

Part C – Decision Under Appeal

Under appeal is the reconsideration decision of the Ministry of Social Development and Poverty Reduction (the ministry) dated December 13, 2022, that denied the appellant designation as a person with disabilities (PWD) under section 2 of the *Employment and Assistance for Persons with Disabilities Act*. The ministry stated that the appellant met the requirements of having reached 18 years of age and of a medical practitioner confirming the impairment is likely to continue for at least 2 years. However, the ministry was not satisfied that:

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

The ministry also found that the appellant is not in one of the prescribed classes of persons who may be eligible for PWD designation under 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 this is not 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**Information before the ministry at reconsideration**

- The appellant's PWD application, comprised of:
 - A Medical Report (MR) and an Assessor Report (AR), both dated October 5, 2022, completed by the appellant's general practitioner (GP) who has known the appellant for 18 months and had seen the appellant 2 - 10 times in the preceding 12 months.
 - The Self-report (SR) section of the PWD application, dated October 11, 2022.
- Medical Imaging Report (MRI) respecting bilateral thumb X-rays on October 28, 2021.
- Consultation Note from a plastic surgeon respecting a consultation on October 28, 2021.
- Disability Tax Credit application follow up questionnaire from the Canada Revenue Agency (CRA) for the GP. The GP's responses are dated July 22, 2022.
- July 20, 2022 letter from the appellant's friend of more than 10 years, who is a social worker.
- The appellant's Request for Reconsideration submission, comprised of:
 - a 4-page letter dated November 21, 2022 from the appellant, and
 - letters from the appellant's daughter and son dated November 24, 2022 and November 26, 2022, respectively.

Information provided on appeal and admissibility

- Notice of Appeal dated November 24, 2022, which did not include evidence.
- The appellant's 4-page reconsideration letter, with an addendum stating "Confirmed by Doctor [the GP' surname] on" which the GP dated January 6, 2023, signed and affixed the GP's office stamp/practitioner number.
- A January 11, 2023 submission comprised of email correspondence between the appellant and the GP's office regarding the GP's review of the appellant's reconsideration letter and a history of medical appointments the appellant attended, going back to 2015.

At the hearing, the appellant stated that she agreed the reconsideration decision was reasonable based on the information at the time, but is no longer reasonable because the GP has confirmed the need for consistent help with meals and using the washroom. The appellant explained that she submitted the history of medical appointments to show more frequent visits with the GP than the GP indicated, as well as other medical appointments. The appellant stated that due to osteoarthritis in her hands she can barely do anything and is worried what will happen when her children move out. The appellant stated that constant OCD (obsessive compulsive disorder) cleaning is believed to have made her hands so bad. She is currently on medication for OCD that is helping. Braces also help prevent compulsive cleaning because they limit hand movement. She had a cortisone shot only once because it deteriorates more bone. The appellant stated that surgery is only recommended as a last resort "when there is nothing to lose" because it can make things worse. The appellant stated that she is able to drive when she needs to and gets to the GP's office by walking as it is only two blocks away. Anything done using her thumbs causes excruciating pain - her right hand is almost unusable, and her left hand is getting worse. She has no mobility issues with her legs.

At the hearing, the ministry reviewed the reconsideration decision and the additional information provided on appeal. The ministry did not provide additional evidence and did not object to the admission of new information provided by the appellant. The ministry stated that based on the detailed information in the appellant's reconsideration letter which has now been confirmed by the GP, the ministry's position is that the continuous restrictions and the need for assistance meet the requirements for PWD designation.

The panel admitted the appellant's oral testimony and written submissions under section 22(4) of the *Employment and Assistance Act* as information reasonably required for full and fair disclosure of the matters at issue. The panel considered the information to be directly related to PWD eligibility.

The positions of both parties are set out in Part F of this decision.

Summary of relevant evidence

Physical Functioning

In her SR, the appellant describes symptoms including swelling, stiffness, pain, decreased range of motion, and weak grip. She reports being unable to blow dry her hair, cut with scissors, hold a

book, or use computer mouse for more than 1 hour at a time. She reports difficulty brushing her teeth, pulling up pants, opening a can, cooking, and opening doors. Any cleaning, including washing, scrubbing, or holding a vacuum handle or mop, is painful, as is using phone buttons and a keyboard.

In the MR, the GP diagnoses the appellant with osteoarthritis with right wrist tenosynovitis (onset December 2020).

