

Part C – Decision Under Appeal

The issue under appeal is the Ministry of Social Development and Poverty Reduction's ("the Ministry") Reconsideration Decision of February 28, 2024. The Ministry held the Appellant was not eligible for Persons with Disabilities ("PWD") designation because she did not meet all of the legislated criteria.

The Ministry held the Appellant met these criteria:

- More than 18 years old
- Impairment duration of more than two years

The Ministry held the Appellant did not meet these criteria:

- Severe mental impairment or Severe physical impairment
- Impairment does not directly and significantly restrict ability to perform daily living activities
- Does not require help with daily living activities

Additionally the Ministry states the Appellant does not meet one of the prescribed classes of person who may be eligible for PWD designation on alternative grounds. See Regulation section 2.1

Part D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act, section 2 ("the Act").
Employment and Assistance for Persons with Disabilities Regulation, section 2 ("the Regulation").

See Appendix

Part E – Summary of Facts

The hearing took place on April 4, 2024, as a written hearing.

Evidence before the Ministry at reconsideration:

The Appellant is over 18 years old. In support of her application, she submitted the following documents:

- January 18, 2024, PWD Application including Medical and Assessor Reports completed by Dr. T (her doctor) and a Self Report
- September 21, 2023, Assessment Report completed by specialist Dr. M
- May 5, 2023, Echocardiogram report
- January 10, 2023, hospital, emergency/ambulatory care Clinical Records
- December 28, 2022, Dr. T, Chart Summary/Labs
- December 12, 2022, laboratory 24-hour Holter tests results
- September 28, 2022, laboratory 24-hour Holter test results

PWD Application: Medical Report*Diagnoses*

Dr. T provides the following diagnoses:

- Myalgia Encephalomyelitis (April 2022)
- Psychosis: Auditory Hallucinations (April 2022)
- Other mental: Attention Deficit Disorder (ADD) (1997)
- Neurological Disorders – Other: Migraines (September 2022)

Health History

Severity of the Medical Conditions - Regarding the severity of the Appellant's medical conditions, Dr. T notes that she used to be quite functional and held down two jobs working full time and part time at 50 – 60 hours per week. Now she is only able to work 4 hours per week and sleeps 15 – 20 hours per day. Her ADD exacerbates her symptoms. She has difficulty concentrating. She has auditory hallucinations with multiple voices talking to her.

Medications - Dr. T indicates the Appellant's is taking PEA (Palmitoylethanolamide) 400 mg) and says it should not affect her ability to perform daily living activities. Dr. T plans to trial Abilify. Dr. T anticipates the duration of the Appellant's need for medications and /or treatments is uncertain and potentially indefinite.

Degree and Course of Impairment

Dr. T notes the Appellant's impairment may be permanent.

Functional Skills

Dr. T says the Appellant can walk 2 -4 blocks unaided on a flat surface, climb 5+ stairs, has no limitations on lifting, can remain seated 2 -3 hours, and has no difficulties with communication. Regarding cognitive and emotional function, they indicate the following significant deficits: executive, psychotic symptoms, attention or sustained concentration.

Dr. T comments *most of her deficits are related to fatigue and are less (so) about physical limitations. She also has some perceptual disturbances and attention issues.*

Additional Comments

Dr. T reports *as before she was quite functional prior to April 2022 but now no longer able to work for any meaningful length of time.*

Frequency of Contact

Dr. T says the Appellant has been their patient for 17 years and they have seen the Appellant 2-10 times in the past year.

PWD Application: Assessor Report

Living Environment

Dr. T completed the Assessor Report. They note the Appellant lives with her mother.

Mental and Physical Impairment

Mental and Physical Impairments Effects on Daily Living Activities – Dr. T reports the Appellant has profound fatigue and focus/concentration issues.

Ability to Communicate - Dr. T reports the Appellant has good reading and hearing abilities, but is only satisfactory for speaking and writing as she is tangential and loses focus.

Mobility and Physical Ability - Dr. T reports the Appellant as independent for all aspects of physical ability.

Cognitive and Emotional Functioning - Dr. T reports the following re Impact on Daily Functioning:

- Major Impact – Bodily functions (sleep disturbance) and Consciousness (orientation, alert/drowsy confusion)
- Moderate impact – Attention/concentration
- Minimal Impact – Emotion, Impulse control, Executive, Memory, Motivation, Language, Psychotic symptoms, Other neuropsychological problems.
- No Impact- Insight and judgement, Motor activity, other emotional or mental problems.

Dr. T states she sleeps up to 15 – 20 hours per day which has a major impact on her Activities of Daily Living.

