

Function Report - Child (FRC) Forms

These forms collect information on how the child's impairment(s) affects usual activities. This information is used to assist in determining eligibility for benefits.

SSA-3375:	Function Report – Child From Birth To First Birthday
SSA-3376:	Function Report - Child Age 1 Up To Third Birthday
SSA-3377:	Function Report - Child Age 3 Up To 6th Birthday
SSA-3378:	Function Report - Child Age 6 Up To 12th Birthday
SSA-3379:	Function Report - Child Age 12 Up To 18th Birthday

There are five different function reports, use the correct form based on child's age at time of completion.

Function Report- Child **"AGE"****Filling Out The Function Report**

Reminder: Use the form that corresponds to the child's age at the time of completion.

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.

It should be you who completes this form, not a doctor or hospital.

Gather this information from the applicant and from other caregivers. Be sure to type or print clearly. Use the "remarks" section if more space is needed.

- 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.

Be as thorough and detailed as possible.

**PLEASE REMOVE THIS SHEET BEFORE
RETURNING THE COMPLETED FORM.**

This information tells us how you think the child's illness or injuries affect usual activities.

Privacy Act Statement must be read to the parent(s) or guardian of the child.

We rarely use the information you supply for any purpose other than to make a decision regarding child's eligibility for benefits, but there may be exceptions.

This completed form should be submitted to your local Social Security office, located on our website, www.socialsecurity.gov, telephone directory, or 1-800-772-1213.

Privacy Act Statement

Sections 1614 and 1631(e)(1), of the Social Security Act, as amended, and 20 CFR 416.924(a), authorize us to collect this information. We will use the information you provide on behalf of the child to determine his or her eligibility for Supplemental Security Income (SSI) payments based on disability.

Furnishing us the information is voluntary. However, failing to provide all or part of the requested information may prevent our making an accurate and timely decision on the claim.

We rarely use the information you supply for any purpose other than to make a decision regarding the child's eligibility for SSI payments. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to our benefits and coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, and investigatory activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer-matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded and administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notice 60-0089, entitled, Claims Folders Systems. Additional information about this and other system of records notices and our programs is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. 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.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

The Privacy Act authorizes us to collect this information to determine the child's eligibility for SSI based on disability. Furnishing the information is voluntary. However, failing to provide all or part of the requested information may prevent our making an accurate and timely decision on the claim.

For more information on the Privacy Act visit www.socialsecurity.gov.

Function Report- Child “AGE”

1(A) Write in child's name (preferably as it appears on their Social Security Number card)

1(B) Enter child's Social Security Number

1(C) Enter Child's Date of Birth

SECTION 1 - IDENTIFYING INFORMATION		
1.	A. Print NAME OF CHILD:	
	FIRST _____	
	MIDDLE _____	
	LAST _____	
	B. Child's SOCIAL SECURITY NUMBER: _____	
	C. Child's DATE OF BIRTH: _____ Month/Day/Year	
	D. PERSON COMPLETING FORM	
	NAME: _____	
	RELATIONSHIP TO CHILD: _____	
	DATE FORM COMPLETED: _____ Month/Day/Year	
	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

Reminder: Use the form that corresponds to the child's age at the time of completion.

1(D) Write in the name of person completing this form, indicate relationship to child and date form completed.

Include best daytime phone number for person completing form.

Write in mailing address for person completing form.

SECTION 2 - FUNCTION DETAILS

2(A) Does the child have problems seeing? Check the box "yes" or "no."

2(B) Does the child have problems hearing? Check the box "yes" or "no."

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

If you answered "yes" to 2(A) or 2(B), please continue by marking every statement that is generally true about the child and provide details in the corresponding spaces.

If you checked "no," please move on to the next question.

Not all questions are the same – some are dependent on child's age-and form used

Next Questions Will Vary

The next questions on the Function Report will differ depending on the child's age and form selected
(Form SSA 3375, 3376, 3377, 3378, or 3379)

We want to know about the child's:

- Activities
- Communication
- Ability to Understand
- Physical Abilities
- Behavior/Social Activities
- Personal Needs/Safety
- Ability to Pay Attention

Helpful Hint

The parent(s) or guardian may be inclined to say "sometimes." If the answer is not clear cut, additional details can be added in "remarks." Please use the spaces provided in each section to clearly explain.

