

ADDITIONAL COMMENTS

1. We need more information about medical practitioner. I recommend more usage of occupational therapists. Many are retiring in the Province and you need they train more of these qualified people they are very helpful. The medical system needs more physiotherapists and chiropractors. They perform very valuable services if these services are not available you will lose **many** votes in the next election in 1.5 years from now [or sooner] - thank you for this opportunity to get together - I have been listening to TV CPAC recording Mr. Romanow's Health Commission as it has been going across Canada. As I have listened to these "on site" events, it is obvious that Canada is accepting medical Practitioners - you have more than 1400 registered nurses unemployed in the Province from the Filmon Government and they could be reemployed into our communities.
2. In our community we are aware of a large group of disabled people who are not aware of the White Paper, let alone meeting. The fact bothered me in that all voices are being heard, or 'included' Voices that should be heard and need support to be heard. I feel because of this, a mail out survey should be sent to those who are disabled and unable to attend for various reasons. By doing this process will ensure that all voices of disabled people are heard. Remember this is all about Full Citizenship: full inclusion for all disabled people.
3. I don't see why there is not flexibility and delivery of job supports – competitive equipment. Lots of bucks and if a person is good at a skill they should receive equipment, support or needed dollars.
4. No comment.
5. No comment.
6. Satisfaction and needs must be looked into.
7. Other needs to be received in the home where more assistance is required including financial assistance for extra staff needed for the home. Rural expenses of going to the City for medical needs.
8. There was discussion regarding removing the 44 week cap on the Enhance Work Initiative Program for person with disabilities Involved in Self-employment. Will this be proceeding?
9. Medical was mention so often and yet when you have to wait 6 months to a year to see as Doctor. Hopefully the Disability Office will look at this for quicker result.

10. No comment.
11. Would like to see the draft before it is implemented.
12. Expenses of costs for medical treatment out of town are not sufficient in Rural Manitoba. .13 cents per kilometre is not sufficient. ACL are compensating the difference of .17 cents per km as Union Agreement dictates we pay .30 cents km.
13. Married couples – review of assistance - Level 2; what happens when disability is possibility less than 1 year? - Increase in disability benefits - Doctors should provide scientific evidence [when possible] to provide the disability. - Disability resulting from chemical sensitivities not covered - Too many individuals in the “grey” area - Other disabilities NOT covered.
14. I’ve assisted to many meetings similar to this but it seems that nothing changes How long do we have to wait to see changes.
15. No comment.
16. No comment.
17. No comment.
18. Comment not recorded by B.S.
19. Can summaries be circulated to all? At least to tonight’s participants.
20. No comment.
21. Also need stop degrading us as second-class citizens. Also persons with mental health disabilities should have access to 55+. Adult housing to make sure that we have proper housing not garbage dumps ** Get rid of Income assistance (office): and have a place that represents people with mental health and physical disabilities.
22. No comment.
23. Rates overall are too low. You try to live for three months on it. Telephone and public transportation should be considered necessities.
24. Pay renting rates. Married persons with disabilities should have consideration for some financial support even when partner works (i.e. women who may need to leave or have some spending money).
25. No comment.
26. Have another evening that might focus more detailed on EIA.

27. More discussion required with community and consumers.
28. No comment.
29. Not enough details on the options.
30. Great night.
31. Housing, Homecare Services, Ambulatory Services coverage, Social Workers be more sensitive/understanding and accepting towards recipients/clients. Rent rates, affordable, accessible, housing for all.
32. Bus fare, phones for medical reasons. Doing away with disabilities, rather than abilities. Not focusing on disabilities, but abilities.
33. Would like to have been provided with the facts and figures given at start of meeting. Looking forward to future discussions.
34. No comment.
35. Manpower needs to implement such an individualized holistic citizen driven program – this is an entire change in role and function of service delivery personnel based on a very different philosophical models medical model – holistic recovery/life span model.
36. The connection with other governmental departments wasn't there needs to be major systemic change in more than family services.
37. Communication problems aren't considered a disability and should be. People with FAE and FAS fall through the cracks. People should be allowed higher savings. People need a much higher level of rent – at least \$425. People need to keep higher percent of earnings and CPP. We need to cut paperwork for special health needs. A man I support needed size 9 double "A" shoes. We had to go to his financial worker who had to apply to a panel and it was rejected for \$100 pair of shoes. His doctor came to bat for him and the appeal was overturned but hundreds of dollars in time was wasted getting approval. A 20 year old had to stay in school till 21 before she could get funding to go to a Work Shelter. All her friends graduated at age 18 and she was forced to stay in school. This is not fair.
38. Shelter Costs.
39. No Comment.
40. Make sure all disabilities, social and learning, are recognized, i.e. have a path to coverage.

