# Function Report - Child Age 12 to 18th 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 www.ssa.gov/privacy/.

**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 12 TO 18th BIRTHDAY

	SECT	ION 1 - IDENTIFYING INFORMAT	TION
A. Print N	AME OF CHILD:		
	FIRST	MIDDLE	LAST
B. Child's	SOCIAL SECURIT	TY NUMBER:	
C. Child's	DATE OF BIRTH:		_
		Month/Day/Year	-
D. PERS	ON COMPLETING	FORM	
NAME	:		
RELA	FIONSHIP TO CHIL	_D:	
DATE	FORM COMPLETE	ED:	
		Month/Day/Year	
DAYTI	ME TELEPHONE N	NUMBER (including Area Code):	
MAILI		mber and Street, Apt. No. (if any), I	P.O. Box, or Rural Route):
CITY		STATE	ZIP CODE

	Ş	SECTION 2 - FUNCTION DETAILS
2.	A. Does the child have problems seeing? YES (Continue) NO (Go to 2.B.)	If <b>"yes</b> ," please mark <u>every</u> statement below that is <u>generally</u> true about the child: 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:
	<ul> <li>B. Does the child have problems hearing?</li> <li>YES (Continue)</li> <li>NO (Go to 2.C.)</li> </ul>	If " <b>yes</b> ," please mark <u>every</u> statement below that is <u>generally</u> true about the child: 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:
		<ul> <li>Child cannot be fitted for hearing aid(s).</li> <li>Child has other hearing problems. If so, please describe:</li> <li>Child uses American Sign Language.</li> <li>Child reads lips.</li> </ul>

2.	C. Is the child totally unable to talk?	Does the child have problems talking clearly?
	YES (Go to 2.D.)	Yes (answer questions below)
	NO (Continue)	No (Continue to 2.D.)
		If " <b>yes</b> ," 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:

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2.	D. Are the child's daily activities limited?	If " <b>yes</b> ," or " <b>not sure</b> ," please mark every statement below that is true about the child:						
	YES (Continue)	Goes to school full-time Works part-time						
	O (Go to 2.E.)	Goes to school part-time Works full-time						
	NOT SURE (Continue)	Other. Describe:						
		If necessary, please explain. In addition, please tell us anything else you think we should know about the child's daily activities:						
-	E. Is the child's ability to communicate limited?	If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by checking " <b>yes</b> " or " <b>no</b> " for each of the following:						
	$\bigvee$ YES (Continue)	Yes No Answer the telephone and make telephone calls						
	NO (Go to 2.F.) □ NOT SURE	Yes No Deliver phone messages						
	(Continue)	Yes No Repeat stories he or she has heard						
		Yes No Tell jokes or riddles accurately						
		<b>Yes No</b> Explain why he or she did something						
		Yes No Uses sentences with "because," "what if," or "should have been"						
		Yes No Ask for what he or she needs						
		Yes No Talks with family						
		<b>Yes No</b> Talks with friends						
		If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to communicate:						