Question 2 (C)

Form 3375	Form 3376	Form 3377	Form 3378	Form 3379
Are the child's activities or abilities limited?	Is the child totally unable to talk?			

Example of Forms: → 3377, 3378, 3379	<p>2. C. Is the child totally unable to talk?</p> <p><input type="checkbox"/> YES (Go to 2.D.)</p> <p><input type="checkbox"/> NO (Continue)</p>	<p>Does the child have problems talking clearly?</p> <p><input type="checkbox"/> Yes (answer questions below)</p> <p><input type="checkbox"/> No (continue to question 2.D.)</p> <p>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:</p> <p>Speech can be understood by people who know the child well:</p> <p><input type="checkbox"/> Most of the time, or</p> <p><input type="checkbox"/> Some of the time, or</p> <p><input type="checkbox"/> Hardly ever.</p> <p>Speech can be understood by people who don't know the child well:</p> <p><input type="checkbox"/> Most of the time, or</p> <p><input type="checkbox"/> Some of the time, or</p> <p><input type="checkbox"/> Hardly ever.</p> <p>If the child has other problems talking, please explain:</p> <hr/> <hr/>
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If you answered "yes" continue by marking every statement that is generally true about the child and provide details in the corresponding spaces.

If you checked "no," please move on to the next question.

Question 2 (D)

Form 3375:	SSA: 3376:	SSA: 3377: SSA: 3378: SSA: 3379:
Please tell us anything else about the child that you think we should know.	Does the child have difficulty understanding and learning?	Is the child's ability to communicate limited?

Form SSA-3377-BK (10-2017) UF

Page 6 of 10

2. D. Is the child's ability to communicate limited?

YES (Continue)

NO (Go to 2.E.)

NOT SURE (Continue)

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 No Asks a lot of what, why, and where questions

Yes No Uses complete sentences of more than 4 words most of the time

Yes No Talks about what he or she is doing

Yes No Takes part in conversations with other children

Yes No Asks for what he or she wants

Yes No Tells about things and activities that happened in the past

Yes No Can tell a made up or familiar short story

Yes No Can answer questions about a short read-aloud children's story or TV story like "Little Red Ridinghood"

Yes No Can deliver simple messages such as telephone messages

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to communicate:

2(D) Does the child have difficulty understanding and learning? Check "yes," "no," or "not sure."

Example of Form:
3377

If you checked "yes," or "not sure," for 2(D), please tell us what the child does or can do by checking "yes" or "no".

If you checked "no" for 2 (D), please move on to the next question.

Note: Depending on the form you select-this section will have different questions about the child's ability to communicate or understand

Question 2 (D) –Example Continued

Form 3375:

SSA: 3376:

SSA: 3377:

SSA: 3378:

SSA: 3379:

Please tell us anything else about the child that you think we should know.

Does the child have difficulty understanding and learning?

Is the child's ability to communicate limited?

Form SSA-3378-BK (10-2017) UF

Page 6 of 12

2(D) Does the child have difficulty understanding and learning? Check "yes," "no," or "not sure."

2. D. Is the child's ability to communicate limited?

YES (Continue)

NO (Go to 2.E.)

NOT SURE (Continue)

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 No Deliver telephone messages

Yes No Repeat stories he or she has heard

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

Example of Form:
3378

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to communicate:

If you checked "yes," or "not sure," for 2(D), please tell us what the child does or can do by checking "yes" or "no".

If you checked "no" for 2 (D), please move on to the next question.

Note: Depending on the form you select-this section will have different questions about the child's ability to communicate or understand

Section 3 - REMARKS

Form 3375

Form 3376

Form 3377

Form 3378

Form 3379

Remarks Section for All forms and Final Page

SECTION 3 - REMARKS

Use this section, to elaborate on any of the prior questions and/or add anything else about the child that we should know.

If the child has other problems please use section to provide detailed explanation.

Example of:
All Forms →