

Part C – Decision Under Appeal

The decision under appeal is the reconsideration decision of the Ministry of Social Development and Poverty Reduction (“ministry”) dated December 20, 2022, in which the ministry denied the appellant designation as a person with disabilities (“PWD”) under the Employment and Assistance for Persons with Disabilities Act (“EAPWDA”). The ministry found that the appellant met the requirements for age (over 18) and duration (impairment to continue for at least 2 years) but was not satisfied that:

1. the appellant had a severe mental or physical impairment;
2. the appellant’s impairment significantly restricted his ability to perform daily living activities; and
3. the appellant required significant help or supervision of another person to perform daily living activities restricted by his impairment.

The ministry also found that the appellant is not in one of the prescribed classes of people 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

EAPWDA, section 2

EAPWDR, section 2

Full text of the legislation is provided in the Schedule of Legislation after the reasons.

Part E – Summary of FactsEvidence Before the Ministry at Reconsideration:

The appellant applied for PWD designation on September 1, 2022. He is over 18 years of age. In support of his application, he submitted a medical report and an assessor report dated July 20, 2022, signed by his family doctor, and his self-report.

Medical Report:

The doctor states that the appellant has been their patient for less than one year and has seen them between two and ten times.

Diagnoses:

The appellant is diagnosed with obsessive-compulsive disorder ("OCD"), date of onset not stated, and likely to continue for two or more years.

Functional Skills:

The doctor indicates that the appellant has no restrictions in walking, climbing, lifting, or remaining seated. They indicate no difficulties with communication and no significant deficits in cognitive and emotional functioning.

Daily Living Activities:

The doctor indicates that the impairment does not restrict the appellant's ability to perform daily living activities, except social functioning. The doctor does not indicate if that restriction is continuous or periodic and provides no explanation or comments about how social functioning is restricted.

Assessor Report:

The assessor report is written in the first person by the appellant and signed by the doctor. The report states "OCD...causes me to be unable to fulfill daily tasks and causes me to suffer major anxiety problems."

Ability to Communicate:

The report states the appellant has "occasional struggles" with speaking, reading, and writing.

Mobility and Physical Ability:

The report states that the appellant takes significantly longer than typical to walk indoors and outdoors and climb stairs, with the explanation "service animal helps."

Cognitive and Emotional Functioning:

The report states that the appellant's mental impairment has a moderate impact on all listed aspects of cognitive and emotional functioning.

Daily Living Activities:

The report states that the appellant takes significantly longer than typical for all aspects of personal care, basic housekeeping, shopping, meals, paying rent and bills, medications, and transportation, with the comment for each daily living activity, "service animal helps, OCD symptoms."

The report states that the appellant is independent in all listed aspects of social functioning, with the comment "service animal provides emotional support." The report states that the appellant has marginal functioning with immediate and extended social networks, with the comment, "OCD symptoms cause anxiety." The report indicates that the appellant receives help from a service animal.

Assistance Provided for Appellant:

The report indicates that a service animal provides help in daily living activities and greatly lowers anxiety and OCD symptoms.

Additional Information:

The appellant writes "major OCD (obsessive compulsive disorder) issues cause me major anxiety and do not allow me to follow through with daily living activities the way I want. Usually causing major time loss and frustrations. Service animals provide major relief and reduce anxiety and OCD symptoms greatly."

Approaches and Informational Sources:

The report indicates an office interview with the appellant, lists names of parents and three other professionals (professions not stated), and "other – pet dogs."

Self-Report

The appellant describes severe OCD and major anxiety problems since childhood. Symptoms include “everything from fear of contamination, difficulty when dealing with uncertainty, making sure everything is perfect, doubts about turning objects on and off, intense stress when things are not in the way I want them to be, excessive washing, excessive checking, excessive counting, needing reassurance, and following a strict routine every day.” He explains that these symptoms take up a great deal of time and sometimes prevent him from doing anything, in work, school or social life, until the cycle of thoughts has passed. He says that he was prescribed a service animal, and the animal helped to reduce the severity of symptoms and helped in his daily routines.

In the Request for Reconsideration, the appellant also states:

- meal preparations are “extremely time consuming to the point I am unable to complete it without assistance”
- paying rent and bills, managing medications, using transportation, shopping and personal care trigger OCD symptoms that make those activities difficult or impossible without assistance
- social functioning is difficult to the point where the appellant is embarrassed to talk to people
- the impact of OCD has been mostly mental but some physical as well.

