

### **Part C – Decision Under Appeal**

The decision under appeal is the Ministry of Social Development and Poverty Reduction (Ministry) reconsideration decision of January 25, 2023, in which the Ministry determined that the Appellant was not eligible for Persons with Disabilities (PWD) designation.

The Ministry determined that the Appellant had reached 18 years of age and that his impairment, in the opinion of a medical practitioner or nurse practitioner, is likely to continue for at least two years.

However, the Ministry determined that the Appellant had not demonstrated that he has a severe mental or physical impairment; that his severe mental or physical impairment, in the opinion of a prescribed professional, significantly restricts his ability to perform daily living activities (DLA) either continuously or periodically for extended periods; and as a result of direct and significant restrictions, he requires help to perform those activities.

The Ministry determined that the Appellant did not meet the criteria for PWD designation as a member of a prescribed class of persons. As there was no information or argument provided by the Appellant regarding alternative grounds for designation, the panel considers this matter not to be at issue in this appeal.

### **Part D – Relevant Legislation**

*Employment and Assistance for Persons with Disabilities Act (Act) – section 2*

Employment and Assistance for Persons with Disabilities Regulation (Regulation) – section 2

## Part E – Summary of Facts

The Appellant submitted a PWD application in November 2022, which consisted of:

- A Self Report (SR) completed by the Appellant;
- A Medical Report (MR) completed by a walk-in clinic general practitioner (GP); and
- An Assessor's Report (AR) completed by a social worker (SW), who is also a clinical counsellor and registered psychiatric nurse.

In the SR, the Appellant states that his disabling conditions are both physical and psychological. He explains that he suffered severe childhood abuse from his two older siblings and was not protected from this abuse by his parents as they were not around to provide protection. These experiences as a child have led to problems with trust and failed relationships throughout his life. He also suffered a severe head injury as a child, caused by a sibling. He states that he was diagnosed with arthritis in 2003, the symptoms of which fluctuate from day to day. He states that his knees have worsened over time, and he cannot walk for a long time or distance. Stairs are a problem for him, as he feels his knees will give out or collapse. He was diagnosed with bilateral carpal tunnel in 2020. He also suffers from upper spine problems, including a fusion of two vertebra in his neck that limits neck mobility and interferes with his sleeping pattern, which he believes contributes to his arms falling asleep from shoulders down. He is concerned about his conditions and feels depressed about his ability to manage as these conditions worsen. He explained that he used drugs and alcohol in the past to escape his traumas, but this resulted in imprisonment, and he is no longer using substances. He explained that he has a hard time dealing with society and fears that his freedom is always in jeopardy even though he is doing nothing wrong.

In the MR, the GP provides the following diagnoses:

- Anxiety disorder, social – onset 2000
- Arthritis – onset 2012

The GP assessed the Appellant's physical functioning in the MR. The GP reports that he is able to:

- Walk 4+ blocks unaided;
- Climb 5+ steps unaided;
- Lift with no limitation; and
- Sit with no limitation.

With respect to cognitive and emotional function, the GP indicates that the Appellant has significant deficits in the areas of consciousness, executive, emotional disturbance, and impulse control. The GP has added the following functional skills comments: *anxiety issues for years; social anxiety; trouble with impulse control.*

The GP has indicated that the Appellant does not require medications that interfere with his ability to perform daily living activities (DLA), does not require aids or prostheses for his impairment. The GP has also indicated that the Appellant has communication difficulties that are cognitive in cause and that his impairments **do** directly restrict his ability to perform daily living activities.

The GP has indicated that the Appellant is **not** restricted with basic housework but requires continuous assistance for this activity. The GP indicated that the Appellant requires assistance with daily shopping but has not indicated whether this assistance is continuous or periodic. The GP also indicated that the Appellant requires assistance with transportation and management of finances and the nature of assistance is continuous for both. The GP indicates that the Appellant is restricted with social functioning, but does not indicate whether this restriction is continuous or periodic, and comments, in relation to social functioning: *trouble socializing; social anxiety*.

In the AR, the SW reports the Appellant lives alone and his impairments include adverse childhood experiences, anxiety, numbness in arms, knee problems and bilateral carpal tunnel.

