

**Part C – Decision Under Appeal**

The decision under appeal is the Ministry of Social Development and Poverty Reduction's (the Ministry's) Reconsideration Decision (RD) dated July 8, 2022, 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 determined 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. 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**

EAPWDA, Section 2

EAPWDR, Section 2

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

Employment and Assistance Regulation (EAR), Sections 85(2) and 86(b)

**The relevant legislation is provided in the Appendix.**

**Part E – Summary of Facts**

The evidence before the Ministry at the time of the RD included the PWD Application comprised of an applicant information and self report (SR), signed by the Appellant on April 4, 2022, a Medical Report (MR) dated March 30, 2022 and completed by the Appellant's General Practitioner (GP), who has known the Appellant for eight years and who has seen the Appellant 2 - 10 times in the past year, and an Assessor Report (AR) dated April 1, 2022, also completed by the GP.

The evidence available to the Ministry at the time of the RD also includes:

- A Request for Reconsideration Form (RFR) signed by the Appellant on June 6, 2022, in which the Appellant gives the reasons why he is asking the Ministry to reconsider its decision; and,
- A page from the MR (the Additional MR Page) that is to be completed by a prescribed professional – in this case, the GP – if the prescribed professional is not the person who completes the AR. The GP did not complete this section of the MR because they also completed the AR. The Additional MR Page appears to have been completed by the Appellant.

The information contained in the RFR and the page from the MR referred to above is summarized in the appropriate sections of the discussion below.

***Diagnoses***

In the MR, the GP diagnosed the Appellant with Schizophrenia, with a date of onset of 1992; Lumbar Spondylosis, with a date of onset of 2019; Right Hip Osteoarthritis, with a date of onset of 2020; and Asthma, with a date of onset of 2007.

**Severe Physical Impairment**

In the MR, under Health History, where asked to indicate the severity of the applicant's medical conditions and how they impair the applicant, the GP wrote that the Appellant "... (*has (Osteoarthritis) of the lower back and the right hip. Asthma has been present since 2007. The main reason he is not able to work is due to the Arthritis in the spine/right hip*)".

With respect to functional skills, the GP reports that the Appellant can walk 1 to 2 blocks unaided on a flat surface, climb 2 to 5 stairs unaided, lift 2 to 7 kg, and can remain seated for 1 to 2 hours. 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 applicant's medical condition and the nature of their impairment, the GP has written "*(The Appellant) ... has longstanding issues with back pain. I would anticipate (this issue) will be with him on a permanent basis*".

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 standing, but needs periodic assistance

from another person with lifting and carrying and holding, and takes significantly longer than normal with walking indoors and outdoors, climbing stairs, lifting, and carrying and holding.

In the SR, the Appellant says that he has Schizophrenia, Lumbar Spondylosis, Osteoarthritis and Asthma, all of which prevent him from working. He also writes *“I have a hard time getting around. I cannot walk for distances at all ... I am being tested for prostate cancer. We have not completed testing yet. I cannot do any heavy lifting, nothing more than 5 lbs. ... I have been suffering from these conditions for many years”*.

In the RFR, the Appellant writes *“I have osteoarthritis in my hand, legs, feet and back. I have problems bending and lifting. I cannot walk far distances, only short walks. I require inhalers that I use daily, many times a day”*.

In the Additional MR Page, the Appellant has written *“problem with mobility due to severe osteoarthritis”*.

### **Severe Mental Impairment**

In the MR, under Health History, the GP has written that the Appellant *“has had Schizophrenia diagnosed since 1992. He is on medication. Has (an appointment) with Psychiatry on April 9, 2022”*. 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 applicant’s medical condition and the nature of their impairment, the GP has written *“(The Appellant) has longstanding mental health problems. I would anticipate (this issue) will be with him on a permanent basis ”*.

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 the areas of executive planning, memory, emotional disturbance, motivation and attention and sustained concentration.

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 listed areas (writing, speaking, reading ability and hearing).

In the section of the AR where the assessor is asked to indicate to what degree the applicant’s mental impairment restricts or impacts functioning, the GP has indicated no major impacts; moderate impacts on emotion, attention/concentration, executive functioning, memory, and motivation; no minimal impacts; and no impacts in any of the other areas (bodily functions, consciousness, impulse control, insight and judgment, motor activity, language, psychotic symptoms, and other neuropsychological problems).

With respect to social functioning, the GP indicates in the AR (with comments in *italics*) that the Appellant is independent in making appropriate social decisions, in his ability to develop and maintain relationships, and in interacting appropriately with others (*[Appellant] lives with his sister. Has supporting relationship with his sister*). The GP has indicated that the Appellant needs periodic support or supervision in his ability to deal appropriately with unexpected

demands and in his ability to secure assistance from others. The GP also indicates that the Appellant has marginal functioning with both his immediate and extended social networks.

