emphasizing that its decision is based on the information presented with the Appellant's application, which does not include any references to the diagnoses of bladder and heart attack complications presented by the Appellant at the hearing, and that the Ministry has determined that the available evidence does not describe a severe impairment. The Ministry explained that the Appellant could re-apply for the PWD designation with any additional medical information they might eventually have, but that the legislation requires that a prescribed professional in British Columbia complete the MR and AR, and that the Appellant would have to apply again and could not appeal the existing RD a second time. Regarding the impact on DLA, the Ministry emphasized that the Appellant's GP had assessed the Appellant as being independent in all respects of physical functioning, and considered the GP's assessment of the Appellant's mental disabilities to indicate a moderate rather than a severe impairment.

PART F – REASONS FOR PANEL DECISION

The issue under appeal is whether the Ministry's RD, which found that the Appellant is not eligible for 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. Was it reasonable for the Ministry to determine that the evidence does not establish that the Appellant has a severe mental or physical impairment and that the Appellant's DLA are not, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods? Was it reasonable for the Ministry to determine that as a result of any direct and significant restrictions it could not be determined that the Appellant requires the 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 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.

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

The EAPWDR provides 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.

(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 ...

Part 1.1 — Persons with Disabilities

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.C. Reg. 73/2015;
- (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).

The EAA provides as follows:

Panels of the tribunal to conduct appeals

22 (4) In a hearing referred to in subsection (3), a panel may admit as evidence only

- (a) the information and records that were before the minister when the decision being appealed was made, and
- (b) oral or written testimony in support of the information and records referred to in paragraph (a).

Eligibility under section 2.1 of the EAPWDR

In the absence of any evidence or argument respecting eligibility for PWD designation under section 2.1 of the EAPWDR, the Panel finds that the Ministry reasonably determined that it has not been established that the Appellant falls within the prescribed classes of persons under that section. Therefore the Panel's discussion below is limited to eligibility for PWD designation under section 2 of the EAPWDA and section 2 of the EAPWDR.

Eligibility under section 2 of the EAPWDA

Severity of Impairment

Neither the terms "*impairment*" nor "*severe*" are defined in the EAPWDA. The Cambridge Dictionary defines "*impairment*" in the medical context to be "*a medical condition which results in restrictions to a person's ability to function independently or effectively*" and defines "*severe*" as "*causing very great pain, difficulty, worry, damage, etc.; very serious*". "*Impairment*" is defined in the MR and the AR sections of the PWD application form to be "*a loss or abnormality of psychological, anatomical, or physiological structure or function causing a restriction in the ability to function independently, appropriately or for a reasonable duration*". While the term is not defined in the legislation, the Panel finds that the Ministry's definition of "*impairment*" as set out in the MR and the AR is a reasonable definition of the term for the purpose of partially assessing an applicant's eligibility for the PWD designation.

A diagnosis of a severe impairment does not in itself determine PWD eligibility. Section 2(2) of the EAPWDA requires that in determining whether a person may be designated as a PWD, the Ministry must be satisfied that the individual has a severe physical or mental impairment with two additional characteristics: in the opinion of a prescribed professional, it must both be likely to continue for at least two years [EAPWDA 2(2)(a)] and it must significantly restrict a person's ability to perform DLA continuously or periodically for extended periods, resulting in the need for the person to require assistance in performing those activities [EAPWDA 2(2)(b)]. Therefore, in determining PWD eligibility, after assessing the severity of an impairment the Ministry must consider how long the severe impairment is likely to last and the degree to which the ability to perform DLA is restricted and help in performing

DLA is required. 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 GP.

Physical Functioning

The Appellant's position is that, while they are able to walk up to a few blocks without an assistive device, it takes days to recover so they have to rely on a cane or walker as an aide much of the time. In addition, they sometimes fall to the floor when getting out of bed, they always have to rely on a shower chair when taking a shower, and they need to be physically supported by a family member at all times when climbing stairs. The Appellant also feels that they have a number of additional medical conditions, including congenital arthritis, bladder problems, diabetes, and two stents resulting from a heart attack that either cause significant pain or otherwise restrict the Appellant's physical functioning.

The Ministry's position is that the physical limitations described by the GP in the Appellant's PWD application represent a mild to moderate level of impairment, and that it has not been demonstrated that the Appellant has a severe overall physical impairment prohibiting them from functioning independently or effectively. The Ministry also considers that, because the Appellant's reported arthritis, asthma, bladder and heart problems were not reported by their GP, they cannot be considered.

Panel Decision

The Panel acknowledges that all of the available evidence indicates that the Appellant requires a shower chair to bathe, may sometimes have to use an assistive device as an aide to walking, and is not be able to climb stairs without assistance. However, the Panel notes that the GP has indicated that, while the Appellant requires continuous assistance in climbing stairs, they are independent with walking indoors and outdoors, standing, lifting, and carrying and holding, and the GP has not provided any additional information that might be relevant in understanding the significance of the Appellant's medical condition and the nature of their impairment. The Panel further notes that the GP did not indicate any changes or provide any additional comments regarding the Appellant's physical functioning abilities in the Amendment, nor have any medical records from the Other Province been provided to describe any other limits to the Appellant's physical functioning.

The question facing the Panel is whether there is evidence that the restrictions in the Appellant's physical functioning are "severe", as required under the legislation. Bearing in mind that "severe" means "*causing very great pain, difficulty, worry, damage, etc.; very serious*" and based on all of the available evidence, the Panel finds that the Ministry reasonably determined that it has not been demonstrated that the Appellant has a *severe* overall physical impairment prohibiting them from functioning independently or effectively.