The SW assesses the Appellant's ability to speak as "good", ability to read and hear as "satisfactory" and ability to write as "poor".

With respect to mobility and physical ability, the SW reports the Appellant's ability to walk indoors, outdoors (comment: *limited re distance*), climb stairs (comment: *but limited due [to] knees*), stand, and lift (comment: *limited*) as independent. The SW reports that the Appellant needs periodic assistance from another person for carrying and holding (comment: *limited*). Additional comments are provided: *2 vertebrae in his neck are fused: limited rotation*.

The SW has also completed an assessment of the Appellant's cognitive and emotional functioning (section B4 of the AR), which is to be completed for persons with an identified mental impairment or brain injury. The SW indicates major impacts to emotion and memory; moderate impacts to bodily function; impulse control; attention/concentration; executive; motivation and other neuropsychological problems (learning disabilities); minimal impacts to consciousness and motor activity; and no impacts to insight and judgment, language, and psychotic symptoms.

With respect to DLA, the SW has assessed the Appellant as independent in all daily living activities listed in the SR, with the exception of medications, which is crossed out with the comment N/A. With respect to social functioning, which is only to be completed for persons with an identified mental impairment or brain injury, the SW reports that the Appellant is in all areas and has good functioning in his immediate and extended social networks.

Regarding assistance, the SW has indicated that the help the Appellant requires for daily living activities is provided by Health Authority Professionals, Community Service Agencies and friends. The SW indicates assistive devices to be not applicable. In relation to assistance animals, the SW indicates that the Appellant has an assistance animal and comments: *has (2) cats, his comfort zone*.

The SW has added additional commentary indicating that the Appellant has previously been incarcerated and fears returning to prison, suffers from general and social anxiety along with trust issues and has a history of suffering extensive abuse. The SW also comments that the

Appellant suffers from numbness in his arms, problems with both knees, carpal tunnel in both wrists, limited neck rotation, chronic back pain and finds it difficult to work.

The Appellant submitted a Request for Reconsideration dated November 30, 2022 indicating he required an extension do to illness. This request was approved, and the Appellant submitted additional information dated 2023-01-06 and stamped by the Ministry January 10, 2023. In this submission, the Appellant explained that after being released from prison he worked in construction, first as a labourer then as a carpenter, until he began to have trouble with his grip. In June 2020 he was diagnosed with carpal tunnel in both wrists and was told not to go back to work in carpentry. His wrists have worsened over time and he was later prescribed wrist braces. He noted that he was first diagnosed with arthritis in 2003. He stated that he cannot sit for more than an hour, due to low back pain. His ability to walk varies and he must stop to rest for about 15 minutes every 5-6 blocks, which he cannot repeat more than 4 times, due to arthritis in his knees and back and swelling in his knees. His vertebral fusion at C5-6 in his neck limits movement and causes numbness in his arms and hands, along with dizziness and loss of balance when looking up. He is limited in his ability to lift his arms above shoulder height and can only sit and hold a coffee cup for about 10 minutes before losing feeling in his arms and hands. He states that this is an ongoing situation he experiences everyday.

The Ministry, in a reconsideration decision dated January 23, 2022, determined that the Appellant was not eligible for PWD designation because he had not met all the required criteria set out in the legislation. This is the decision at issue in the current appeal.

Additional information before this panel on appeal consisted of the following:

#### Notice of Appeal

The Appellant submitted a Notice of Appeal dated December 9, 2022, to the Employment and Assistance Appeal Tribunal. In the Notice of Appeal, the Appellant selected a teleconference hearing and provided reasons for appeal.

The Appellant stated that he understood the Ministry's decision based on his ability to look after himself at home, but he is not able to work due to his disabilities. He questioned whether he was applying for the right kind of assistance. The Appellant also included a written statement indicating that there is some incorrect information in section 2E of the MR relating to his ability to lift; he reiterated his ability to care for himself at home and his inability to secure employment as he is a safety risk for himself and others at a work site. He again questioned whether PWD was the right form of assistance for him. The Appellant also attached a prescription and pharmacy receipt for bilateral carpal tunnel wrist braces.