The appellant also provided a questionnaire he had completed, with a score indicating “OCD is likely.”

Additional Evidence:

The appellant provided another version of pages 10 through 12 of the medical report portion of the PWD application, with answers written by him and without a signature page, and pages 18 through 25 of the assessor report portion of the PWD application, with answers written by him, dated January 24, 2023, and signed by another doctor.

Medical Report form, pages 10 through 12:Functional Skills:

The report states that the appellant can walk less than 1 block, climb 2 to 5 steps, lift under 2 kilograms and remain seated less than 1 hour. The report indicates difficulties with communication caused by cognitive deficits. Cognitive and emotional deficits are stated to be evident in the following areas:

- executive: “hard to come up with plans or organize thoughts and judgements

- memory: "hard to recall or learn information due to lack of ability"
- psychotic symptoms: "hard to concentrate due to delusions, hallucinations, and thought disorders"
- emotional disturbance: "severe anxiety and depression"
- motivation: "very limited initiative or interest in daily activities"
- impulse control: "hard to stay still"
- motor activity: "very agitated and repetitive behavior"
- attention or sustained concentration: "cannot focus on specific tasks at hand"

Daily Living Activities:

The report indicates that the appellant's impairment directly restricts the appellant's ability to perform all daily living activities listed on the form. The restriction is stated to be periodic, with the following explanation and comment:

- "There would be occasional struggles with such activities depending on multiple factors (environment, health, and situation at hand)."
- "Daily decision making, interacting with others, relating and communicating with others are all impacted due to OCD."
- "All activities are periodically restricted where on occasions it is more severe than other times."

The report repeats that the appellant needs a service dog to "assist with daily living activities during periods of severe symptoms."

Assistance Provided for Applicant:

The report indicates that the appellant needs prostheses or aids for their impairment, with the explanation "useful to have a walking cane in assistance for walking/moving. Service animal of great need to help in daily living activities." In the section of the report that asks for a description of necessary assistance "if help is required but there is none available," the report repeats that the appellant needs help from a service animal; "without help from service animal daily living activities would not be completed."

Assessor Report #2:

The more recent assessor report repeats the description of the appellant's impairment from the first assessor report but provides different assessments of the appellant's abilities.

The doctor who signed the report indicates that the appointment to complete the report is their first contact with the appellant. They state that "patient reports OCD symptoms past 6 years" and "patient reports having full psych assessment report with OCD diagnosis."

Ability to Communicate:

The report states that the appellant's ability to communicate, speaking, reading, writing and hearing, is poor, with the comment "occasional struggles."

Mobility and Physical Ability:

The report states that the appellant takes significantly longer than typical to walk indoors and outdoors, climb stairs, stand, lift, carry and hold, with the comment "more help is needed, greater than normally expected."

Cognitive and Emotional Functioning:

The report states that the appellant's mental impairment has a moderate impact on bodily functions and consciousness. The report notes major impact on emotion, impulse control, insight and judgement, attention/concentration, executive function, memory, motivation, motor activity, language, psychotic symptoms, "other neuropsychological problems" and "other emotional or mental problems." Under "Comments" the report states "impact is episodic and happens at different times."

Daily Living Activities:

As in the first assessor report, the second report states that the appellant takes significantly longer for all aspects of daily living activities listed, with the explanation, "Major assistance required. Assistance from a service animal would help." Additional comments state that a service animal would alleviate symptoms and allow "much less restricted ability in progressing through daily living activities."

For social functioning, the report states that the appellant needs periodic support or supervision in all aspects of social functioning, with the explanation "Periodic degree of support needed for long durations by service animal." The report states "very disrupted functioning" with both immediate and extended social networks." In describing "support/supervision required to help maintain them in the community," the report repeats that a service animal "would help in dealing with daily living activities and in helping with social functioning in the community."

Approaches and Informational Sources:

As in Assessor Report #1, the report lists an office interview with the appellant, a file chart, the appellant's parents, three other professionals (professions not stated) and "pet dogs."

Evidence at the Hearing:

At the hearing, the appellant stated:

- The doctor who signed the first medical and assessor reports has died, which is why the appellant went to the doctor who signed the second assessor report.
- The first doctor had told the appellant to fill out the assessor report himself.
- The appellant has only seen the second doctor once.
- The appellant completed the additional medical and assessor reports and gave them to the second doctor, who reviewed and signed them.
- He does not have a complete second medical report signed by the second doctor; he thought that if the doctor signed the signature page on the assessor report, that would be sufficient for the new pages of the medical report as well.
- The other professionals identified on the medical and assessor reports are the appellant's psychologists, and the appellant gave their contact information to the doctors.
- He no longer has a service dog. He first got the dog as a pet and an emotional support dog, and then it was "in training"; he sold the dog because he had difficulty keeping it in his apartment and it needed more training.

