

1. *Message to Minister*

1. *Leave the \$80.00 alone! These people need more to live on. - I have lived on two reserves, so don't lecture me!*
2. *As the sponse of a disabled person on IA. I would not have ever come under those same rules! We are individuals, it just so happens that one is disabled. But what I earn should not affect her, or visa-versa. Please start recognizing the rights for a fair income for all disabled people, regardless - whether married, or single will keep being delivered unfairly*

3. We need less stereo-typing that handicap people are wanting to be supported to work in sheltered workshops
4. restructuring is great, but need more \$\$\$
5. Be Inclusive, listen, be consistent and sensitive, use lots of common sense
6. each individual should be #1 and important
7. Respite in our private home instead of sending our son to a group home. He is quadapolegic and needs 24 hours supervision. More money to pay for extra expenses, like van with wheelchair lift and access to physio
8. Remove punitive policies. People don't. Need the problem - environment is the problem
9. Good beginning, excellent start. Must follow-up
10. Give people enough to live on so that they have supports they need and dignity
11. Let's keep up the good work and lets get these changes implemented and keep progressing
12. Great to see the process is inclusive of all people also that your Government is prepared to look at EIA changes and improvements, this has been a need for some time
13. option to - the preferred, More interaction from rural areas, 'disability' groups prior to decision making. Medical panel should NOT exist
14. that the minister and company and his family try to live on the same amount of \$ that special needs families and individuals live on. Then and only then will you understand

15. There needs to be changes. Options need to be clarified of more details added - Who are the "Assessors" differences in benefit levels with the two options; what is the Appeal Process
16. Services need to be more intergraded and less paperwork. Example a person in support receiving CPP and was told she did not qualify for income assistance because she would get [?????]
17. Good job - Keep up the good work
18. That disabled people who are married or single have rights to a reasonable unrestricted income, unaffected by gifts from family, husbands, or friends. Until you realize this, the "white paper" will not work. I.A. support is not near high enough anyway. It benefits no disabled people at all.
19. The level of income support needs to "support" an adequate quality of life poverty is avoidable
20. Please do not use gender neutral stance
21. It (social assistance) needs a total overhaul and increase in benefits (money) and stop deducting from CPP should not be touched what so ever (It is a provincial benefit and need money badly).
22. Let's not take too long to make decisions to help someone who is desperate
23. Mental health needs are not easily "itemized" don't forget about 38% of your clients. Option 1 is not good. If I understand option 2: basic assistance + disability support benefit + itemized supports = increased costs. Are you prepared for that?
24. Mental health clients often have difficulty advocating for themselves due to such difficulties as anxiety or other illness symptoms. Often lowest power groups who can be easily marginalized.

25. X Current system is often perceived as adversary and the concern with potential centralized intake in the sense a title with which citizens are received - particularly those with invisible disabilities
26. Inclusion is imperative but if transparency is suggested there must be follow through
27. Good first step
28. Don't make it more difficult
29. Make it a positive/significant change for the better
30. Keep up the great work on such a hard topic and hard decision making
31. Include "consistency, equal income, adequate income, individually - improved balance of income assistance and services coverage for rural area residents be made equivalent to cost of living" include social and leisure activity funding
32. It was a pleasure meeting you
33. Too little incentive to keep wages earned above IA. Too much reliance on the medical community and not a rehab offering supports for emotional needs
34. Good step in right direction. Staff training to ensure new structure is operational as it is intended
35. Policy development will require collaboration with many systems/services. Values based option 2 is a great starting point inclusion of all citizens.
36. Shelter allowances should be higher
37. We need better interpretation of services ex. One woman I support receives CPP she was told she doesn't qualify for Social Assistance because she

would get slightly more from 55 Plus and Rent Supplement. However these programs can't cover glasses, dental, or medical. She would have to apply separately for emergency funding for these, which will require +++ paperwork and time.