In the SR, the Appellant writes "*I see a doctor for my schizophrenia and for depression. ... I have been suffering from these conditions for many years*".

In the RFR, the Appellant writes "*I have major depression due to the tragic loss of my mother and the breakup of long time girlfriend (mother of my child). I require antidepressants for those losses. I also have a drinking problem. I am an alcoholic.*"

In the Additional MR Page, the Appellant has written "*I am diagnosed with paranoid schizophrenia*".

### **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 his ability to perform DLA.

In the AR, the GP states that the Appellant is independent with respect to all tasks for the DLA of personal care, medication and transportation. Regarding the DLA of basic housekeeping, shopping, meals and paying rent and bills, the GP indicates that the Appellant requires significant help from another person, adding "*(Appellant) does not do housekeeping or shopping. States that his sister looks after these areas. (The Appellant) states that his sister organizes meals and pays rent/bills*".

In the Additional MR Page, the Appellant has ticked several boxes to indicate that his impairment significantly restricts his ability to perform the DLA of meal preparation, basic housework, daily shopping, mobility outside the home, and social functioning.

### **Need for Help**

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

In the AR, the GP has indicated that the help required for DLA is provided by his family and that he lives with his sister. In the section of the AR where the prescribed professional is asked what assistance is provided through the use of a specific list of assistive devices, the GP has not indicated that any assistive devices are required. The GP also indicates that the Appellant does not have an assistance animal.

In the SR, the Appellant writes "*My sister and my son ... help (me) do my DLA such as showering (because) I have fallen in the tub many times when unassisted. My sister does my cleaning, cooking, laundry and shopping. I live on my own without family so I depend on them to come and help me daily*".

In the RFR, the Appellant says that he depends on his son for rides, and on his son and sister to help with his DLA.

**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 the requirements set out in the legislation and on all admissible evidence.

In his Notice of Appeal (NOA), the Appellant has written:

*“(I am appealing the Ministry’s decision because) I am (a) paranoid schizophrenic. I have been in and out of mental health. I’ve been in and out of facilities for many years. I hear voice(s) people following me and trying to cause me harm. I also have osteoarthritis throughout my body head to toe. (I) cannot walk long distances, short distance is hard. No heavy lifting, constant pain. The pain keeps me up all night. I require assistance to help with day to day chores, like grocery shopping, laundry, dishes. My son helps (me) to shower, my sister cooks most meals for me. I also am an alcoholic. I go through daily withdrawal to the extent of extreme shaking. I require medication for these problems such as citalopram, risperidone, trazodone, multi-vitamins, muscle relaxers, Tylenol 3, (and) naproxen are the medications I use daily. I am also being tested for prostate cancer due to extreme blood in stool and I also have (chronic obstructive pulmonary disease) which I use inhalers for and it gets worse yearly.”*

**Evidence Presented at the Hearing**

The Appellant did not attend the hearing. After confirming that the Appellant was notified of the date, time and place of a hearing at least two business days in advance, as required under EAR Section 85(2), the Panel proceeded with the hearing in the absence of the Appellant, pursuant to EAR Section 86(b).

At the hearing, the Ministry relied on the RD.

In response to a question from the Panel, the Ministry said that it did not contact the Appellant’s GP for additional information about the severity of the Appellant’s physical and mental impairments because the evidence that the GP had provided was indicative of a moderate rather than a severe impairment. Regarding the Appellant’s physical impairments, the Ministry summarized the information in the MR regarding the Appellant’s functional skills, which did not indicate any severe limitations in walking, climbing, lifting, carrying or sitting. Regarding mental impairments, the Ministry said that in the AR, the GP had indicated no major impacts to his cognitive or emotional functioning.

In response to another question from the Panel, the Ministry said that it had determined that the GP had not provided enough information to confirm that the Appellant is continuously restricted in his ability to manage the housekeeping, shopping, meal organizing and rent and bill payment aspects of his DLA. It was not clear to the Ministry from the available evidence that the help the

Appellant requires with those DLA are as a result of any severe impairments. The Ministry said that the help provided by the Appellant's sister might, for example, simply be the result of the Appellant's sister's desire to provide assistance because she wanted to help him, not because he needed the help.

The Ministry also pointed out that any need for help would have to be due to the Appellant's physical limitations. The Ministry noted that the GP had indicated in the MR and the AR that the Appellant was independent in most of the DLA that would likely be impacted by a severe mental impairment, such as making decisions about personal activities, care, finances; or his ability to communicate and interact effectively with others.

### **Admissibility of New Evidence**

New evidence in the NOA comprised a list of the medications the Appellant is taking on a daily basis.