#### Appeal Submissions

At the hearing, the Appellant explained his limitations in daily activities, primarily because of arthritis. He explained that he is generally able to care for himself on a day-to-day basis and moderates his activities depending on how he is feeling. He also explained that his history of childhood and adult experiences continue to impact him psychologically and that a childhood

head injury caused by one of his siblings continues to impair his memory and understanding; sometimes this means reading things 3-5 times to understand what he is reading. The Appellant also explained that he does not have a family doctor and it is extremely difficult to have a detailed conversation with a walk-in doctor, because they are so overwhelmed. Because of this, he stated that some of the content of the MR in the PWD application is not quite accurate. For example, the MR indicates that he is able to walk 4+ blocks, which is somewhat inaccurate because after 4 blocks he would need to take a break for 15-20 minutes before he could carry on. As well, the MR indicates that he can lift without limitation, but the reality is that he cannot lift a 4L milk jug without using both hands and, for this reason, would no longer purchase such items.

At the hearing, the Ministry representative summarized and explained the Ministry's reconsideration decision. In addition, the Ministry representative explained that PWD designation is not an assistance program that includes consideration of employability, or one's ability to work. The Ministry representative explained that there is another program called PPMB, or Persons with Persistent Multiple Barriers, that provides assistance to people who have long-term barriers to employment. The Ministry representative suggested that the Appellant consider applying for this type of assistance if his appeal is not successful.

#### **Admissibility**

The panel finds that the information provided in the Appellant's Notice of Appeal and oral statements at the hearing is admissible in accordance with section 22(4)(b) of the *Employment and Assistance Act*. The panel finds that the information provided by the Appellant relates to the medical conditions described in the PWD application and is accompanied by his arguments about why this information should have resulted in approval of the PWD application.

The panel finds the Ministry's submission does not require an admissibility determination as there is no new or additional information provided by the Ministry. The panel finds that the information provided by the Ministry representative consisted only of explanation of information previously provided in the reconsideration decision.

## Part F – Reasons for Panel Decision

The issue in this appeal is whether the Ministry’s reconsideration decision, in which the Ministry determined that the Appellant did not meet three of five statutory requirements of Section 2 of the *EAPWDA* for PWD designation, is reasonably supported by the evidence or is a reasonable application of the legislation in the circumstances of the Appellant.

Specifically, the Ministry determined that the information provided by the Appellant did not establish that:

- the Appellant has a severe mental or physical impairment;
- the Appellant’s severe mental or physical impairment, in the opinion of a prescribed professional, directly and significantly restricts his ability to perform daily living activities (DLA) either continuously or periodically for extended periods; and
- as a result of those restrictions, he requires significant help or supervision of another person to perform those activities.

### Severity of impairment

The legislation requires that for PWD designation, the minister must be “satisfied” that the person has a severe mental or physical impairment. The legislation makes it clear that the determination of severity is at the discretion of the minister, considering all the evidence, including that of the Appellant. Diagnosis of a serious medical condition or the identification of mental or physical deficits does not in itself determine severity of impairment.

#### Severity of physical impairment

In the reconsideration decision, the Ministry determined the Appellant does not have a severe physical impairment. In making this determination, the Ministry first observed that “Impairment” is defined in the PWD application as a loss or abnormality of psychological, anatomical, or physiological structure or function causing a restriction in the ability to function independently, effectively, appropriately, or for a reasonable duration. The panel notes that this definition is not included in the Act or Regulation and, while it does provide guidance in the PWD application, it cannot be considered a legislative definition or requirement. In assessing the information in the MR, completed by the GP, the SR completed the Appellant and that in the AR, completed by the SW, the Ministry noted that the information across these sources is not entirely consistent. The Ministry found that the information provided across the PWD application did not establish a severe physical impairment and, in reaching this conclusion, noted inconsistent and missing information relating to nature, frequency and duration of the Appellant’s impairment and assistance required. The Ministry explained that while it recognized the existence of the Appellant’s medical conditions relating to physical impairment, the functional skills, mobility and physical functioning reported in the PWD application, this information did not reflect a severe physical impairment. In its conclusion, the Ministry found the information in the PWD application did not establish a severe impairment to physical functioning.

