

**Reasons for Decision:**

**Order # AP1819-0044**

<Name removed> appealed that their disability benefits were denied under Section 5(1)(a) of *The Manitoba Assistance Act*.

<Name removed>'s disability status was due to expire on <date removed>. <name removed> was denied in <year removed> and appealed that decision to the Social Services Appeal Board. The Board rescinded the Department's decision and ordered that <name removed> be granted disability eligibility from <dates removed>. The Department received a completed Disability Assessment Report package, completed by <name removed>'s doctor, on <date removed>.

The primary diagnosis was listed as <health condition removed>. The objective findings are <condition removed>. The secondary diagnoses are <health condition removed> with objective findings listed as <condition removed> with objective findings as <condition removed>. The doctor listed the prescribed medications and noted a referral to a specialist.

On the work activity section of the report, the doctor checked that <name removed> is not able to work for nineteen to twenty four months and explained this is due to their <condition removed>.

<name removed> also submitted a self-report in which they indicates a lot of difficulty with sitting, standing, lifting, carrying, reaching, bending, bowel and bladder habits, household tasks, seeing, speaking, remembering, concentrating, sleeping and going into the community. <name removed> states in detail in the self-report that they have major medical issues with <health conditions removed>, which has increased. Their <health condition removed> causes <conditions removed>. The appellant has had <health condition removed> since childhood, which has worsened over the years. The appellant had <health condition removed> in their right eye, <text removed> was removed but caused nerve damage, which also contributes to <condition removed>.

The medical panel reviewed this information and determined that there was not enough information to consider further disability eligibility. A letter was sent to <name removed> on <date removed> advising of the decision and that the decision can be reconsidered if the Department receives objective data regarding their conditions and how they affect their daily life. <name removed> has no work expectations due to age.

<name removed> stated at the hearing that they continue to see many different doctors and has appointments with specialists including one with the psychiatry department at St. Boniface Hospital who is completing a psychiatry assessment.

<name removed> advised that results from some recent testing showed <health condition removed>, and they have been referred to a specialist for that. <name removed> has been consistently attending all of their doctors' appointments and following up with their referrals and does not understand why the medical information they continue to send the Department is insufficient.

*The Manitoba Assistance Act* section 5 (1)(a) states that in order to be eligible for disability benefits, you must be a person:

*(a) who, by reason of age or by reason of physical or mental ill health, or physical or mental incapacity or disorder that is likely to continue for more than 90 days*

*(i) is unable to earn an income sufficient to meet the basic necessities of himself and his dependants, if any.*

After careful consideration of all the written and verbal information, the Board has determined that <name removed> meets the eligibility criteria for disability assistance under Section 5(1)(a). The medical information submitted to the program has been consistent respecting <name removed>'s conditions. The doctor completed the Disability Assessment Report listing all conditions, medications and included objective data. The Board also factored in its decision <name removed>'s presentation at the hearing. The appellant appeared feeble, disoriented and depressed. The Board also notes that <name removed>'s Employment and Income Assistance Case Coordinator notes that they know <name removed> well and supports continuation of disability eligibility. The Board finds that <name removed>'s conditions, in their entirety, render them incapable of earning an income sufficient to meet their basic needs. Therefore, the Board has rescinded the decision of the director and orders that <name removed> be enrolled under Section 5(1)(a) effective <date removed> for twenty-four months.

## **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.