Daily Living Activities

Personal Care - Dr. T reports the Appellant is independent with all aspects of personal care except transfers (in / out) of bed. They note she spends most of the time in bed.

Basic Housekeeping – Dr. T reports the Appellant takes significantly longer than typical to do laundry, and basic housekeeping.

Shopping – Appellant takes significantly longer than typical for all aspects of shopping (reading prices and labels, making appropriate choices, paying for purchases, carrying purchases home), except for going to and from stores where she is said to require continuous assistance from another person.

Dr. T states: Due to profound fatigue, she doesn't do basic housekeeping, shopping or meals. Her mother typically does these or friends and family help with providing meals for her. Spends most of her day in bed.

Meals - Dr. T reports the Appellant requires periodic assistance for meal planning, food preparation and cooking and is independent for safe storage of food.

Paying Rent and Bills – Appellant is independent for all aspects.

Medications – Appellant is independent for all aspects.

Transportation – Appellant is independent for all aspects.

Social Functioning – Dr. T reports the Appellant is independent for all aspects except for “interacts appropriately with others”. For this aspect Dr. T states: *sometimes difficulty communicating because she is quite distractible/tangential although overall pleasant*. They report the Appellant has good functioning with her immediate social network and good functioning with her extended social network.

Assistance Provided for Applicant

Assistance Provided by Other People – Dr. T reports that the Appellant’s family, friends and co-workers assist her with daily living activities. Dr. T states *should help be required but there is none available, she may be able to manage with a meal delivery service and could hire someone for housekeeping*.

Assistance provided through the use of Assistive Devices – no assistive devices are used.

Assistance provided by Assistance Animals – The Appellant does not have an assistance animal.

Dr. T comments *Given that her symptoms have been persistent and pervasive since April 2022, I agree with Dr. M’s assessment that this will be a permanent disability and she would benefit from a PWD designation*.

PWD Application: Self Report

The Appellant states she has significant fatigue and reduced activity tolerance. She has post-exertional malaise lasting one to a few days. The following significantly deplete her energy: mental exertion, emotional exertion, and environmental stimulation. On average she has two usable hours a day with inconsistent energy levels. She has impaired concentration and perceptual and sensory disturbances, hypersensitivity to light and

sound, palpitations and chest pain, cold hands and feet. Sometimes she has a “boat dizzy” feeling.

Regarding the affect of her disability on her daily life she notes she used to be able to work two jobs and have energy, more than two usable hours. Currently she must rest throughout the day, she can’t work more than 4 hours a week. She gets migraines with body pain. Consumption of alcohol or coffee produce side effects. She can’t drive at night. She misses out on many social activities. She said she is sad her body is not her own.

Dr. M Assessment, September 21, 2023

The Appellant was assessed for Long Covid symptoms. Dr. M notes it took the Appellant 7 – 9 months to recover from acute COVID. Dr. M notes the Appellant has significant fatigue and reduced activity tolerance. She has post- exertional malaise lasting one to a few days. Mental exertion, emotional exertion and environmental stimulation significantly deplete her energy. Patient describes mild cognitive symptoms.

Dr. M confirms the Appellant has 2 “usable” hours outside the home. This is as compared to a normal 10 usable hours. Dr. M describes this as a 20% Activity Tolerance, or what a client can accomplish without precipitating post – exertional malaise and worsening of symptoms.

In addition to Long COVID, Dr. T’s diagnosis of myalgic encephalomyelitis/chronic fatigue syndrome was confirmed. The Appellant displays pathological fatigue, post-exertional malaise and worsening of symptoms, sleep dysfunction, pain, neurocognitive manifestations (impaired concentration, perceptual and sensory disturbances, hypersensitivity to light/sound) autonomic manifestations (palpitations, squeezing chest pain), neuroendocrine manifestations (feels cold a lot, cold hands and feet), immune manifestations (general malaise). Illness has persisted for more than six months.

Dr. M gave the following diagnosis and prognosis: “[Appellant] suffers from disabling fatigue, a markedly reduced activity tolerance, post-exertional malaise, cognitive symptoms and pain.... Given the duration and severity of symptoms, [Appellant’s] long-term prognosis is poor. [Appellant] is likely disabled indefinitely.”

Information Provided on Appeal

Notice of Appeal

The Appellant did not supply any additional submissions. The Panel considered the Appellant's reason in her Notice of Appeal to be her position. It is set out as the Appellant's Position under Section F, Reasons for Panel Decision.