Admissibility of Additional Evidence:

The ministry did not object to the additional evidence provided by the appellant.

The additional medical report forms, although unsigned, provide further information from the appellant about his condition, impairments, and daily living activities. The additional assessor report also provides further information about the appellant's medical condition, impairments, and daily living activities. The additional oral evidence provides further information about the appellant's use of a support animal and the circumstances around obtaining the medical and assessor reports.

The panel finds that the additional evidence is reasonably required for the full and fair disclosure of all matters relating to the decision under appeal. Therefore, the panel finds that the evidence is admissible under section 22(4) of the Employment and Assistance Act.

Part F – Reasons for Panel Decision

The issue on appeal is whether the ministry's reconsideration decision, in which the ministry found the appellant to be ineligible for PWD designation under the EAPWDA, was reasonably supported by the evidence or was a reasonable application of the legislation in the appellant's circumstances. The ministry found that the appellant met the requirements for age (over 18) and duration (impairment to continue at least two years) but was not satisfied that:

- the appellant has a severe mental or physical disability;
- the appellant's impairment, in the opinion of a prescribed professional, directly and significantly restricts his ability to perform daily living activities 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 daily living activities.

Appellant's Position:

The appellant relies on the additional evidence to establish that he meets the criteria for PWD designation.

Severe Mental or Physical Impairment:

The appellant maintains that the additional medical report form and assessor report confirm significant restrictions in function, both physical and cognitive/emotional, and provide additional detail about the deficits in cognitive and emotional functioning in eight areas, as detailed in the medical report form. He says that OCD symptoms can be severe and flare up, depending on circumstances.

Restrictions to Daily Living Activities

The appellant describes anxiety and compulsive behaviors that restrict his ability to perform daily living activities, which either take a very long time to complete, cannot be completed without assistance, or cannot be performed at all.

Help to Perform Daily Living Activities

The appellant says that he needs the assistance of a service animal, which would reduce his symptoms, particularly his anxiety levels, and help him in his day to day activities. He says that a service animal would also help with social functioning in the community. The second medical report form also indicates that a walking cane would assist.

Ministry Position:

The ministry relied on its reconsideration decision.

Severe Mental or Physical Impairment:

While the ministry acknowledges that the appellant has limitations to his cognitive and emotional functioning due to OCD, the ministry says that the evidence does not establish a severe mental or physical impairment.

With respect to physical functioning, the ministry points out that it is unclear how the diagnosis of OCD would impair physical functioning as described in the medical reports. The ministry places greater weight on the first medical and assessor reports, especially because the appellant has completed the more recent reports himself, and the second medical report is not signed by a doctor.

With respect to mental functioning, the ministry maintains that, in the first medical report the doctor indicates no significant deficits with cognitive and emotional functioning. The doctor indicates restriction in social functioning but does not provide further description about the nature of the restriction, or any assistance required. The ministry also notes that the doctor indicates in the assessor report that the appellant is independent in all areas of social functioning listed on the form. Therefore, the ministry says that it is not satisfied that the appellant has a severe mental impairment, based on the doctor's assessment.

Restrictions to Daily Living Activities

The ministry notes that, in the first medical report, the doctor indicates that the appellant's impairment does not directly restrict the appellant's ability to perform daily living activities. Although the doctor goes on to indicate that the appellant is restricted in social functioning, the doctor also states that the appellant is independent in all listed areas of social functioning. Therefore, the ministry says that there is insufficient evidence to confirm that the appellant is significantly restricted in his ability to perform daily living activities continuously or periodically for extended periods.

Help Required with Daily Living Activities

The ministry noted that, in the first medical report, the doctor indicated that the appellant did not require any prostheses or aids for their impairment, but did state that the appellant receives help from service animals. However, the ministry also indicated that, as it had not been established that daily living activities were significantly restricted, it could not be determined

that significant help was required.

At the hearing, the ministry also said that, when determining if a person needs assistance for daily living activities, the ministry looks at the present situation, so they would consider if the appellant has a service animal now, not whether he might get one in the future. The ministry also says that the medical and assessor reports are not accurate because the appellant said at the hearing that he does not have a service animal now.