Additional commentary from the GP includes:

- “Has pain and stiffness in the right wrist > left wrist which decreases functional ability – poor grip and fine motor activity.”
- Moderate to severe impairment.
- Decreased ability to perform repetitive tasks involving wrists.
- Also has difficulty with fine motor functions, like buttoning a shirt, grabbing a cup or holding cutlery to eat - can be painful.
- Impairs ADL – cooking/feeding and dressing take longer.
- Work – not able to perform repetitive tasks/keyboarding and using mouse can cause pain in the wrist.

MR (functional skills):

- can walk 4+ blocks unaided
- can climb 5+ steps unaided
- can lift under 5 lbs.
- no limitation respecting the time the appellant can remain seated
- wrist/hand braces are required for the impairment

AR (mobility and physical ability):

- walking indoors and outdoors, climbing stairs, and standing are managed independently
- lifting, carrying and holding take significantly longer than typical to perform (the need for periodic or continuous assistance from another person is not identified)

In his letter, the appellant’s son states that he has had to move back into his mom’s home so that he can help his mom with meal preparation, housework, shopping, unlocking the door, and writing letters and post cards. In her letter, the appellant’s daughter states that she helps with meal preparation, dressing, grooming, housework, and shopping.

MRI Findings: No history. Clinical correlation is needed. Moderate degenerative change of the 1st carpometacarpal articulation is noted with a small adjacent bony fragment.

Consultation Note

- Impression: Bilateral first carpometacarpal joint arthritis, right worse than left. Options to treat included rest, activity modifications, anti-inflammatories, cortisone injections, splinting and trapeziectomy surgery. Symptoms and x-ray not advanced enough at this point to warrant surgery. Recommend starting with conservative management. Referred to hand therapy for custom splints.

The CRA questionnaire includes the following questions and responses provided by the GP:

- Is your patient able to dress herself using, as needed, any therapy, appropriate devices, or medication – No. “She has pain and stiffness in both of her thumb joints.”
- When your patient is able to dress herself, does she require three times longer than an average person of the same age, who does not have the impairment, at least 90% of the time? Yes. “Buttons and undergarments are difficult to do up due to poor mobility of thumbs and into wrist.”
- Is your patient’s ability to dress herself likely to improve (e.g. with therapy or surgery)? – Unsure.
- Please enter the year when the limitations indicated in the responses to the previous questions began. This is not necessarily the same year as the year the diagnosis was made – 2012.

Communication

MR and AR:

- No difficulties with communication (cognitive, motor, sensory).
- Speaking, reading, writing, and hearing abilities are good.

Mental Functioning

In her SR, the appellant reports having ADHD (attention deficit hyperactivity disorder) and OCD. She is currently working with health care organizations to help control her impulsive behaviour. She reports having an extremely short attention span and extreme trouble remembering things. OCD causes her to excessively clean, which causes inflammation of her hands. Other repetitive behaviour includes checking locks, switches or appliances, and repeating things in her head over and over.

MR:

- Significant deficits with cognitive and emotional function are identified for 2 of 11 listed areas – memory and attention or sustained concentration.
- Difficult to focus and complete tasks. Affects ability to complete tasks timeously.

AR:

- Moderate impacts on daily functioning are identified for 3 of 14 listed areas – impulse control, attention/concentration, and memory.
- No impact on daily functioning is indicated for the remaining areas.
- No minimal or major impacts are identified.

In response to CRA questions respecting “Mental Functions Necessary for Everyday Life,” the GP indicates that the appellant can independently perform daily living skills, initiate and respond to social interactions appropriately, and make appropriate decisions and judgements in day-to-day situations. The GP also indicates that the appellant has the capacity and insight to take medication independently and does not have a severe memory impairment. When asked if the appellant’s ability to perform the mental functions necessary for every day life is likely to improve, the GP checked “Unsure.”

In her letter, the appellant’s friend describes problems the appellant has with social skills, communication, and traits of ADHD and OCD the appellant displays, including overstimulation, difficulty regulating emotions, and the need for a routine.

Daily Living Activities (DLA)

MR and AR:

- The appellant has not been prescribed medications and or treatments that interfere with the ability to perform DLA.
- The ability to manage DLA is impacted by pain and decreased mobility of wrist – decreased function of hand and hence “ADL.” Has difficulty with fine motor movements of hands. Difficulty chopping/cutting and using cutlery.
- All listed tasks of shopping (including carrying purchases home), pay rent and bills, medications, and transportation are managed independently.
- For personal care, dressing, grooming, and bathing require periodic assistance from another person. Toileting, feeding self, regulating diet, and transfers in/out of bed and on/off chair are managed independently.
- All listed tasks of basic housekeeping, laundry and basic housekeeping, require periodic assistance.
- For meals, meal planning, food preparation, and cooking require periodic assistance. Safe storage of food is managed independently.