The Ministry's submission indicated that it would rely on the Reconsideration Decision.

Admissibility of New Evidence

The Panel is authorized under Section 22(4) of the *Employment and Assistance Act*, to consider evidence in addition to the information the Ministry had at the time of the Reconsideration Decision if it is reasonably required for a full and fair disclosure of all matters related to the decision under appeal. In this case, neither party submitted additional evidence.

Part F – Reasons for Panel Decision

The issue on appeal is whether the Ministry's Reconsideration Decision to deny the Appellant PWD designation under the Act s. 2 and Regulation S. 2 was reasonably supported by the evidence or was a reasonable application of the applicable legislation in the circumstances of the Appellant.

Appellant Reasons

The Appellant states that she meets the criteria for extended assistance (PWD designation). Her condition is expected to continue for an indefinite period. Her health challenges directly and significantly impede her ability to carry out daily living activities. The challenges appear in all aspects of her life, both continuously and periodically for extended durations. She is unable to do activities essential for daily living such as shopping and maintaining a hygienic living environment through housework. Her usable hours vary on each day. She may be awake but she must be in bed. She also has unspecified psychosis. The severe nature of her constraints means she needs external support for essential activities. She requires personalized care and support to manage daily life effectively.

Ministry Position

The Ministry accepted that the Appellant was more than 18 years of age and had been diagnosed with an impairment that would last more than two years. The Ministry emphasized that the PWD designation is not based on employability or vocational abilities. The Ministry relies on the medical opinion and expertise of medical practitioners and other prescribed professionals to determine that the Appellant's impairment directly and significantly restricts their ability to perform daily living activities either continuously or periodically for extended periods.

Physical Impairment

The Ministry found the Appellant does not have a severe physical impairment. The Ministry notes Dr. T said she does not need any aids for the impairment and has not been prescribed any medications or treatments that would interfere with her ability to complete daily living activities. The Ministry notes the evidence provided does not sufficiently describe or portray a severe impairment. While Dr. T says the Appellant is unable to leave her bed for significant parts of the day, they also report the Appellant is independent in all areas of mobility and physical abilities. The Ministry interpreted this to mean that while

the Appellant is not sleeping, she does not have significant restrictions with her basic physical functioning and activities that require mobility and physical abilities. In reviewing Dr. M.'s report, that she has two usable hours OUTSIDE the home, the Ministry inferred that the Appellant has additional usable hours *INSIDE* the home. The Ministry notes that the Appellant in the self report does not describe any limitations to her physical functioning.

In the Appellant's case, the evidence does not sufficiently describe or portray a severe impairment. Dr. T notes she can walk 2 -4 blocks unaided, can climb 5+ stairs, has no limitations lifting and can remain seated 2 -3 hours. The Appellant can walk independently, indoors/outdoors, climb stairs, stand lift, carry and hold. Dr. T notes *Most of her deficits are related to fatigue and less physical limitations*. While Dr. T reports that the Appellant is unable to leave her bed for a significant part of the day, they also report the Appellant is independent in all areas of mobility and physical abilities. This is consistent with the Appellant's self report. Given the above, the Ministry was not satisfied the Appellant experiences a severe impairment to her physical functioning.

Mental Impairment

The Ministry was not satisfied the Appellant has a severe mental impairment. The Ministry notes that Dr. T identifies significant deficits to her cognitive and emotional function in the areas of executive, psychotic symptoms and attention or sustained concentration. As part of the Assessor report Dr. T notes the following impacts on the Appellant's daily cognitive and emotional functioning: major impacts on bodily functions and consciousness, moderate impacts in attention/concentration. They note the Appellant sleeps 15 - 20 per day.

The Ministry acknowledges the Appellant is experiencing limitations to her cognitive and emotional functioning due to fatigue. However, the Dr. T indicates that most aspects of her daily functioning are only moderately impacted, minimally impacted or not impacted at all. Also Dr. T. did not indicate the Appellant is unable to make decisions about personal activities, care or finances or that the Appellant is unable to relate to, communicate, or interact with others effectively. Based on the information above, the Ministry was not satisfied the Appellant had a severe mental impairment.