The panel finds that the Ministry’s determination was reasonably supported by the evidence. The panel notes the Ministry’s approach to assessing severity in light of the diagnoses provided, nature of the impairment and extent of the impacts on functioning as evidenced by restrictions/limitations to functioning, ability to perform DLA and help required. Given the focus

on restrictions and help required in the legislation, the panel finds the Ministry's approach to assessment at reconsideration and reaching conclusions to be reasonable.

The panel notes that there are some apparent minor inconsistencies between the 3 sections of the PWD application and inaccuracies in both the MR and AR, based on the Appellant's recounting of his actual abilities and limitations. The panel accepts the Appellant's evidence with respect to his abilities with stair climbing, which he feels his knees are not capable of, his inability to lift and pour a 4L milk jug with one hand, and his need to rest for several minutes after walking 5-6 blocks. However, even accepting the Appellant's evidence as truthful in this regard, the panel finds that a severe physical impairment has not been established. The panel finds that the evidence demonstrates that the Appellant has several medical conditions that to interfere with some aspects of his mobility and physical ability, as well as his ability to work as a carpenter; however, the evidence also establishes that the Appellant can function independently in his daily life outside of work albeit with some moderation for his daily activities when necessary.

In making this finding the panel has considered the Appellant's explanations about the difficulties associated with having detailed and comprehensive discussions with walk-in clinic doctors and the lengthy waitlisting process to obtain a GP in this province, both of which relate to a well-known shortage of medical practitioners. The panel, while sympathetic to the Appellant's circumstances, finds that the Ministry at reconsideration must make a decision based on the information available to it at that time. The panel appreciates that many people experience difficulty in finding a GP and recognizes that the Appellant, like many others in the province, may end up seeing a medical doctor who has little knowledge of their history as compared to those who have long standing relationships with their family doctor. Nonetheless, the walk-in clinic GP is the person who has provided professional medical assessments in the MR and the panel finds the Ministry's reliance on the information provided in the PWD application to be reasonable.

The panel notes that the GP's assessments of the Appellant's functional capacity and mobility and physical ability assessments in the MR indicate that the Appellant is primarily independent. The panel also considered the information provided after reconsideration as it related to physical impairments and finds that it does add some additional detail in relation to the Appellant's ability to function independently, effectively, appropriately or for a reasonable duration. However, the panel finds this additional information, considered alongside the information at reconsideration and the Appellant's submissions at the hearing, does not establish a severe physical impairment.

The panel finds that the Ministry's determination, that a severe physical impairment has not been established, is reasonably supported by the evidence.

#### Severity of mental impairment

In the reconsideration decision, the Ministry determined that the information provided does not establish a severe mental impairment. The Ministry noted that the GP has diagnosed anxiety disorder and social anxiety and has not been prescribed medications that interfere with his ability to perform DLA. The Ministry noted the GP's assessment of significant deficits to cognitive and

emotional function in several areas in section 2E of the MR and the SW's assessment of cognitive and emotional functioning in section 3C of the AR. The Ministry observed that the SW has indicated several impacts to cognitive, social, and emotional function. However, the ministry also noted that the SR indicated that the Appellant is independent in all areas of social functioning and has "good" functioning in his immediate and extended social networks. The Ministry also considered that both the GP and SW reported that the Appellant is independently able to perform all DLA associated with decision making for personal activities and concluded that a severe impairment of mental functioning was not established by the evidence provided.

The panel finds that the Ministry's determination that a severe mental impairment has not been established was also reasonably supported by the evidence. In assessing the Ministry's conclusions, the panel finds that a holistic consideration of the evidence in the PWD application, reconsideration request and appeal evidence reflects an individual who, despite anxiety diagnoses, can function independently with respect to social functioning, financial management and personal decision making.

The panel has considered the Appellant's evidence about the horrific abuse he suffered as a child, including the impacts of childhood head injury to memory and understanding, alongside his evidence that he is able to take care of himself at home. His evidence is that he does shop for his own food, manage his own finances, meals, transportation, housekeeping and personal care. The panel has also considered the GP's and SW's assessments relating to cognitive and decision-making activities, which indicate that the Appellant is largely, or entirely, independent in these areas.