F. Is there any limitation in the child's progress in understanding and using	•		•		
what he or she has learned?	☐ Yes	No No			ntences in comics
$\square$ YES (Continue) $\square$ NO (Go to 2 G )	_ Yes	No No			
	Yes	No No	Spell wo	ords of more than	4 letters
(Continue)	Yes	No No	Tell time	9	
	_ Yes	🗌 No	Add and	subtract numbe	rs over 10
	Yes	No No	Multiply	and divide numb	ers over 10
	_ Yes	No No	Understa change	ands money - ca	n make correct
	☐ Yes	No No			nd remember
	else you th	nink we s	hould kno	w about the child	l's progress in
G. Are the child's physical abilities limited?	If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by checking " <b>yes</b> " or " <b>no</b> " for each of the following:				
YES (Continue)	Yes	No	Walk	Yes No	Ride a bike
□ NO (Go to 2.H.)	☐ Yes	No	Run	Yes No	Throw a ball
(Continue)	Yes	No	Dance	Yes No	Jump rope
	Yes	No	Swim	Yes No	Play sports
	☐ Yes	No	Drive a car	Yes No	Work video games controls
			•	· · · ·	
	<ul> <li>the child's progress in understanding and using what he or she has learned?</li> <li>YES (Continue)</li> <li>NO (Go to 2.G.)</li> <li>NOT SURE (Continue)</li> </ul> G. Are the child's physical abilities limited? <ul> <li>YES (Continue)</li> <li>NO (Go to 2.H.)</li> <li>NO (Go to 2.H.)</li> <li>NOT SURE</li> </ul>	the child's progress in understanding and using what he or she has learned?       \rightarrow YES (Continue)         YES (Continue)       Yes         NO (Go to 2.G.)       Yes         NOT SURE (Continue)       Yes         Yes       Yes         Yes       Yes         State       Yes         NO (Go to 2.G.)       Yes         Yes       Yes         State       Yes         Yes       Yes         Yes       Yes         State       Yes         State       Yes         NO (Go to 2.H.)       Yes         NOT SURE (Continue)       Yes         Yes       Yes         State       Yes         If necessa       If necessa         If necessa       If necesa	the child's progress in understanding and using what he or she has learned? YES (Continue) NO (Go to 2.G.) NOT SURE (Continue) Yes No Yes No	the child's progress in understanding and using what he or she has learned?       YES (Continue)         YES (Continue)       Yes       No       Read ar and cart         NO (Go to 2.G.)       Yes       No       Read ar magazin         NOT SURE (Continue)       Yes       No       Spell wo         Yes       No       Add and         Yes       No       Add and         Yes       No       Add and         Yes       No       Multiply         Yes       No       Understation         Recessary, please explain.       else you think we should knounderstanding and using what         Yes       No       Walk         NO (Go to 2.H.)       Yes       No         NOT SURE (Continue)       Yes	the child's progress in understanding and using what he or she has learned?       Yes       No       Read and understand set and cartoons         YES (Continue)       Yes       No       Read and understand set and cartoons         NO (Go to 2.G.)       Yes       No       Read and understand set and cartoons         Yes       No       Read and understand set and cartoons         Yes       No       Read and understand set and cartoons         NOT SURE (Continue)       Yes       No       Spell words of more than         Yes       No       Add and subtract number       Yes       No         Yes       No       Multiply and divide numb       Set set number         Yes       No       Understand, carry out, ar simple instructions       If necessary, please explain. In addition, please         If necessary, please tell us what the or she has left       Yes       No       No         Wor (Go to 2.H.)       Yes       No       Run       Yes       No         NO (Go to 2.H.)       Yes       No <t< th=""></t<>

2.	H. Does the child's impairment(s) affect his or her social activities or			<b>e</b> ," please tell us what the child does or can <b>s</b> " or " <b>no</b> " for each of the following:
	behavior with other	☐ Yes	No	Has friends his or her own age
	people?	☐ Yes	No No	Can make new friends
	☐ NO (Go to 2.1.)	_ Yes	No No	Generally gets along with you or other adults
	NOT SURE (Continue)	☐ Yes	No No	Generally gets along all right with brothers and sisters
		Yes	🗌 No	Generally gets along with school teachers
		Yes	🗌 No	Plays team sports (for example, baseball, basketball, soccer)
			nink we sł	e explain, In addition, please tell us anything nould know about the child's behavior around
		1		

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2.	I. Is the child's ability to take	If "yes," or "not sure," please tell us what the child does or can			
	care of his or her personal needs and safety limited?	do by chec	king " <b>ye</b> s	<b>s</b> " or " <b>no</b> " for each of the following:	
		☐ Yes	No No	Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.)	
	NO (Go to 2.J.)	Yes	No No	Washes and puts away his or her clothes	
	NOT SURE (Continue)	☐ Yes	☐ No	Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry)	
		Yes	No No	Can cook a meal for self	
		🗌 Yes	No No	Gets to school on time	
		🗌 Yes	🗌 No	Studies and does homework	
		🗌 Yes	🗌 No	Takes needed medication	
		☐ Yes	No No	Can use public transportation by himself/ herself	
		🗌 Yes	No No	Accepts criticism or correction	
		🗌 Yes	No No	Keeps out of trouble	
		🗌 Yes	No No	Obeys rules	
		🗌 Yes	No No	Avoids accidents	
		🗌 Yes	🗌 No	Asks for help when needed	
		else you th	nink we sl	e explain. In addition, please tell us anything hould know about the child's ability to take ersonal needs and safety:	

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

SECTION 3 - REMARKS