

Reasons for Decision:

Order # AP1516-0415

The appellant is appealing that benefits were cancelled from <dates removed>.

The appellant stated that the appellant received a letter from the Department dated <date removed> advising that benefits have been held and that the appellant's file is under review for closure as the appellant did not attend an appointment at <time removed> that same date. The appellant stated that the appellant had left a message for a worker that the appellant couldn't attend the meeting. The appellant also said the appellant had a doctor's appointment that same date and time and had to cancel that appointment as well as the appellant was not feeling well. The appellant received another letter dated <date removed> advising that the appellant's file was closed effective <date removed> due to no contact. The appellant stated at the hearing that the appellant has called and left several messages for the worker on <dates removed> with no response. The appellant entered into evidence at the hearing a letter from <reference removed> explaining that the appellant had missed the one appointment on <date removed> due to pain <reference removed> and that continued income assistance benefits for the appellant's housing and medications is a necessity.

The Department stated that it had sent the appellant a letter dated <date removed> advising that the appellant's disability benefits had been denied and that a meeting was scheduled for <date removed> to review next steps. When the appellant did not show for that appointment, a second letter was sent on <dates removed> advising that benefits have been held until the appellant advises the Department of the reason the appellant missed the appointment. The appellant phoned the worker on <date removed> to explain that the appellant did not attend as the appellant had a doctor's appointment the same time. The Department issued benefits on a pro-rated basis up to the date of an appeal hearing scheduled for the appellant on <date removed>, at which time the appellant would provide for the caseworker, confirmation from a doctor to support the appellant's missed appointment.

The appellant did not attend the appeal hearing on <date removed> and did not contact the Department until later in <date removed> after the appellant's case was closed. The appellant's basic needs benefits had been paid to <date removed> and rent to the end of <date removed>. Regarding the <date removed> medical appointment, the Department representative advised that she called the number on the appellant's appointment card and was advised that the appellant did not have an appointment scheduled on <date removed>. The appellant has been re-enrolled effective <date removed> and was issued basic needs and rent from that date.

After carefully considering the written and verbal information the Board found that the Department acted very quickly to close the appellant's file. The Department appears to

have placed a great deal of importance upon one missed appointment <date removed> and then proving the appellant's explanation inadequate. No evidence was provided to suggest a pattern or previous problems of the appellant's not meeting reasonable expectations. The appellant did not provide a reasonable explanation as to why the appellant didn't contact the Department when the appellant's benefits expired on <date removed> and did not call until <date removed>.

The Board does not support the appellant's request for retroactive basic needs benefits between the date of benefits expiry and re-enrolment as the appellant did not contact the Department in a reasonable timeframe; additionally, the need has passed. However, in finding that the Department was quick to close the appellant's case and having heard no evidence to suggest the appellant was not financially eligible, the Board finds that the appellant's <date removed> rent should have been maintained. Therefore the Board has varied the decision of the Director and orders the Department to pay the balance of the appellant's <date removed> rent.

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