The panel accepts the Appellant's evidence that some days he has a harder time psychologically dealing with the public and may choose not to go out on these days. However, the panel finds that with these modifications the Appellant is able function independently. The panel finds that the evidence, in relation to the Appellant's ability to function independently, effectively, appropriately or for a reasonable duration, does not establish a severe mental impairment. The panel finds that the Ministry's determination, that a severe mental impairment has not been established, is reasonably supported by the evidence.

### **Direct and significant restrictions in the ability to perform DLA**

The legislation specifies that the Minister assess direct and significant restrictions in the ability to perform DLA in consideration of the opinion of a prescribed professional, in this case both the GP and SW. This does not mean that other evidence should not be considered, but a prescribed professional's evidence is fundamental. At issue in this assessment is the degree of restriction in the Appellant's ability to perform the DLA listed in section 2(1)(a) and (b) of the Regulation. The panel notes that, according to the legislation, the direct and significant restriction in the ability to perform DLA must be due to a severe mental or physical impairment.

The Ministry was not satisfied that the Appellant has a severe impairment that, in the opinion of a prescribed professional, directly, and significantly restricts his ability to perform DLA. In reaching this conclusion, the Ministry noted that the GP provided the MR assessment that he is independent with most DLA. The Ministry considered that the GP has ticked "continuous" for basic housekeeping but does not indicate whether this activity is restricted. For other activities of daily living, namely daily shopping and social functioning, the GP has indicated a restriction



but, the Ministry notes, not whether that restriction is continuous or periodic. The Ministry also considered the GP's assessment that the Appellant is continuously restricted with transportation and management of finances. The Ministry also considered the SW's AR assessment, in which the SW indicates that the appellant is independently able to perform all DLA. The Ministry was not satisfied that information provided by the prescribed professionals established that a "severe impairment *significantly* restricts daily living activities continuously or periodically for extended periods."

The panel finds that the Ministry's determination that the assessments provided do not establish that a severe impairment significantly restricts the Appellant's ability to perform DLA continuously or periodically for extended periods was reasonable. The panel notes that the legislation specifies that direct and significant restrictions to DLA must be in the opinion of a prescribed professional. Although the Ministry's decision makers can make logical inferences from the information provided, their decisions must be based on the information provided by the prescribed professional.

The panel notes here that the GP has assessed the Appellant as being largely independent with performing DLA and appears to have made some errors or missed some information in that assessment. For example, with respect to basic housekeeping the GP has ticked "no" in relation to whether the activity is restricted and "continuous" in relation to the nature of the restriction, despite instructions that "continuous" or "periodic" only apply if the activity is restricted. In other words, the GP needed to have ticked "yes" that activity is restricted for continuous or periodic to apply.

Apart from internal inconsistencies in the MR, there are also inconsistencies between the MR and AR, in which the social worker indicates the Appellant is independent and requires no assistance with all activities of daily living.

Similarly, the Appellant's evidence in the PWD application and the other information he has provided is that he is able to manage all of his daily living activities independently, albeit with the use of carpal tunnel braces and with some modification as he feels necessary. He has indicated in multiple areas that his primary restriction relates to his ability to work, which is not one of the daily living activities that is relevant to PWD designation. Rather, as noted by the Ministry representative at the hearing, barriers to work are a primary consideration for another type of assistance often referred to by the Ministry as PPMB, or Persons with Persistent Multiple Barriers.

The panel finds that a holistic view of the information provided by the GP, SW and Appellant does not demonstrate direct and significant restrictions to DLA continuously or periodically for extended periods. The panel finds some assessment of restriction by the GP, but this assessment is not clear or complete and is also not supported by either the evidence of the SW in the AR or the evidence of the Appellant about his own abilities and restrictions. For example, the GP indicates the Appellant has continuous restrictions with transportation and finances, but the Appellant and SW both indicate that he can independently manage these activities. The Appellant did state that he uses his wrist braces for driving, which the panel finds not to be a significant restriction to transportation activities. The GP also indicated that the Appellant is restricted with daily shopping, but the SW and Appellant both indicate that he is able to

complete daily shopping activities independently.