- For social functioning, the appellant independently manages all listed areas - appropriate social decisions, ability to develop and maintain relationships, interact appropriately with others, deal appropriately with unexpected demands, and ability to secure assistance from others.
- Good functioning with immediate and extended social networks.

In her reconsideration letter, the appellant describes having arthritis in her hands, that has become much worse over the last 2 years. It is moderate in her left hand and severe in her right hand. She wears braces almost all the time as it helps with the constant pain. The appellant also describes difficulties with DLA that require fine motor skills:

- Cooking and meal preparation (chopping, stirring, picking up kitchen tools) are extremely difficult and require significant help or supervision from another person. Pots with food in them are too heavy to lift. Opening jars and using a can opener are basically impossible.
- Personal hygiene and self-care
 - Dressing - unable to manage buttons, pull up pants, put on jewelry, do up zippers, and tie shoes.
 - Grooming, personal hygiene and self-care - bathing, brushing teeth, applying makeup, using tweezers, blow drying or brushing her hair, and shaving are extremely difficult and require assistance.
- Housework – cannot do most housework, which is done by her children; mopping dusting, vacuuming, lifting, and scrubbing are extremely painful. Only performs the most mundane of activities without assistance.
- Shopping – she needs a lot of assistance for shopping for personal needs; unable to carry any significant weight, more than a few pounds, and need help to carry bags and put items away.

Help is required for all of these activities and is provided by her children.

Help

The GP reports that assistance is provided by family and that wrist braces are used.

Part F – Reasons for Panel Decision**Issue on Appeal**

The issue on appeal is whether the ministry's decision to deny the appellant designation as a PWD was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. That is, was the ministry reasonable when determining that the requirements of section 2(2) of the EAPWDA were not met because:

- a severe physical or mental impairment was not established
- 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
- as a result of those restrictions, in the opinion of a prescribed professional, the appellant does not require an assistive device, the significant help or supervision of another person, or the services of an assistance animal to perform DLA.

Panel Decision**Eligibility for PWD designation under section 2 of the EAPWDA****Severe Impairment – Physical or Mental**

Section 2 of the EAPWDA requires that the minister "is satisfied" that a person has a severe physical or mental impairment, giving the minister discretion when making the determination. When exercising this discretion, the legislation's requirement for information from a medical or nurse practitioner (and other prescribed professionals) makes it clear that the fundamental basis for assessing PWD eligibility is information from one or more prescribed professionals. The panel also notes that the legislation does not identify employability or financial constraints as considerations when determining PWD eligibility.

A diagnosis of a serious medical condition does not in itself determine PWD eligibility or establish severe impairment. While neither "impairment" nor "severe impairment" is defined in the legislation, the PWD Application 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. Although this definition is not binding on the panel, the panel considers the assessment of the severity of impairment based on daily functional abilities to be reasonable.

Physical Impairment**Positions of the Parties**

The appellant's position is that osteoarthritis in her hands results in severe impairment of functioning and the need for assistance with activities involving fine motor skills, which has now been confirmed by the GP.

The ministry's position is that the information available at reconsideration did not establish a severe physical impairment. The ministry found that the information from the GP confirmed limitations with fine motor skills due to osteoarthritis and the use of wrist/hand braces but found that the assessment of physical functional skills and mobility and physical ability did not indicate severe physical impairment. The ministry noted that walking, climbing stairs and standing are managed independently and that there is no description of how much longer lifting, carrying, and holding take. The ministry also found that the level of impairment self-reported by the appellant is not supported by the GP's information.

Panel Analysis

The appellant is diagnosed by the GP with osteoarthritis (onset 2020) of both wrists, worse in the right wrist, resulting in moderate to severe impairment. The GP does not identify any limitations in the appellant's ability to walk and climb stairs and the appellant confirms that her impairment is limited to her hands and fine motor skill functioning. The only functional skills and mobility and physical ability activities listed in the MR and AR that relate to fine motor skills are lifting, carrying, and holding. For those activities, the GP reported that the appellant can lift under 5 lbs., and that lifting, carrying, and holding take significantly longer to perform. As the ministry notes, the GP did not describe how much longer those activities take. Because the appellant's osteoarthritis is only in the appellant's hands, details respecting the limitations to physical functioning are described by the GP in terms of limitations managing specific tasks involving fine motor skills. The GP reports that pain and stiffness impair the appellant's ability to cook, feed herself (grab cutlery and cups), dress, and perform housekeeping. In response to the CRA questionnaire, the GP reports that the appellant's impairment began in 2012 and provides additional information respecting the appellant's ability to dress, responding both that the appellant is unable to dress herself and that when able dress herself, requires three times longer 90% of the time than an average person of the same age.