41. No Comment.
42. Would like additional information on how the LMDA and EAPD will be re-negotiated. Next public consultation requires larger space.
43. Existing employment and training opportunities for the disabled – an overview of what’s available today.
44. No Comment.
45. Would have been helpful to see the new rates.
46. More information needed.
47. The large turnout in spite of minimal advertisement and notice should be a message to the Minster that this is an important subject and one of great concern to many people. This initiative is a positive step but should be considered given more time to explore and discuss issues.
48. A lot of people not invited.
49. Insure people are supported not only in training steps, but also until they are employed including follow-ups.
50. Look forward to further consultation.
51. No Comment.
52. Keep on plugging.
53. No Comment.
54. No Comment.
55. I didn’t find that this was a time consultative process as those options are completely unacceptable.
56. No Comment.
57. Enhancements to quality of life for Manitobans living with disabilities.
58. Manipulative meeting. 2 options limit discussion. 1 proposal model. Further consultations required before changed implemented.

59. Process structured to get responses you want by placing discussion inside a box that restricted the real views of many of the participants.
60. Great job. Get questions in advance. Have a frame work with the financial set up, but have some flexibility for those who may require more or less support.
61. It is important that the eligibility of people for support not depend solely on one practitioner but on a variety of people to get a more accurate picture of people's needs.
62. No Comment.
63. Where is more money? Costs are up, but rates for assistance same.
64. No Comment.
65. No Comment.
66. No Comment.
67. You're on the right track keep going – Listen to what we are saying!
68. No Comment.
69. The wording of the document is geared toward people with physical disabilities - need clearer recognition of the impact of hidden disabilities within the definition.
70. Great Brian – can't wait for the feedback meeting – Sept. or Oct. 2002 – before everything is finalized.
71. No Comment.
72. No Comment.
73. No Comment.
74. Address inequality out of the EIA office when it comes to First Nations with disabilities.
75. No Comment.
76. Room too small – too many people. Too rushed. People in our group didn't have basic understanding of EIA to begin with.

77. Need process for unequal case management to insure supports happen as required and costs covered. What is appeal process? What supports will there be for parents on I.A. who have children with disabilities?
78. What is appeal process? Aboriginal issues not considered.
79. Aboriginal issues not considered. What is appeal process?
80. No Comment.
81. A good first step. The government needs to put it's money where it's mouth is.
82. No Comment.
83. No Comment.
84. Definition of disability.
85. No Comment.
86. Issues of medical expenses – can that be covered even if getting CPP other income is not eligible for I.A. Meet with us again in fall, but please feed us. Those coming directly from work need this.
87. No Comment.
88. No Comment.
89. How much will the new assessor system cost? Does every disabled person get “assessed”?
90. No Comment.
91. No Comment.
92. No Comment.
93. Need for 1-tier social services in Manitoba.
94. Ensure that regulations are clearly drafted but leaving room for front line decisions.
95. Way too crowded – not good access for wheelchairs! Too hot and too noisy; had trouble hearing each other in the groups.
96. Kaplin Report.

97. No Comment.

98. No Comment.

99. Adults (with disabilities) living at home, with their parent get less for room and board then if they lived with someone besides their parents. To me this is taking full advantage of parents, they should get the same amount regardless of where they are paying room and board.

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