

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 04 May 2020 that denied the appellant's application for 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 requirement, but was not satisfied that:

- the appellant has a severe mental or physical impairment;
- the appellant's impairment, in the opinion of a medical practitioner or nurse practitioner, is likely to continue for at least 2 years;
- 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 signed on 24 September 2019. The Application contained:
 - A Self Report (SR) – see below.
 - A Medical Report (MR) dated 18 February 2020, completed by a general practitioner (GP) who has known the appellant 6 months and seen the appellant twice in the past year, explaining "walk-in clinic to fill out forms, very little communication with patient."
 - An Assessor Report (AR) dated 18 February, completed by the same GP.
2. The appellant's Request for Reconsideration, dated 27 March 2020. Under Reasons, the appellant writes, "So I could afford a birth certificate."

In the MR, the GP provides the following diagnoses related to the appellant's impairment: Major Depressive Disorder - severe; General Anxiety Disorder - severe social anxiety, and Substance Use Disorder. The GP comments, "Suffered from depression & anxiety for 15 years, worse in the 4 years, Specific diagnosis unknown."

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.

Duration

MR:

In response to the question, "Is the impairment likely to continue for two years or more from today?" the GP does not check either the "Yes" or "No" boxes, commenting, "This patient suffers from severe depression/anxiety but should be able to be better functioning in 2 years."

Severity/health history

Physical impairment

MR:

Under Health History, the GP provided no narrative regarding physical impairment (see below regarding mental impairment).

Regarding functional skills, the GP indicates that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, and has no limitations regarding lifting or 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:

Under Health History, the GP writes:

“Pt. presented to walk-in clinic requesting form to be filled.

Depression started at age 15, worse in the last 4 years. He had thoughts of suicide with a plan [...] for a number of years. Avoids [...] because of these thoughts. Finds difficult getting out of bed due to MDD. Has never got [treatment] until now by MD. No support from family or friends. PMQ 9 is 25 severe.

Anxiety also started at 15, worse last 4 years and now in the past year his anxiety has prevented him from regular work. Has a lot of social anxiety in particular errands and at work. Has had panic attacks in the past. Becomes frustrated due to his anxiety. GAD 7 is 21

Substance abuse: Pt. has been using substances to self-medicate for years. Has been sober from alcohol for 3 months. Last use of stimulants a week ago. No marijuana. Smoking 5 cigarettes a day still.”

Under Additional Comments, the GP writes:

“I don’t know this patient well, but from what I can gather, it seems like a [history] of mental health issues & substance use in the past has led this gentleman into living in an SRO on welfare. He seems to have many barriers to finding a job and maintaining relationships, but it is difficult to ascertain in my office. He would benefit from community supports.”

The GP indicates that the appellant has significant deficits with cognitive and emotional function in the areas of emotional disturbance, motivation, motor activity and attention and sustained concentration.

The GP indicates that the appellant has no difficulties with communication.

Under Additional Comments, the GP writes, “Severe depression & anxiety affecting functioning & work mainly from motivation & social anxiety perspective.”

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

Daily living activities

MR:

The GP does not indicate whether overall the appellant's impairment directly restricts the ability to perform DLA. In terms of specific DLA, the GP does not indicate whether the ability to perform the DLA requiring physical effort (personal self care, etc.) is restricted. The GP indicates that the appellant's ability for social functioning is restricted on a continuous basis. The GP comments, "Pt. is still having a lot of difficulty interacting with others due to his depression & anxiety. This should improve with medication and counselling."

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, "too costly" for laundry.
- 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 – periodic support/supervision required ("easily frustrated")
- Developing and maintaining relationships – Independent.
- Interacting appropriately with others – independent
- Dealing with unexpected demands – periodic support/supervision require (same as above, gets overwhelmed easily")
- Securing assistance from others – independent

The GP assesses the appellant's relationship with both immediate and extended social networks as "marginal functioning," commenting, "Lives alone, not a lot of interaction with people."

Help provided/required

MR:

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

When asked what assistance the appellant needs with DLA, the GP indicates "Ø"

AR:

When asked about assistance provided by other people, the GP writes, "Needs social worker & counsellor."

Regarding help required but there is none available, the GP leaves the section blank.

The GP indicates that the appellant does not use any of the listed assistive devices.

The GP indicates that the appellant does not have an assistance animal.

Self Report

In the SR the appellant writes:

"I suffer from depression and major anxieties. I do not cope well with people and relationships both in my work and personal relationships. Due to the way I feel most of the time consequently I get little to none accomplished. I cannot work due to frustration and agitation, anxiety and time weighing heavily on my shoulders. Fear and loneliness become focal point to my anger outwardly.

Notice of Appeal

The Notice of Appeal is dated 17 June 2020. The appellant gives as Reasons, "I disagree with the Ministry decision."

