

**Reasons for Decision:**

**Order #AP1718-0025**

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

A Disability Assessment report was submitted to the program in <date removed>. The primary diagnosis was <text removed>. The doctor has not indicated when this was originally diagnosed. The prognosis is likely to remain the same, and the objective findings state, <text removed>. The doctor has listed secondary diagnoses as <text removed>. Both conditions are likely to remain the same. The doctor comments that the objective findings regarding the <text removed> is that the symptoms <text removed>. Regarding the <text removed> the doctor states <text removed>. The doctor makes additional comments that the appellant has a <text removed> and more than <text removed>. The doctor stated that there has been recent lab work done, but does not indicate the results. The doctor states that the appellant was referred to a <text removed> in <date removed>. The assessment form requests that the results of the consultation should be included, but they have not been. Medications have been prescribed, but the doctor has not specified for which conditions. No hospitalizations or other referrals are listed. In the Section regarding work activity the doctor has indicated, “not able to work”, and stated that what is functionally stopping the appellant from working is <text removed>.

The medical panel reviewed this information and determined that the objective information does not speak to the severity of symptoms regarding <text removed>, there is no objective data regarding <text removed> and although the appellant has been referred to a <text removed>, no <text removed> report was provided. The medical panel determined that critical information needed to substantiate disability was missing. The appellant was sent a letter dated <date removed> advising that the appellant was found ineligible for benefits. A separate letter advised the appellant that the appellant could resubmit additional information regarding the severity of the <text removed>, objective data about <text removed>.

It is the position of the appellant and the appellant’s advocate that the appellant has provided the required Disability Assessment Form, and the doctor has indicated that the appellant is not able to work most likely on a permanent basis, therefore it should be determined that the appellant meets the eligibility requirements for disability benefits.

The advocate also pointed out that the case worker makes note of the fact that the appellant has difficulty calling the worker or coming to the office to pick up a cheque due to <text removed>.

The appellant stated that when the appellant is having a good day the appellant is able to go out for a walk, but the appellant rarely has those. The appellant has been attending the <text removed> program one half day a week, and the appellant feels comfortable there and it helped the appellant. The appellant can function in that environment because it is known to the appellant. The appellant has difficulty going to new places and situations. The appellant also indicates it is getting harder and harder to walk, even with the <text removed>. The appellant has <text removed> and <text removed> in both hands. The appellant states due to <text removed> the appellant has difficulty sleeping. Some days the appellant's <text removed> gets so bad that the appellant has difficulty getting out of bed. The appellant stated that the appellant would like to be a normal person and be able to go outside whenever the appellant wanted to, but the appellant can't right now.

The appellant indicated that the appellant thought that EIA did have a copy of <text removed> report as the appellant had given one to <text removed> to send in on the appellant's behalf, and the appellant also dropped off a different one at the drop off box at the Income Assistance office.

After carefully considering the written and verbal information the Board agrees that the amount of information provided in the Disability Assessment Report does not provide enough detail to meet the eligibility criteria for disability benefits. However with the appellant's description of how the appellant's <text removed> affect day to day functioning, the Board has determined that the appellant would be unable to earn a living sufficient to meet basic needs. Therefore the decision of the director has been varied, and the Board orders that the appellant be enrolled under Section 5(1)(a) effective <date removed> to <date removed>.

## **DISCLAIMER**

These are electronic copies of the Reasons for Decision issued by the Social Services Appeal Board. These written reasons have been edited to protect the personal information of individuals by removing personal identifiers.