No new evidence was provided by the Ministry at the hearing.

In the MR, the GP indicated that the Appellant has not been prescribed any medications or treatments that interfere with his ability to perform DLA. Because medications do not interfere with the Appellant's ability to perform DLA, his daily medication is not a matter relating to the decision under appeal. Consequently, the Panel did not admit this new information.

**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 legislation in the circumstances of the Appellant. In other words, 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? And was it reasonable for the Ministry to conclude that it cannot be determined that the Appellant needs significant help with his DLA because it has not been established that DLA are significantly restricted?

**ANALYSIS**

The Ministry has determined that both the duration of the impairment criterion and the Appellant's age criterion have been met and are therefore not at issue in this appeal.

**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.

**Physical Functioning**

The Ministry's position is that the assessments provided by the GP in the MR and the AR, and by the Appellant in the SR indicate a moderate rather than severe physical impairment.

The Appellant's position that his Osteoarthritis causes problems with bending, heavy lifting and walking long distances, and that he has been suffering from these conditions for years.

***Panel Decision***

In the RD, the Ministry says that the GP has not indicated how much longer it takes the Appellant to manage the activities of walking indoors and outdoors, climbing stairs, lifting or carrying and holding. As a result, the Ministry said that it could not determine if they represent a significant restriction in his overall level of physical functioning. The Panel finds that it is reasonable for the Ministry to have to know how much longer than typical these activities take in order to help it determine whether the Appellant's restrictions in physical functioning are severe, as the legislation requires.

In the AR, the GP indicates that the Appellant requires periodic assistance from another person with lifting and carrying and holding, and takes significantly longer than normal with walking indoors and outdoors, climbing stairs, lifting, and carrying and holding. While space is provided in the AR for the assessor to give comments or explanations, and the term “*periodic assistance*” is defined, the Panel notes that the GP has not provided any indication of the frequency or extent of the need for periodic assistance with carrying and holding, which the Ministry would reasonably also have to know to determine whether the Appellant’s restrictions were for extended periods.

Because many of the details necessary for the Ministry to assess the severity and extent of the Appellant’s physical impairment have not been provided by the Appellant’s prescribed professional, the Panel finds that the Ministry reasonably determined that there is not enough evidence for it to conclude that the Appellant’s limitations in physical functioning are “*severe*” and are the result of periodic restrictions that are “*for extended periods*”.

### **Mental Functioning**

The Ministry’s position is that the evidence provided by the Appellant’s GP is that the Appellant is independent with the DLA that would typically be difficult for someone who experiences significant restrictions to their mental functioning. The Ministry further determined that the Appellant does not have difficulties with communication, and that he is independently able to make appropriate social decisions, develop and maintain relationships and interact appropriately with others. The Ministry concludes that this level of independence is not indicative of a severe mental impairment.

The Appellant’s position is that he has been suffering from Schizophrenia and depression for years, for which he requires daily medication.

### *Panel Decision*

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 impairment, the severity of the deficits in psychological processes, and the degree of impairment in skill areas.

In the AR, the GP says that the Appellant indicates that he is moderately impacted by his mental impairment in five of the listed items (emotion, attention/concentration, executive functioning, memory, and motivation), but has no major impacts. In addition, the GP assesses the Appellant’s ability to communicate as “good” in all areas, without making any further comments or explanations in the space provided.

In the Section of the AR that deals with social functioning, the GP says that the Appellant requires periodic assistance in dealing with unexpected demands and securing assistance from others, but the frequency and extent of the assistance required is not given in the space provided, other than a statement by the GP saying that the Appellant lives with his sister. (The

Panel notes that the Appellant says he lives alone and gets daily help from both his sister and his son. As the Appellant did not attend the hearing, the Panel was unable to resolve this discrepancy, nor was it able to ask the Appellant how daily help was provided by family members who did not live with him.)

Based on the available evidence in particular the moderate impacts and lack of clarity of assistance, the Panel finds that the Ministry reasonably determined that the Appellant does not have a *severe* mental impairment.

### **Restrictions in the Ability to Perform DLA**

The Ministry's position is that it is not satisfied that the Appellant's required level of assistance for his DLA is significant as his cognitive and emotional functioning and physical impairment are only moderately impacted. In addition, the Ministry noted in the RD that it is in the nature of the duty of family members to help each other when in need, which does not necessarily establish that such help is required as a result of an impairment.

The Appellant's position is that his impairments significantly restrict his ability to perform the DLA of meal preparation, basic housework, daily shopping, mobility outside the home, and social functioning.