The panel finds that the ministry was reasonable to consider the information from the GP available at reconsideration insufficient to establish severe physical impairment and to reflect a lesser degree of impairment than that self-reported by the appellant. However, on appeal, the GP has endorsed the appellant's description of her impairment in her reconsideration letter. The panel agrees with the ministry's assessment of this additional information from the GP and finds that it establishes a severe physical impairment. In particular, the panel finds that the GP has now confirmed that the limitations respecting dressing, feeding, meals, housekeeping, and shopping do not just result in difficulty or taking significantly longer to perform activities, but in

impairment to such a degree that the appellant cannot perform some dressing, cooking, and housekeeping tasks, including physical functional tasks that recur not just daily, but repeatedly during the day.

Based on the above analysis, the panel finds that the ministry was not reasonable to decide that the information did not establish a severe physical impairment.

Mental Impairment

Positions of the Parties

The appellant's position is that she suffers from OCD and ADHD, though she did not expressly argue that she has a severe mental impairment, instead emphasizing her physical impairment.

The ministry's position is that a severe mental impairment is not established on the evidence. The ministry stated that it considered the relationship between the appellant and her friend, who is a social worker, to be one of friendship, not professional.

Therefore, the ministry placed more weight on the information provided by the GP. The ministry also noted that OCD and ADHD have not been confirmed by a medical practitioner. The ministry found that the GP did not diagnose a mental health condition and did not identify restrictions with communication abilities or the need for assistance with decision-making or support/supervision with social functioning. The ministry noted the identification of two significant deficits with cognitive and emotional function and moderate impacts on daily functioning in three areas, but found that all other areas are not impacted.

Panel Analysis

The appellant is not diagnosed with a mental health condition by the GP or other medical or nurse practitioner, as required by the legislation. The panel considers the ministry reasonable to view the information from the appellant's friend, a social worker, as not reflecting a professional assessment but rather information provided by a friend. Accordingly, the panel considers the ministry reasonable to place greater weight on the information from the GP. While the GP identifies significant deficits and moderate impacts on daily functioning for a few areas of cognitive and emotional function, the panel finds that the GP's information overall does not reflect severe mental impairment. In particular, the panel notes that the GP reports that there is no major impact in any area of cognitive and emotional functioning, the appellant has good communication abilities, good social functioning, and, except for meal planning, independently manages all decision-making tasks. The panel also notes that at the hearing the appellant stated

that her OCD medication is helping and that the appellant did not address mental impairment in the reconsideration submission endorsed by the GP.

Based on the above analysis, the panel finds that the ministry was reasonable to decide that the information does not establish a severe mental impairment.

Restrictions in the ability to perform DLA

Positions of the Parties

The appellant's position is that significant restrictions with DLA are shown by GP's confirmation of the limitations due to osteoarthritis and the resulting need for assistance with personal care, basic housekeeping, meals, and shopping, and by the GP's responses to the CRA questionnaire.

The ministry states that the legislation requires that DLA restrictions be both significant and either continuous or periodic for extended periods and that it relies on the medical opinion and expertise from the medical practitioner and other prescribed professionals to assess the restrictions. At reconsideration, the ministry found that, based on the information from the GP, there was not enough evidence to confirm significant restrictions with DLA that are either continuous or periodic for extended periods.

Panel Analysis

Section 2(2)(b)(i) of the EAPWDA requires that the minister be satisfied that in the opinion of a prescribed professional, a severe mental or physical impairment directly and significantly restricts the appellant's ability to perform DLA either continuously or periodically for extended periods. While other evidence may be considered for clarification or support, the ministry's determination as to whether it is satisfied, is dependent upon the evidence from prescribed professionals. The term "directly" means that there must be a causal link between the severe impairment and the restriction. The direct restriction must also be significant.

