

**Reasons for Decision:**

**Order #AP1920-0730**

On <date removed>, <name removed> and <name removed> filed an appeal of the Director's decision to deny coverage for a therapeutic diet for <name removed>'s diabetes. No decision letters were submitted as evidence.

At the hearing, <name removed> and <name removed> told the Board that their assistance budget had decreased by approximately <amount removed>. This was in part the result of the Department removing <name removed>'s diabetic diet allowance.

The Department stated <name removed> and <name removed> receive the rent and basic needs rate for a general assistance couple. <name removed> also receives assistance for a low sodium diet.

The Department indicated that <name removed> was eligible for a diabetic diet allowance for a period of two years, which ended <date removed>. The Department sent <name removed> a letter in <month removed> and <date removed> advising them of the expiration of his diabetic diet allowance. The Department spoke with <name removed>'s adult child several times in <date removed> and was advised that <name removed>'s doctor had faxed the Department the therapeutic diet form. The Department stated it did not receive a copy of the completed form.

In response to a question from the Board, <name removed> indicated they were aware that an updated therapeutic diet form needed to be provided to the Department. The appellant's doctor faxed the completed form to the Department three times.

The Department stated <name removed> can provide the completed therapeutic diet form directly to the Department and it will then be forwarded to the Disability and Health Supports Unit for review.

The Board notes that <name removed> and <name removed> understood that the Department required an updated therapeutic diet form to assess continued eligibility for the diabetic diet allowance. However, the Department did not receive the information.

The Board determines the Department has assessed <name removed>'s dietary needs according to the legislation and regulations, and confirms the Director's decision to deny <name removed> and <name removed> funding for a therapeutic diet.

**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.