#### *Panel Decision*

DLA are defined in Section 2(1) of the EAPWDR and are also listed, in an expanded form and using different language, in the MR and in the AR. For example, the DLA of "*prepare own meals*" in EAPWDR Section 2(1) appears in the AR as "*meal planning*", "*food preparation*", "*cooking*" and "*safe storage of food*".

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. The term DLA appears in EAPWDA Section 2(2)(b) in the plural ("daily living activities"), which means that at least two of the activities listed in Section 2(1) must be significantly restricted for this legislative criterion to be met.

Section 2(2)(a) of the EAPWDR defines "*prescribed professional*" to include a "*medical practitioner*". Therefore, the GP is considered a prescribed professional for the purpose of providing opinions regarding the nature of the Appellant's impairment and its impact on the performance of DLA. Any direct restriction must 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.

The GP did not complete the section of the MR where the medical practitioner is asked to provide an assessment of the applicant's ability to perform DLA because, as instructed on the form, the GP also completed the AR.

The Panel notes that the section of the MR that was intended to be completed by a medical practitioner was likely completed by the Appellant. This could not be confirmed because the

Appellant did not attend the hearing. The Panel comes to this view as a statement is included on the page where the Appellant is referred to in the first person (“I”).

The legislation is clear that the fundamental basis for the analysis is the evidence of prescribed professionals – in this case the GP – regarding the impact on DLA. Because the GP is the prescribed professional, and because the person who completed the Additional MR Page could not be confirmed, the Panel finds that the Ministry reasonably considered only the assessment of the GP, as expressed in the AR, regarding the Appellant’s ability to perform DLA.

“*Continuous*” is not a defined term in the legislation. The Cambridge Dictionary defines “*continuous*” to mean “*without a pause or interruption*”. While the GP indicates in the AR that the Appellant requires continuous assistance with the DLA of basic housekeeping, shopping, meals, and paying rent and bills, the GP does not include a description of the type of assistance required, despite clear instructions in the AR to do so.

Given the meaning of the word “continuous”, the legislation requires that the help the Appellant needs with these DLA must involve a caregiver doing all of the Appellant’s basic housekeeping, all of his meal planning, preparation and cooking, and paying all of his bills. The Ministry would reasonably need to know what type of assistance is being provided – i.e. the extent and breadth of assistance – in order to confirm that the required assistance is truly “continuous”, particularly if the caregiver is not living with the person requiring continuous assistance with vital DLA, such as meal preparation.

In the comments section of the AR, the GP says that the Appellant told the GP that he lives with his sister, whereas the Appellant says he lives alone. As mentioned above, it’s not clear which of these statements is accurate. And if the Appellant’s sister and son do not live with him, it is not clear to the Panel how daily continuous help with specific DLA, such a meal planning, preparation and cooking, could be provided. As a result, it cannot be clearly established from the available evidence that the Appellant requires the “*continuous*” assistance of another person to perform some of the DLA.

Accordingly, the Panel finds that the Ministry’s finding 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, is supported by the available evidence.

### **Help with DLA**

The Ministry’s position is that it cannot be determined that significant help is required from others as it has not been established that DLA are significantly restricted either continuously or periodically for extended periods.

The Appellant’s position is that he requires help every day from his son in the shower, and help from his sister, who does his cleaning, cooking, laundry and shopping on a daily basis.

### ***Panel Decision***

Section 2(2)(b)(ii) of the EAPWDA requires that, because 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) to include the significant help or supervision of another person to perform one or more DLA.

As the Panel has found that the Ministry reasonably determined that the Appellant does not have direct and significant restrictions in his ability to perform DLA either continuously or periodically for extended periods, the Panel finds that the Ministry also reasonably determined that it cannot be established that he needs the significant help or supervision of another person to manage his DLA.

**Conclusion**

Having reviewed and considered all 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 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.

## Appendix – Relevant Legislation

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 ...

The EAA provides as follows:

**Panels of the tribunal to conduct appeals**

22(4) A panel may consider evidence that is not part of the record as the panel considers is reasonably required for a full and fair disclosure of all matters related to the decision under appeal.

The EAR provides as follows:

**Time period for scheduling and conducting hearing**

85(2) The chair of the tribunal must notify the parties of the date, time and place of a hearing ... at least 2 business days before the hearing is to commence.

**Procedures**

86 The practices and procedures of a panel include the following: ...

- (b) the panel may hear an appeal in the absence of a party if the party was notified of the hearing ...

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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)

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

**Part H – Signatures**

Print Name

Simon Clews

Signature of Chair

Date (Year/Month/Day)

2022/10/12

Print Name

Kulwant Bal

Signature of Member

Date (Year/Month/Day)

2022/10/12

Print Name

Elaine Jeffery

Signature of Member

Date (Year/Month/Day)

2022/10/12