DLA are defined in section 2(1) of the EAPWDR and are listed in both the MR and the AR sections of the PWD application with the opportunity for the prescribed professional to check marked boxes and provide additional narrative. The definition of DLA does not include the ability to work or employability.

In the appellant's case, the GP is the only prescribed professional who provided information about the appellant's ability to perform DLA. As previously noted, the panel does not accept the information from the appellant's friend as a professional assessment. The panel also finds that

MRI results and Consultation Note do not include information about the appellant's ability to manage the prescribed DLA.

In the PWD application, the GP identifies restrictions in the ability to manage almost all listed DLA tasks involving the use of a person's hands. However, the GP reports that these tasks are either performed independently, with no description of how much longer the appellant takes, or as requiring periodic assistance that cannot be established on the evidence as being for extended periods. In response to the CRA questionnaire, the GP presents a more compelling picture of a significant restriction in the appellant's ability to dress herself but does not address other DLA.

On appeal, the GP confirms the appellant's description of DLA restrictions in the appellant's reconsideration letter. The panel finds that this information establishes that the appellant's DLA restrictions are continuous and significant. The panel also notes that despite indicating in the PWD application that only periodic assistance was needed, the GP did not describe the appellant's symptoms as fluctuating. The panel also finds that needing assistance with lifting, carrying, holding and carrying purchases home, as indicated in the reconsideration letter, is consistent with the GP's original assessment in the PWD application of poor grip and being able to lift less than 5 lbs. While the appellant independently manages all listed DLA tasks involving gross motor functioning, such as transfers and walking, the panel notes that most of the tasks impaired by the appellant's osteoarthritis are basic and routinely performed daily, or multiple times daily. In particular, the panel finds that the GP has confirmed restrictions in the ability to manage personal care (dressing, grooming, and bathing), meals, and basic housekeeping that are continuous and require significant assistance from another person.

Based on the above analysis, and the new information, the panel finds that the ministry was not reasonable in concluding that direct and significant restrictions in the ability to manage DLA either continuously or periodically for extended periods were not established.

Help to perform DLA

Section 2(2)(b)(ii) of the EAPWDA requires that, *as a result of direct and significant restrictions in the ability to perform DLA*, a person requires help to perform those activities. Help is defined in subsection (3) as the requirement for an assistive device, the significant help or supervision of another person, or the services of an assistance animal to perform DLA.

Establishing direct and significant restrictions with DLA is a precondition of the need for help criterion. The panel found that the ministry was not reasonable, based on the new information, to decide that direct and significant restrictions in the appellant's ability to perform DLA have not been established. The panel also finds that the GP now confirms that significant assistance from the appellant's family is required to perform everyday tasks of personal care, meals, and housekeeping as well as tasks of shopping. For these reasons, the panel also finds that the

ministry was not reasonable to decide that the appellant did not require the significant assistance of another person to perform DLA that are directly and significantly restricted.

Conclusion

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

Relevant Legislation

EAPWDA

2 (1) In this section:

"assistive device" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"daily living activity" has the prescribed meaning;

"prescribed professional" has the prescribed meaning.

(2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner or nurse practitioner is likely to continue for at least 2 years, and

(b) in the opinion of a prescribed professional

(i) directly and significantly restricts the person's ability to perform daily living activities either

(A) continuously, or

(B) periodically for extended periods, and

(ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

(a) a person who has a severe mental impairment includes a person with a mental disorder, and

(b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires

- (i) an assistive device,
- (ii) the significant help or supervision of another person, or
- (iii) the services of an assistance animal.

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

EAPWDR

Definitions for Act

2 (1) For the purposes of the Act and this regulation, "**daily living activities**",

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

- (i) prepare own meals;
- (ii) manage personal finances;
- (iii) shop for personal needs;
- (iv) use public or personal transportation facilities;
- (v) perform housework to maintain the person's place of residence in acceptable sanitary condition;
- (vi) move about indoors and outdoors;
- (vii) perform personal hygiene and self-care;
- (viii) manage personal medication, and

(b) in relation to a person who has a severe mental impairment, includes the following activities:

- (i) make decisions about personal activities, care or finances;
- (ii) relate to, communicate or interact with others effectively.

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

(a) authorized under an enactment to 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.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).

APPEAL NUMBER 2022-0322

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

Jane Nielsen

Signature of Chair

Date (Year/Month/Day)

2023/01/18

Print Name

Jan Broocke

Signature of Member

Date (Year/Month/Day)

2023/01/20

Print Name

Joseph Rodgers

Signature of Member

Date (Year

2023/01/18