# Function Report - Child Age 6 to 12th Birthday

## **Filling Out The Function Report**

IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, CONTACT YOUR SOCIAL SECURITY OFFICE. WE WILL HELP YOU.

The information that you give us on this form will be used by the office that makes the disability decision on the child's claim. You can help them by completing as much of the form as you can.

- Print or type.
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain your answer if an explanation is requested or needed.
- If more space is needed to answer any of the questions, please use the "REMARKS" section and show the number of the question being answered.

The information we ask for on this form tells us how you think the child's illnesses or injuries affect the way he or she does many of his or her usual activities.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

#### **Privacy Act Statement**

#### **Collection and Use of Personal Information**

Sections 1614(a)(3) and 1631(e) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to make a determination of eligibility for Supplemental Security Income benefits. We may also share your information for the following purposes, called routine uses:

- 1. To Federal, State, or local agencies for administering cash or non-cash income maintenance or health maintenance programs;
- 2. To appropriate State agencies, or other agencies providing services to disabled children, to identify Title XVI eligible under the age of 16 for the consideration of rehabilitation services; and
- 3. To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR), on April 1, 2003, at 68 FR 15784; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006 at 71 FR 1830; and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on December 22, 2003 at 68 FR 71210. Additional information, and a full listing of all of our SORNs, are available on our website at <a href="https://www.ssa.gov/privacy/">www.ssa.gov/privacy/</a>.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

# FUNCTION REPORT - CHILD AGE 6 TO 12th BIRTHDAY

	SECTION 1 - IDENTIFYING INFORMATION							
1.	A. Print NAME OF CHILD:							
	FIRST	MIDDLE	LAST					
	B. Child's SOCIAL SECURITY NUMBER:							
	C. Child's <b>DATE OF BIRTH:</b>	Month/Day/Year	_					
	D. PERSON COMPLETING FOR	M						
	NAME:							
	RELATIONSHIP TO CHILD:							
	DATE FORM COMPLETED:							
	DAYTIME TELEPHONE NUMBER (including Area Code):							
	MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route):							
	CITY	STATE	ZIP CODE					

### **SECTION 2 - FUNCTION DETAILS**

2.	A. Does the child have problems seeing?	If "yes," please mark every statement below that is generally true about the child:			
	☐ YES (Continue) ☐ NO (Go to 2.B.)	Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:			
		Child cannot be fitted for glasses or contact lenses. Explain:			
		Child has other seeing problems. If so, please describe:			
	B. Does the child have problems hearing?	If "yes," please mark every statement below that is generally true about the child:			
	☐ YES (Continue) ☐ NO (Go to 2.C.)	Child uses hearing aid(s). If the child has problems hearing even with a hearing aid(s) OR has trouble using a hearing aid, please explain:			
		Child cannot be fitted for hearing aid(s).			
		Child has other hearing problems. If so, please describe:			
		Child uses American Sign Language.			
		Child reads lips.			

2.	C. Is the child totally	Does the child have problems talking clearly?
	unable to talk?	☐ Yes (answer questions below)
	YES (Go to 2.D.)	☐ No (continue to question 2.D.)
	☐ NO (Continue)	If "yes," please mark the block that best describes the child in each of the two statements below, and then describe any other speech problems:
		Speech can be understood by people who know the child well:
		☐ Most of the time, or
		☐ Some of the time, or
		☐ Hardly ever.
		Speech can be understood by people who don't know the child well:
		☐ Most of the time, or
		Some of the time, or
		☐ Hardly ever.
		If the child has other problems talking, please explain:

2.	D. Is the child 's ability to communicate limited?	If "yes," or "not sure," please tell us what the child does or can do by marking "yes" or "no" for each of the following:		
	☐ YES (Continue)	☐ Yes	☐ No	Deliver telephone messages
	☐ NO (Go to 2.E.)	☐ Yes	☐ No	Repeat stories he or she has heard
	NOT SURE (Continue)	☐ Yes	☐ No	Tell jokes or riddles accurately
		☐ Yes	☐ No	Explain why he or she did something
		☐ Yes	☐ No	Uses sentences with "because," "what if," or "should have been"
		☐ Yes	☐ No	Talks with family
		☐ Yes	☐ No	Talks with friends
			else you	se explain. In addition, please tell us think we should know about the child's ability

