

Reasons for Decision:

AP1516-0661

The appellant appealed that the appellant was denied eligibility under Section 5(1)(a) of *The Manitoba Assistance Act*.

The appellant had been approved for disability benefits until <date removed>. The appellant was provided with a new Disability Assessment Form and benefits were extended to <date removed>. When the appellant's benefits had been approved in <date removed> the letter advising the appellant of the approval stated that, "A councillor (sic) report is required for your next medical."

A Disability Assessment report was provided. The primary diagnosis was listed as <condition removed>, the objective findings are <information removed>. The doctor also lists secondary diagnoses. He lists <information removed>. The doctor indicates the appellant has <text removed>, and comments <text removed>. Finally the doctor indicates <text removed>. The doctor also comments that the appellant has a history of <text removed>. The doctor lists <text removed> medications the appellant has been prescribed. The doctor indicates the appellant has been referred to <text removed> and requires a <text removed> allowance. In the section regarding work activity, the doctor has indicated "not able to work" and indicated the time period to be "never". The doctor explains that what is functionally stopping the appellant from working is that the appellant has a chronic <text removed>. The appellant's <text removed> on an ongoing daily basis.

The appellant did not complete the Self-Report.

The medical panel indicated that no objective findings had been submitted and they were therefore unable to substantiate eligibility for disability benefits.

At the hearing the program representative was unable to explain why the doctor's comments were not sufficient to meet the eligibility criteria.

At the hearing the appellant and worker from <text removed> indicated that the appellant did not know what a "councillor" report was and didn't know where to go to get further medical information. The appellant stated the appellant has been seeing this current doctor since 18 years of age, and this doctor is the person most familiar with the appellant's <text removed> health. The appellant stated that after the appellant was rejected for disability benefits, the doctor did refer the appellant to a <text removed> and the appellant did see one last week. The appellant has been working with the worker from <text removed> to try and work out coping mechanisms so that the appellant is not <text removed>.

After carefully considering the written and verbal information the Board finds that the information submitted by the appellant's physician was sufficient to meet the eligibility criteria under Section 5(1)(a) of *The Manitoba Assistance Act*. The Board finds that the doctor has provided a very clear picture of the severity of the appellant's <text removed> health and how it prevents the appellant from working. The Board does not understand why medical panel did not find this sufficient, and why they requested a report from a counsellor who would not be as familiar with the appellant's history and observations of whether or not the appellant is improving. Therefore the decision of the Director has been rescinded and the Board orders that the appellant be enrolled under Section 5(1)(a) effective <date removed> for a period of <text removed>.