On 25 June 2020, the Tribunal Chair made a Tribunal Order: "The seven business day time limit for filing a Notice of Appeal in the Employment and Assistance Act is waived and the Notice of Appeal filed is hereby accepted by the Tribunal as of today's date." The Chair gave as Reasons, "The Appellant has indicated that they were unable to file their Notice of Appeal within the specified timeframe due to illness and the Covid-19 pandemic."

The hearing

At the hearing, given the opportunity to explain why he felt the ministry decision was unreasonable, the appellant stated that he disagreed with the ministry's decision. When asked to explain why he disagreed with the decision, the appellant stated that he needs PWD designation so that he can continue living his life drug-free. He said that disability assistance would help provide him with the funds necessary to pay rent and buy food so that he would be better able to move forward with a drug-free life. In answer to a question, the appellant stated that he is trying to live a drug-free life on his own, with no assistance from anyone else or, despite a doctor's urging, without relying on medication.

The ministry stood by its position at reconsideration.

PART F – REASONS FOR PANEL DECISION

The issue in this appeal is whether the ministry decision that determined that the appellant did not meet four 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 mental or physical impairment;
- the appellant's impairment, in the opinion of a medical practitioner or nurse practitioner, is likely to continue for at least 2 years;
- 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 determined that the appellant satisfied the other criterion of having reached 18 years of age.

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

The purpose of the analysis below is to explain the positions of the parties before weighing these positions and setting out the panel finding for each of the PWD criteria at issue in this appeal. While the appellant disagrees with the ministry's decision, in his Request for

Reconsideration, Notice of Appeal or statements at the hearing he has not given any reasons regarding why he disagrees with the ministry's determinations regarding the criteria at issue. Accordingly, the panel will summarize only the ministry's position under each criterion, before setting out the panel's findings.

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's impairment is severe and will continue for at least 2 years, 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 completing the application 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 duration and 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.

Duration

The ministry's position

The position of the ministry, as set out in the reconsideration decision, is that the GP does not confirm that the appellant's impairment is likely to continue for two years. The ministry noted that the GP comments, “The patient suffers from severe depression/anxiety but should be able to be better functioning in two years.” On this basis, the ministry found that the appellant's request for PWD designation has not met the duration criterion.

Panel finding

Section 2(2) of the EAPWDA is clear that the minister must be satisfied that the applicant for PWD designation has a severe mental or physical impairment that in the opinion of a medical practitioner or nurse practitioner is likely to continue for at least 2 years. In the panel's view, this

means that the medical practitioner or nurse practitioner (in this case the GP) provide a definitive opinion that the applicant meets this criterion. In the Application, this means the practitioner completing the MR check the “Yes” box in response to the question “Is the impairment likely to continue for two years or more from today?”

Given that the GP has checked neither the “Yes” or “No” box, and considering the GP’s comment that the appellant “should be able to be better functioning in 2 years,” the panel finds that the ministry was reasonable in determining that the GP has not confirmed that the appellant’s impairments are likely to continue for at least 2 years and that therefore this legislative criterion has not been met.

Severity of impairment

Mental impairment

The ministry’s position

In the reconsideration decision, the ministry determined that, based on the information provided, the appellant does not have a severe mental impairment. In reaching this conclusion, the ministry reviewed the information provided in the MR (see Part E above). In particular, the ministry noted that the GP indicates that the appellant has significant deficits to cognitive and emotional function regarding emotional disturbance, motivation, impulse control, motor activity and attention/sustained concentration.

The ministry also noted that in the AR the GP reports that the appellant’s impairment has a major impact on daily cognitive and emotional functioning in the areas of emotion and medication. Moderate impacts are noted regarding attention/concentration, executive functioning, and other. However, when the ministry considered the reported deficits and impacts in conjunction with the report of the appellant’s ability to perform DLA, the ministry was not satisfied that a severe degree of impairment is presented. The GP assessed the appellant restricted in social functioning on a continuous basis. However, the appellant was also noted to be able to maintain marginal functioning in his social networks, and are independent in all other daily living activities, including those related to making decisions regarding personal activities, care, and finances.

The ministry noted that the GP highlights that it is difficult to complete a full assessment of the appellant’s medical conditions, given the office context and the appellant’s limited communication with the GP. The ministry acknowledged these limitations in the information provided. The ministry stated, however, that it must make decisions based on the assessment provided by the medical practitioner and prescribed professionals, as well as the appellant’s self report.

The ministry found that, while it is clear that the appellant’s life is impacted as a result of his medical conditions, it determined that there is insufficient evidence to conclude that the appellant presents a severe impairment of mental functioning.

Panel finding

The panel notes that in the reconsideration decision the ministry made its determination on the severity of impairment based on an analysis of the degree of reported restrictions in the appellant's ability to perform DLA. The panel finds this approach reasonable for the following reason:

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, 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.