2.	E. Is the child's ability to progress in	If "yes," or "not sure," please tell us what the child does or can do by checking "yes" or "no" for each of the following:				
	learning limited?  YES (Continue)	☐ Yes	☐ No	Read capital letters of alphabet		
	□ NO (Go to 2.F.)	Yes	☐ No	Read capital letters and small letters		
	☐ NOT SURE (Continue)	Yes	☐ No	Read simple words		
	(33.111.123)	Yes	☐ No	Read and understands simple sentences		
		☐ Yes	☐ No	Read and understands stories in books or magazines		
		Yes	☐ No	Print some letters		
		Yes	☐ No	Print name		
		Yes	☐ No	Write in longhand (script)		
		Yes	☐ No	Spell most 3-4 letter words		
		☐ Yes	☐ No	Write a simple story with 6-7 sentences		
		Yes	☐ No	Add and subtract numbers over 10		
		☐ Yes	☐ No	Knows days of the week and months of the year		
		☐ Yes	☐ No	Understands money - can make correct change		
		☐ Yes	☐ No	Tells time		
			think we	se explain. In addition, please tell us anything should know about the child's ability to progress		

2.	F. Are the child's physical abilities limited?	If "yes," or "not sure," please tell us what the child does or can do by checking "yes" or "no" for each of the following:		
	☐ YES (Continue)	☐ Yes	☐ No	Walk
	☐ NO (Go to 2.G.)	☐ Yes	☐ No	Run
	☐ NOT SURE (Continue)	☐ Yes	☐ No	Throw a ball
		☐ Yes	☐ No	Ride a bike
		☐ Yes	☐ No	Jump rope
		☐ Yes	☐ No	Use roller skates or roller blades
		☐ Yes	☐ No	Swim
		☐ Yes	☐ No	Use scissors
		☐ Yes	☐ No	Work video game controls
		☐ Yes	☐ No	Dress/undress dolls or action figures
				se explain. In addition, please tell us anything should know about the child's physical abilities:

2.	G. Does the child's impairment(s) affect his	If "yes," or "not sure," please tell us what the child does or car do by checking "yes" or "no" for each of the following:				
	or her behavior with other people?	☐ <b>Yes</b> ☐ <b>No</b> Has friends his or her own age				
	☐ YES (Continue)	Yes No Can make new friends				
	☐ NO (Go to 2.H.)	☐ Yes ☐ No Generally gets along with you or other adults				
	☐ NOT SURE (Continue)	☐ Yes ☐ No Generally gets along with school teachers				
		☐ Yes ☐ No Plays team sports (for example, baseball, basketball, soccer)				
		If necessary, please explain. In addition, please tell us anything else you think we should know about the child's behavior with other people:				

2.	H. Does the child's impairment(s) affect his				e," please tell us what the child does or can do r "no" for each of the following:
	or her ability to help himself or herself and	☐ Yes	□ N	lo	Uses zipper by self
	cooperate with others in taking care of	☐ Yes	N	lo	Buttons clothes by self
	personal needs?	☐ Yes	N	lo	Ties shoelaces
	□ NO (Go to 2.1.)	☐ Yes	□ N	lo	Takes a bath or shower without help
	☐ NOT SURE	☐ Yes	□ N	lo	Brushes teeth
	(Continue)	☐ Yes	□ N	lo	Combs or brushes hair
		☐ Yes	N	lo	Washes hair by self
		☐ Yes	□ N	lo	Chooses clothes by self
		☐ Yes	□ N	lo	Eats by self using a knife, fork, and spoon
		☐ Yes	□ N	lo	Picks up and puts away toys
		☐ Yes	□ N	lo	Hangs up clothes
		Yes	■ N		Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry)
		☐ Yes	□ N	lo	Does what he or she is told most of the time
		☐ Yes	□ N		Obeys safety rules; for instance, looks for cars before crossing street
		☐ Yes	□ N	lo	Gets to school on time
		☐ Yes	□ N	lo	Accepts criticism or correction
		else you	think w	e s	e explain. In addition, please tell us anything should know about the child's ability to help him perate with others in caring for personal needs:

	I. Is the child's ability to pay attention and stick			<b>re</b> ," please tell us what the child does or can door "no" for each of the following:	
	with a task limited?  YES (Continue)	☐ Yes	☐ No	Keeps busy on his/her own	
	☐ NO (Go to 2.J.)	☐ Yes	☐ No	Finishes things he or she starts	
	☐ NOT SURE (Continue)	☐ Yes	☐ No	Works on arts and crafts projects (draws, paints, knits, does woodwork)	
	(Continue)	☐ Yes	☐ No	Completes homework	
		☐ Yes	☐ No	Completes chores most of the time	
		If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to pay attention and stick with a task:			
-	J. Please tell us anything els	 se about th	e child th	at you think we should know.	
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