Panel Decision:

To find a person eligible for PWD designation under the EAPWDA, the ministry must be satisfied that the appellant has met all the requirements in section 2 of the legislation. In this case, the ministry was not satisfied that:

1. the appellant had a severe mental or physical impairment;
2. in the opinion of a prescribed professional, the impairment directly and significantly restricted the appellant's ability to perform daily living activities;
3. as a result of those restrictions, the appellant requires help to perform those activities.

In determining whether a person meets the criteria for designation as a person with disabilities under the EAPWDA, the opinions of prescribed professionals are key. Where, as in this appeal, the medical and assessor reports are completed wholly or in substantial part by the appellant, rather than the doctor or other prescribed professional, it is difficult for both the ministry and the panel to assess the evidence and make a determination. The doctors may have reviewed what the appellant wrote, but the statements in the reports are contradictory and lack the explanation that would be expected from a medical professional.

The panel does not accept the more recent medical report form as the opinion of the doctor, as no signature page was included with the report. The signature on the assessor report is not sufficient, even though the appellant has submitted all the pages as one document. The panel notes that the information in the more recent medical report form is significantly different from the first medical report that was signed by a doctor. The panel has considered the information on the form as part of the appellant's self-report.

The panel places little weight on the second assessor report, as it was completed by the appellant and signed by a doctor who saw the appellant only once. That doctor appears to be simply repeating what the appellant has told them at that interview, stating, for example, "patient reports OCD symptoms past 6 years" and "patient reports having full psych assessment report with OCD diagnosis." While there are other people, including psychologists, listed as information sources to complete the form, and the appellant says he gave the doctor their contact information, there is no indication from the second doctor that they obtained

information from any of those people before signing the form the first time they saw the appellant.

The panel understands that the appellant has tried to provide additional evidence to address the shortcomings or gaps in information that the ministry identified in the reconsideration decision. However, under the legislation, the ministry must be satisfied that the criteria are met in the opinion of prescribed professionals. Other evidence, such as the appellant's self-report, may be considered for clarification or support of that opinion. It is reasonable for the ministry to look for detailed descriptions and explanations from the prescribed professionals, and not only from the appellant, to determine how diagnosed impairments restrict the appellant's ability to function.

Severe Mental or Physical Impairment

The panel finds that the ministry was reasonable in its determination that the appellant does not have a severe mental or physical impairment. The appellant has been diagnosed with OCD, which limits their functioning. While OCD appears to increase the length of time it may take the appellant to perform some physical activities, the panel notes that, in the first medical report, the doctor does not indicate any restrictions in physical function. The panel finds that the ministry was reasonable in its determination that the information provided did not establish a severe physical impairment.

The panel also finds that the ministry was reasonable in its determination that the appellant does not have a severe mental impairment. The panel notes the apparent discrepancy between the doctor's statements in the first medical report that the appellant has no significant deficits in cognitive and emotional functioning, and the indication in the assessor report that the appellant has moderate impacts to all listed areas of cognitive and emotional functioning. At the same time, the report indicates that the appellant is independent in all areas of social functioning listed on the form.

As previously indicated, the panel has considered the statements in the second medical report form as part of the appellant's self-report. The form differs from the first medical report, indicating limitations in all listed aspects of physical functioning that would not appear to relate to a diagnosis of OCD, as well as significant deficits in cognitive and emotional function. The legislation requires the opinions of prescribed professionals to establish the criteria in the legislation. Therefore, the panel finds it is reasonable for the ministry to rely on the first medical report in concluding that a severe mental impairment has not been established.

Restrictions to Daily Living Activities

Under section 2(2)(b)(i) of the EAPWDR, if the ministry is satisfied that a person has a severe mental or physical impairment, the ministry must also be satisfied that, in the opinion of a

prescribed professional, the appellant's ability to perform daily living activities is directly and significantly restricted by the severe impairment, either continuously or periodically for extended periods. Not all daily living activities must be directly and significantly restricted. However, in *Hudson v. British Columbia (Employment and Assistance Appeal Tribunal)*, 2009 BCSC 1461, the court stated that "there must be evidence from a prescribed professional indicating a direct and significant restriction on at least two daily living activities."

The panel notes that, in the first medical report, the doctor indicates that the appellant's impairment does not directly restrict his ability to perform daily living activities. The doctor goes on to indicate that the appellant is not restricted in all daily living activities listed on the form, except the doctor notes restrictions on social functioning. The doctor does not provide any description or explanation of those restrictions.