Under the legislation, there are two sets of DLA at issue for a person with a mental impairment: the 8 DLA (prepare own meals, etc.) set out in paragraph (a) of EAPWDR section 2(1) applicable to a person with either a physical or mental impairment, and the 2 "social functioning" DLA set out in paragraph (b) of that section applicable to a person with a mental impairment – make decisions about personal activities, care or finances (the "decision-making" DLA) and relate to, communicate or interact with others effectively (the "interacting with others" DLA). The panel notes that there is some overlap between some aspects of the paragraph (a) DLA and the decision-making DLA – e.g. for the following abilities: regulating diet (under personal care), making appropriate choices (shopping), meal planning (food preparation), budgeting (pay rent and bills) and taking as directed (medications).

The GP has assessed the appellant as independent for all abilities of the paragraph (a) DLA; therefore, the GP has not assessed any restrictions for any of the "overlapping" decision-making abilities. With regard to the social functioning aspect of this decision-making DLA, the GP has indicated the appellant requires periodic support/supervision for making appropriate social decisions and dealing with unexpected demands, but has not described the frequency, duration, nature or extent of such assistance, making it difficult for the ministry to assess whether the restriction in these abilities is significant.

Regarding the "interacting with others" DLA, there is minimal information that would point to the appellant being restricted in this regard. Indeed, the GP assesses the appellant's ability to communicate as good/satisfactory and relationships with both immediate and extended social networks as "marginal functioning," commenting that the appellant lives alone, with not a lot of interaction with others, making it difficult for the ministry to determine whether restrictions regarding the "interacting with others" DLA is situational or a result of the appellant's mental health condition.

Considering the lack of information pointing to the appellant being significantly restricted in social functioning, and the GP's overall assessment that the appellant's impairments do not restrict the ability to perform other DLA, the panel finds that the ministry reasonably determined that a severe mental impairment has not been established.

Physical impairment

Panel finding

The GP has not diagnosed the appellant with any physical health illness or injury. Further, the GP has not identified any physical functional skill limitations and has assessed the appellant as independent in all aspects of mobility and physical ability (the DLA of moving about indoors and outdoors) and all other DLA requiring physical effort (personal care, etc.) The panel therefore finds that the ministry was reasonable in determining that a severe physical impairment has not been established.

Direct and significant restrictions in the ability to perform DLA

In the reconsideration decision, the ministry stated that it relies on the medical opinion and expertise from a medical practitioner and other prescribed professionals to determine whether the appellant's impairment directly and significantly restricts the ability to perform DLA either continuously or periodically for extended periods.

The ministry noted that in the MR the GP reports that the appellant is continuously restricted in social functioning. The ministry also notes that the GP states that the appellant is still having a lot of difficulty interacting with others due to depression and anxiety, though this should improve with medication and counselling.

The ministry noted that in the AR, the GP reports that the appellant is independent in almost all DLA, including all aspects of personal care, basic housekeeping, shopping, meals, financial and medication management, and transportation. The appellant is reported to require periodic support/supervision to make appropriate social decisions ("easily frustrated") and deal appropriately with unexpected demands ("gets overwhelmed easily"). The appellant requires "ongoing help in finances, social work, housing, and counselling."

The ministry noted, however, that the frequency and duration of this support is not discussed, making it difficult to establish a significant restriction in these areas, periodically for extended periods of time. The ministry also notes that the appellant is able to maintain marginal functioning in his immediate and extended social networks.

Based on the information provided by the GP, the ministry was not satisfied that the appellant has a severe impairment that, in the opinion of a prescribed professional, directly and significantly restricts the ability to perform the daily living activities as set out in the legislation.

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 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) as listed in paragraph (a) of EAPWDR section 2(1). The GP also assessed the appellant as independent in 3 areas of social functioning and requiring periodic support/supervision with making appropriate social decisions ("easily frustrated") and dealing appropriately with unexpected demands ("gets overwhelmed easily") – both being aspects of the "decision-making" DLA. However, the GP has not provided the "Explain/Describe" information requested on the form, including a description of the degree and duration of support/supervision required. As noted by the ministry, without such information it would be difficult for it to establish whether these restrictions in the ability to perform this DLA were "significant" and periodic "for an extended time," as required by the legislation.

Considering the extent to which the appellant is assessed as independent in his ability to perform DLA and the lack of information provided by the GP regarding the one DLA in which some restriction is reported, 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 the appellant "needs social worker & counsellor," 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. Indeed, at the hearing the appellant expressed his preference for working towards a drug-free life alone. 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
2020-00162

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 July 20

PRINT NAME

Susanne Dahlin

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2020 July 20

PRINTNAME

Robert McDowell

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2020 July 20