38. Increase shelter cost. Would you live in an apartment for \$285.00?
39. We need more clarification with respect to restructuring. Some areas are confusing.
40. Make sure the new process doesn't become a barrier/Attitudes in the EIA office are important - acceptance
41. *No Comment*
42. Requires greater transparency of details. How will this impact/work with other provincial government departments, federal LMDA?
43. *High level handbooks are regarded by some with a great deal of skepticism*
44. *No Comment*
45. Get creative, close the gaps that people with FASD fall through
46. *No two level system*
47. We need more consultation, more opportunity to explore other options. Recommendation is that committees be developed in all areas of the province to explore issues and make recommendations.
48. *Re-assess the amount of money allowed to disabled people.*
49. The rates need to be significantly higher both for families with one member or more with a

disability and for singles with disabilities. See a person as an individual, not an expense

50. We like the consolation process - we expect to see some recommendations used
51. Listen to the disabled they know what they want
52. Bring rates up to standards
53. Great start - please keep the ball rolling
54. Right direction
55. We are rearranging the deck chairs on the titanic
56. Note provincial poverty level approximately \$16,000 + and look at a realistic cost of living vs. cost of slow death
57. No restructuring. Overall social welfare needed
58. Proposals are better than current system. Current system is inadequate. Start with philosophical discussion of system. Need a definition of disability - not criteria
59. Go back to the drawing board. We were only given option of choosing between lesser of two evils.
60. Stop the stigmatization, get the right people involved not just medical doctors, but people who have more hands on with the clients to be involved
61. It is a long time in coming...people need to be recognized by abilities not disabilities
62. Keep up the good work
63. Change entire system, not just words, and language. Need more money

64. Need time to discuss with Deaf people who have experiences with income assistance and give their comments. I can't speak for them
65. Excellent work to keep up with white paper and we hope to see better future, making lives better for all of us, Manitobans with disabilities
66. Stop labeling change language from disability to NEEDS and more money is not the whole answer - maybe a monthly expense sheet or a subsidy e.g. Taxi's, grass cutting, snow removable etc.
67. Show me the money!!
68. That the money for disability and income assistance won't be so involved that there is a long wait
69. Mr. Sale is always excellent in his presentation but like he said ACTION is needed
70. Thank you Tim! Way to go!
71. Give cost of living increase each year
72. Major concern is that amount of benefits to meet an individual's needs is adequate. Structure of rates is a secondary concern
73. No Comment
74. Address First Nations with disabilities issues! Fund the First Nation disability office, which has 98% of EIA recipients being serviced! This office does the job of EIA workers should be doing!
75. No Comment
76. This affects a lot of people and before we can adequately give feedback on the proposals we need more information and clarity regarding definitions -

this is a complex issue and can't be decided in one evening

77. Separate medical/health benefits from I.A. Good that removing disincentives to employment. Don't use changes as a way to make money people ineligible.

78. Increase income support rates

79. The defining disability can cause more confusion. Medical Health issues needs more supports.

80. Keep moving - we are going in the right direction

81. Implement option 2! I didn't like option 1.

82. Please report back to us how our feedback was used/implemented

83. No Comment

84. KISS - intergovernmental cohesiveness communication. Smaller hoops - one jump.

85. Don't make us focus on what we can't do. Let us focus on what we can and want to do and what support and help we need to get there.

86. Be proactive. People shouldn't have to ask what they are eligible for - they should be told. Continue community involvements policy. Quality of life vs. basic needs issue. Policy deaf implementations

87. 40% of people live outside the Winnipeg area - they do not see 40% of the money.

88. Keep up the good work and please do not become discouraged because this issue needs to be fully explored and a new definition of disability become law.

89. Raise the rates! Include bus passes and telephones as disability necessities
90. Raise the rates and don't stop me from participating in social/romantic relationships through withdrawal of income support
91. Rates are inadequate
92. Full citizenship and inclusion will not be realized when basic needs are not covered e.g. housing
93. Be aware your efforts are making a difference
94. Twist the finance Minister and T. Boards collective arms - fairness and equality
95. Put some of these things into action! Don't forget about those who are less visible (Learning Disabilities)
96. Make sure to include rural communities specifics - make accommodations for travel for employment. Keep up the good work on making changes!
97. To allow the people to work as much as they can without penalty - depending on the illness if it's cyclical some says are good and some bad. It's about "quality of life" Work needs to be done with psychiatric disabilities - number 1 people on assistance lowest amount of money from Manitoba Health
98. Consider the needs of the learning disabled
99. In the newspaper it said the meeting was about defining disability, it didn't indicate that it was in regards to Social Assistance. More details needed regarding who is considered a medical practitioner? What is considered extensive assistance (subjective)? What if a client doesn't have a physiotherapist to recommend extra supports, who does? Is the monthly

income going to go down to what an able body person get? Unless you do qualify for extra supports.