In its assessment, the panel has taken the approach of resolving conflicts in the information provided by the GP and SW, both of whom are prescribed professionals, by preferring the evidence that most closely aligns with the Appellant's firsthand accounts of his abilities and restrictions. As such, the panel finds that the information before it does not show that the Appellant's overall ability to perform DLA is significantly restricted either continuously or periodically for extended periods. The panel concludes that the Ministry's determination is reasonably supported by the evidence and a reasonable application of the legislation.

### **Help required**

The legislation requires that, as a result of being directly and significantly restricted in the ability to perform DLA either continuously or periodically for extended periods, a person must also require help to perform those activities. Having direct and significant restrictions under section 2(2)(b)(i) is a precondition of meeting the need for help criterion. Help is defined in subsection (3) as the requirement for an assistive device, significant help or supervision of another person, or the services of an assistance animal to perform a DLA. According to the legislation, at section 2(1), 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.*

In the reconsideration decision, the Ministry determined that as it had not been established that the Appellant's ability to perform DLA was significantly restricted, it cannot be determined that significant help is required.

The information provided by the Appellant is that he has wrist braces for carpal tunnel and the SW indicates that the Appellant is comforted by his cats and does receive assistance from friends, health professionals and community care organizations. However, the panel has concluded that the Ministry reasonably determined that direct and significant restrictions in the Appellant's ability to perform DLA have not been established. As such, the panel also finds that the Ministry reasonably concluded that under section 2(2)(b)(ii) of the Act it cannot be determined that the Appellant requires help to perform DLA. Therefore, the panel finds that the Ministry's conclusion that this criterion has not been met is reasonable.

### **Conclusion**

The panel finds that the Ministry's reconsideration decision, determining that the Appellant had not met all the legislated criteria for PWD designation, was a reasonable application of the legislation in the circumstances of the Appellant and was reasonably supported by the evidence. The panel confirms the Ministry's reconsideration decision. The Appellant is not successful on appeal.

## APPENDIX A

The following section of the EAPWDA applies to this appeal:

### **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 following section of the EAPWDR applies to this appeal:

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

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

(i) prepare own meals;

(ii) manage personal finances;

(iii) shop for personal needs;

(iv) use public or personal transportation facilities;

(v) perform housework to maintain the person's place of residence in acceptable sanitary condition;

(vi) move about indoors and outdoors;

(vii) perform personal hygiene and self care;

(viii) manage personal medication, and

- (b) in relation to a person who has a severe mental impairment, includes the following activities:
- (i) make decisions about personal activities, care or finances;
  - (ii) relate to, communicate or interact with others effectively.
- (2) For the purposes of the Act, "**prescribed professional**" means a person who is
- (a) authorized under an enactment to practise the profession of
    - (i) medical practitioner,
    - (ii) registered psychologist,
    - (iii) registered nurse or registered psychiatric nurse,
    - (iv) occupational therapist,
    - (v) physical therapist,
    - (vi) social worker,
    - (vii) chiropractor, or
    - (viii) nurse practitioner, or
  - (b) acting in the course of the person's employment as a school psychologist by
    - (i) an authority, as that term is defined in section 1 (1) of the *Independent School Act*, or
    - (ii) a board or a francophone education authority, as those terms are defined in section 1 (1) of the *School Act*, if qualifications in psychology are a condition of such employment.

APPEAL NUMBER  
2023-0044

**PART G – ORDER**

THE PANEL DECISION IS: (Check one)       UNANIMOUS       BY MAJORITY

THE PANEL       CONFIRMS THE MINISTRY DECISION       RESCINDS THE MINISTRY DECISION

If the ministry decision is rescinded, is the panel decision referred back to the Minister  
for a decision as to amount?       Yes       No

**LEGISLATIVE AUTHORITY FOR THE DECISION:**

*Employment and Assistance Act*

Section 24(1)(a)  or Section 24(1)(b)

and

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

**PART H – SIGNATURES**

PRINT NAME

Jennifer Smith

SIGNATURE OF CHAIR

DATE (YEAR/MONTH/DAY)

2023/04/04

PRINT NAME

Robert Fenske

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2023/04/04

PRINT NAME

Richard Franklin

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2023/04/04