Daily Living Activities

The Ministry was not satisfied that the Appellant has a severe impairment that in the opinion of a prescribed professional, directly and significantly restricts her ability to

perform the daily living activities set out in legislation either continuously or periodically for extended periods. The Ministry noted the Appellant is said to take significantly longer for Personal Care (transfers in/out of bed – “spends most of her time in bed”) Basic Housekeeping, Laundry and Shopping (reading prices/labels, making appropriate choices, paying for purchases and carrying purchases home). Dr. T. notes the Appellant needs continuous assistance going to and from stores because she “can’t drive and stand to do; gets help from mother.” The Ministry notes the Appellant’s self report that she cannot drive at night, implying she can drive in the day. The Ministry notes the Appellant is independent in all other shopping activities, including reading prices and labels, making appropriate choices, paying for purchases and carrying purchases which Dr. T says the Appellant does with extra time. The Ministry held there was not a significant overall restriction in her ability to shop.

The Ministry acknowledged the Appellant may require periodic assistance with meal planning, food preparation and cooking. However, the frequency and duration of these restrictions are not described making it difficult to determine if they represent significant restriction to her ability to perform these activities periodically for extended periods as required by legislation. The assessments of her physical functioning and mobility suggest she could manage these activities while she is awake. The Ministry finds she is awake between 4 and 9 hours per day, the Ministry held she should be able to perform these activities to a reasonable degree.

Regarding Social Functioning, Dr. T explains she is pleasant but often loses focus when communicating. Dr. T does not indicate she is unable to make decisions about personal activities, care of finances, or that she is unable to relate to, communicate, or interact with others effectively. She is independent for most social functioning, while able to maintain good functioning in her social networks. This does not describe a significant restriction in overall social functioning.

In sum, the Ministry found there was not enough evidence to confirm that in the opinion of a prescribed professional the Appellant was directly and significantly restricted in her ability to perform daily living activities continuously or for extended periods.

Help Required with Daily Living Activities

The Ministry notes that Dr. T says if the Appellant did not receive help from family and friends and co-workers she would be able to manage with a meal delivery service or could hire someone to do housekeeping. However, as it has not been established that daily

activities are significantly restricted, it cannot be determined that significant help is required from other persons or a device.

Panel Reasons

The Panel must consider whether the Ministry was reasonable in determining that the Appellant did not meet the legislated criteria for PWD designation.

Severe Physical Impairment

The Ministry found the Appellant did not have a severe physical impairment. In reaching this finding the Ministry focused on the evidence supplied by Dr. T. For example, noting that although the Appellant is unable to leave her bed for significant parts of the day, she is independent for mobility and physical activities. Dr. T also reports the Appellant to be able to walk 2-4 blocks unaided, climb more than 5 stairs, no limitations on lifting and no difficulties with communication. Under Cognitive and Emotional function, Dr. T reports impairments with executive function, attention and sometimes psychotic symptoms. They clarify that the deficits are related to fatigue and less physical limitations. The Panel notes that on its face requiring 15 to 20 hours per day of sleep time and otherwise being in bed suggests the Appellant has very material challenges. However, it is unclear if Dr. T's assessment focuses on the phases of the Appellant's day or week where she is not in a phase of fatigue or exhaustion or is at her best.

The Panel notes the BC Supreme Court stated in *Hudson v. EAAT* that an applicant's own information should be considered unless there is a valid reason not to. In this case, the Appellant's own information adds clarity to that of Dr T. with regard to severity of impairment. The Appellant states that her activity tolerance is reduced and she has constant fatigue, with post exertional malaise. She says she is limited to two usable hours per day on average, and that her energy levels are inconsistent. She must otherwise rest throughout the day. She is not able to work more than 4 hours per week. She gets migraines and body pain. The Panel notes the legislation at Act section 2 leaves it to the Ministry to decide whether the impairment is severe and does not require that it be in the opinion of a medical practitioner or nurse practitioner (as for duration) or prescribed professional (as for daily living activities).

In this case the Panel must take into account Dr. T's assessment that the Appellant can walk 4 blocks and has no limitations on lifting but she is not able to shop or do basic housekeeping. Also, the Appellant states that she has two usable hours a day. Without

greater clarity about what the Appellant is able or unable to do *the majority of* the time, the Panel finds there is insufficient evidence to conclude the Appellant has a significant impairment. The Ministry is therefore reasonable in not being satisfied the Appellant met this criterion.

Mental Impairment

The Ministry found the Appellant did not have a severe mental impairment. The Panel notes the Appellant's limitations to her cognitive and emotional functioning are described by Dr. T as major, however the details indicate this is due to sleep disturbance and challenges with consciousness which is consistent with overall fatigue. Most aspects are only moderately affected or not affected at all. The Panel also noted she is able to make decisions about personal activities, care and finances and communicate or interact with others effectively. Accordingly, the Panel finds the Ministry was reasonable in its assessment that the Appellant does not have a severe mental impairment.