The information in the medical report contrasts with the indications in the first assessor report that the appellant's mental impairment has a moderate impact on all listed aspects of cognitive and emotional functioning, and the appellant takes significantly longer than typical for all aspects of daily living activities. Without more explanation from the doctor, it is difficult to determine why the appellant needs more time than typical to perform daily living activities related to physical ability, particularly when the doctor has indicated that the appellant is also independent in all those activities.

The second assessor report, which indicates restrictions in all daily living activities, is signed by a doctor, but written by the appellant. The panel acknowledges that the appellant said that the first doctor told the appellant to fill out the form himself, and that the appellant is trying to provide more complete information to meet the requirements of the legislation. However, a form written by the appellant, signed by a doctor who has seen him once and appears to be repeating what the appellant tells them, without making an independent assessment, is of little assistance and carries little weight. The legislation requires the opinion of a prescribed professional that a severe impairment directly and significantly restricts the appellant's ability to perform daily living activities, either continuously or periodically for extended periods. It is reasonable for the ministry to require consistent and detailed information about the nature of those restrictions, to determine if a person meets the criterion of restrictions in daily living activities.

The panel finds the ministry was reasonable in determining that there was insufficient evidence to establish that the appellant has a severe impairment that directly and significantly restricts the appellant's ability to perform daily living activities continuously or periodically for extended periods.

Help with Daily Living Activities

Under section 2(2) of the EAPWDA, confirmation of direct and significant restrictions to daily living activities is a precondition for the determination that, because of those restrictions, the person requires help to perform those activities.

Under section 2(3) of the EAPWDA, a person requires help to perform a daily living activity if they need an assistive device, significant help from another person, or the services of an assistance animal to perform it.

In its reconsideration decision, the ministry stated that, as it had not been established that the appellant's daily living activities were significantly restricted, it could not be determined that the appellant needed help to perform daily living activities.

At the hearing, the ministry argued that, if the appellant did not have an assistance animal at the relevant time, the ministry would not consider that the appellant needed that help. The panel notes that, under the legislation, the question is whether the appellant requires help, not whether that help is available to them at the time the application is considered. However, the panel also notes that the appellant apparently had the assistance animal he says he needs, but sold it, and no longer has an assistance animal. When asked by the panel about the status of the dog as a service dog or dog-in-training, the appellant's evidence was unclear. The appellant was also vague about his reasons for selling the dog, which he said was due to living in an apartment, and the dog needing more training. The panel cannot determine if the dog was a certified service dog or dog-in-training under the Guide Dog and Service Dog Act, or if it was an uncertified emotional support animal or a pet. "Assistance animal" is not defined in the EAPWDA or the EAPWDR.

The panel notes the appellant's evidence that a service animal would provide emotional support and reduce anxiety. However, the panel finds that, while an assistance animal might be beneficial for the appellant, it is not established that, in the opinion of a prescribed professional, the appellant requires the help of an assistance animal in order to perform daily living activities.

Further, having found that the ministry was reasonable in determining that there was insufficient evidence to establish that daily living activities were significantly restricted, the panel finds that the ministry reasonably concluded that it cannot be determined that the appellant requires significant help to perform daily living activities.

Conclusion:

The panel finds that the ministry's reconsideration decision that the appellant did not meet the criteria for designation as a person with disabilities is reasonably supported by the evidence.

The appellant met the requirements for age (over 18) and duration (impairment to continue for

at least 2 years), but the ministry was not satisfied that, in the opinion of a prescribed professional, the information provided confirmed a severe impairment that significantly restricts daily living activities so that the appellant needs help to perform daily living activities. The panel finds the ministry was reasonable to refuse PWD designation because of medical evidence that was unclear, inconsistent, or incomplete. The panel finds that the new evidence for the appeal does not establish that all the legislative criteria are met.

The panel confirms the ministry's decision. The appellant is not successful in the appeal.

Schedule – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act

Persons with disabilities

s. 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).

Employment and Assistance for Persons with Disabilities Regulation

Definitions for Act

s.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.

(3) The definition of "parent" in section 1 (1) applies for the purposes of the definition of "dependent child" in section 1 (1) of the Act.

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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

Susan Ferguson

Signature of Chair

Date (Year/Month/Day)

2023/02/20

Print Name

Anil Agarwal

Signature of Member

Date (Year/Month/Day)

2023/02/20

Print Name

Kevin Ash

Signature of Member

Date (Year/Month/Day)

2023/02/20