Mental Functioning

Although the legislation contains no formalized criteria to define what constitutes mild, moderate or severe cognitive deficits, prescribed professionals are required to indicate in the MR and the AR the severity of a mental impairment by assessing the number of skill areas affected by the deficit, the severity of the deficits in psychological processes, and the degree of impairment in skill areas.

The Appellant's position is that the prescribed medication for their bipolar disorder is effective when taken, but sometimes they stop taking the medication which makes it difficult to sleep and that they have been referred to a psychiatrist but have not yet been able to schedule a visit.

The Ministry's position is that the mental impacts identified in the Appellant's PWD application demonstrate a mild to moderate mental impairment in their ability to function independently or effectively, and that because the Appellant's bipolar disorder is reported to be controlled with medication it has not been demonstrated that they have a severe mental impairment.

Panel Decision

The Panel notes that, while the GP has indicated that the Appellant's mental disorder is effectively controlled through medication, the Appellant states that they sometimes go off their medication and that they have been referred by their GP to a psychiatrist, whom they have not yet had an opportunity to see. The Panel notes that a further analysis of the degree of the Appellant's mental impairment, or any advice or treatment based on a visit to a psychiatrist does not currently exist. The Panel finds that the Ministry reasonably relied on the evidence of mental functioning provided by the GP, and that, because the GP indicated in the PWD application that the Appellant has a good ability to communicate, has no major impacts on mental functioning, and is effectively taking medication to address their mental disorder, the Ministry reasonably determined that the Appellant does not have a severe mental impairment.

Restrictions in the Ability to Perform DLA

The Appellant's position is that they either have difficulty performing or are unable to perform a large number of DLA without assistance, including getting in and out of bed, bathing, vacuuming, doing laundry, preparing meals, and going to and from stores. The Appellant also considers that because they had qualified for DSP in the Other Province for 20 years they should qualify for the PWD designation in British Columbia.

The Ministry's position is that, while it acknowledges that the Appellant has indicated that they have more restrictions than what was reported by the GP, direct and significant restrictions need to be confirmed by a prescribed professional. However, the GP has not indicated that the Appellant's impairment directly and significantly restricts their ability to complete DLA either continuously or periodically for extended periods.

Panel Decision

The legislation that sets the requirements for a PWD designation in British Columbia is the EAPWDA and the EAPWDR. The Panel notes that any other provincial program or legislation, including the Other Province's DSP, has no bearing on whether an applicant is designated as a PWD in British Columbia. Section 2(2)(b) of the EAPWDA requires that the Ministry be satisfied that a prescribed professional has provided an opinion that an applicant's severe impairment *directly* and *significantly* restricts their DLA, continuously or periodically for extended periods. In this case, the GP is the prescribed professional. DLA are defined in Section 2(1) of the EAPWDR and are also listed in the MR and, with additional details, in the AR. DLA do not include the ability to work. 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. There is also a component related to time or duration - the direct and significant restriction must be either continuous or periodic. If periodic, it must be for extended periods. In the MR and the AR,

prescribed professionals are instructed to check marked boxes and to provide additional explanations; for example, a description of the type and amount of assistance required and the frequency and duration of periodic restrictions.

The Panel notes that, while the GP indicates in the AR that the Appellant was independent with respect to all DLA, the GP states that the Appellant might have some restrictions in their ability to perform DLA as they have “*told (the GP) that (they) periodically need support from family to bath (sic), dress and prepare meals*”, adding “*(The Appellant) uses a shower chair in the tub and uses a walker periodically when (...) in pain*” in the Amendment. The Panel further notes that the GP states in the Amendment that the Appellant might need to complete a new application and that the need for help as expressed in the Amendment was based on what the GP had been told by the Appellant and was therefore not clearly expressed as the GP’s opinion. In addition, the GP does not indicate whether any of the DLA restrictions identified in the Amendment for which the Appellant says they need assistance are periodic or continuous, and if periodic, whether the help is required for extended periods.

As the evidence provided in the Appellant’s PWD application indicates that the Appellant can perform all DLA independently and the opposing evidence in the Amendment is not expressed as the GP’s opinion, the Panel finds that the Ministry reasonably concluded that the evidence shows that the Appellant’s impairment does not directly and significantly restrict their ability to complete DLA either continuously or periodically for extended periods.

Help with DLA

The Appellant’s position is that they often have to rely on a cane or a walker and that they always have to rely on a shower chair, and that they need help from their spouse or adult child with many DLA including taking showers, doing laundry, helping with the grocery shopping, and any activity that requires climbing stairs.

The Ministry’s position is that the evidence has not established that DLA are significantly restricted, and as a result it cannot be determined that significant help is required from other persons.

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. 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 one or more DLA.

Having found that the Ministry was reasonable in concluding that this precondition was not met, the Panel also finds that the Ministry reasonably concluded that it cannot be determined that the Appellant requires help to perform “those activities” as a result of direct and significant restrictions with DLA as required by section 2(2)(b)(ii) of the EAPWDA.

Conclusion

Having reviewed and considered all of the evidence and relevant legislation, the Panel finds that the Ministry’s RD, which determined that the Appellant was not eligible for the PWD designation under

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Section 2 of the EAPWDA, was reasonably supported by the evidence and was a reasonable application of the EAPWDA in the circumstances of the Appellant, and therefore confirms the decision. The Appellant's appeal, therefore, is not successful.

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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

Simon Clews

SIGNATURE OF CHAIR

DATE (YEAR/MONTH/DAY)

2020/06/24

PRINT NAME

Barbara Insley

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2020/06/24

PRINT NAME

Edward Wong

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2020/06/24