Daily Living Activities

To meet this requirement, the ministry must be satisfied that the person's impairment, in the opinion of prescribed professional, directly and significantly restricts the person's ability to perform daily living activities either continuously, or periodically for extended periods. The Panel notes that the BC Supreme Court stated in *Hudson v. EAAT* that the Ministry need not find that all daily living activities were significantly restricted, but that significant restrictions with at least two is sufficient to meet this criterion. The Ministry found the information did not establish the Appellant's impairment directly and significantly restricts her daily living activities, noting Dr. T reports the Appellant to be independent in the majority of activities of daily living. The exceptions where the Appellant is not independent include shopping, basic housekeeping and laundry where the Appellant is said to take significantly longer than typical.

The Panel notes that while similar, the legislated list of daily living activities is somewhat different than the list provided in the PWD application. Under the Regulation section 2(2) daily living activities include:

- prepare own meals;
- manage personal finances;
- shop for personal needs;
- use public or personal transportation facilities;

- perform housework to maintain the person's place of residence in acceptable sanitary condition;
- move about indoors and outdoors;
- perform personal hygiene and self care;
- manage personal medication.

As well as the above, two daily living activities are prescribed related to mental impairment:

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

In this case, the Panel finds sufficient evidence from a prescribed professional to conclude the Appellant is significantly restricted with two daily living activities: *shop for personal needs*; and. *perform housework to maintain the person's place of residence in acceptable sanitary condition*. The information provided by Dr. T includes comments stating the Appellant takes "significantly longer than typical" to do laundry and basic housekeeping, as well as reading prices, and labels, making appropriate choices, paying for purchases and carrying purchases home. They indicate she requires continuous assistance going to and from stores. They note due to profound fatigue, the Appellant does not do basic housekeeping, shopping or meals, suggesting the length of time it would take her to do these activities makes it impractical. Instead, assistance is provided by her mother. She spends most of her day in bed. Dr. T says if assistance was not provided by friends and family, she would require a meal delivery service or need to hire someone to do housekeeping. Moreover, Dr. M indicates that the Appellant suffers from post-exertional malaise. That is, doing activities beyond a limited amount can produce pain and exhaustion lasting 1-2 days. The Panel finds that there is sufficient evidence of impairment in performing daily living activities that the Appellant meets this criterion. The Ministry is therefore unreasonable in its finding regarding this criterion.

Assistance Required with Daily Living Activities

Given the finding that the Appellant's impairment directly and significantly restricts her daily living activities the remaining criterion is whether the Appellant requires assistance with Daily Living Activities. Dr. T confirms that help required for daily living activities is provided by the Appellant's mother, family, friends and co-workers. Dr. T further states that if this group were unable to assist the Appellant, she may be able to manage with meal delivery services and would need to hire someone for basic housekeeping. Given the Appellant's dependence on friends and family the Panel finds that the Appellant needs the

significant assistance of others due to significant restrictions with daily living activities the Panel finds the Appellant meets this criterion. The Ministry was unreasonable in finding the Appellant did not meet this criterion.

Conclusion

Regarding whether the Ministry's Reconsideration Decision to deny the Appellant PWD designation was reasonably supported by the evidence or was a reasonable application of the applicable provision in the circumstances of the Appellant, the Panel makes the following findings:

- The Ministry was reasonable in determining that the Appellant did not have a severe mental or physical impairment, Act section 2(2);
- The Ministry was unreasonable in determining that the Appellant's impairments did not, in the opinion of a prescribed professional, directly and significantly restrict her ability to perform daily living activities, Act section 2(2)(b)(i).
- The Ministry was unreasonable in determining that, in the opinion of a prescribed professional, the Appellant does not require help to perform these activities, Act section 2(2)(b)(ii).

Noting the Reconsideration Decision held the Appellant met the criteria of age and duration, the Panel finds four of the five criteria for PWD designation are met. The Ministry, however, must be satisfied all five criteria are met. Accordingly, the Reconsideration Decision is confirmed regarding the PWD designation. The Appellant is unsuccessful in the appeal.

Appendix

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES ACT

[SBC 2002] CHAPTER 41

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).

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES REGULATION

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.

(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.

[am. B.C. Regs. 196/2007; 197/2012, Sch. 2, s. 2;
70/2013.]

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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

Corrie Campbell

Signature of Chair

Date (Year/Month/Day)

2024/04/10

Print Name

Charles Schellinck

Signature of Member

Date (Year/Month/Day)

2024/04/10

Print Name

Gordon Thompson

Signature of Member

Date (Year/Month/Day)

2024/04/11