

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.
- When we ask for certain numbers, such as dates and telephone numbers, we provide blocks to fill in. In these places, please print only one number in each block. For numbers under 10, put a zero in the first block for the month and/or day, as appropriate. Make entries like this:

Month	Day	Year
0	5	9
	2	4

- 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.

ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

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

The Privacy And Paperwork Reduction Acts

See Revised
Privacy Act
Statement Attached

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any 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.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments relating to our time estimate to this address, not the completed form.**

See Revised PRA
Attached

**FUNCTION REPORT - CHILD
AGE 3 TO 6th BIRTHDAY**

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print NAME OF CHILD:

FIRST	MIDDLE INITIAL	LAST																																		
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B. Child's SOCIAL SECURITY NUMBER:

			-			-				
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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:

Area Code	Number

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?

YES (Continue) →

NO (Go to 2.B.)

If "yes," please mark every statement below that is generally 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:

B. Does the child have problems hearing?

YES (Continue) →

NO (Go to 2.C.)

If "yes," please mark every statement below that is generally 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:

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
unable to talk?

YES (Go to 2.D.)

NO (Continue) →

Does the child have problems talking clearly?

Yes (answer questions below)

No (continue to question 2.D.)

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?

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. E. Does the child's impairment(s) limit his or her progress in understanding and using what he or she has learned?

YES (Continue) →

NO (Go to 2.F.)

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 Recite numbers to 3
- Yes No Count three objects (like blocks, cars or dolls)
- Yes No Recite numbers to 10
- Yes No Identify most colors, such as purple, and shapes, such as a star
- Yes No Knows his or her age
- Yes No Asks what words mean
- Yes No Knows his or her birthday
- Yes No Knows his or her telephone number
- Yes No Can define common words
- Yes No Can read capital letters of the alphabet
- Yes No Understands a joke

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's progress in understanding and using what he or she has learned:

2.

F. Are the child's physical abilities limited?

YES (Continue) →

NO (Go to 2.G.)

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 Catch a large ball, like a beach ball

Yes No Ride a big wheel, tricycle, or bike with training wheels

Yes No Wind up a toy

Yes No Print at least some letters

Yes No Copy first name

Yes No Use scissors fairly well

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

G. Does the child's impairment(s) affect his or her behavior with other people?

YES (Continue) →

NO (Go to 2.H.)

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 Enjoys being with other children the same age

Yes No Shows affection towards other children

Yes No Is affectionate towards parents

Yes No Shares toys

Yes No Takes turns

Yes No Plays "pretend" with other children

Yes No Plays games like tag, hide-and-seek

Yes No Plays board games (like checkers or Candyland)

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's behavior around other people:

<p>2. H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.I.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>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. Check "yes" if it is something the child used to do but doesn't do any more just because he or she is older. For example, if the child used to dress with help but now dresses without help, check "yes" for both.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Usually controls bowels and bladder during the day</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Eats using a fork and spoon by self</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Dresses self with help</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Dresses self without help (except tying shoes)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Washes or bathes without help</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Brushes teeth with help</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Brushes teeth without help</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Puts toys away</p> <p>If necessary, please explain. In addition, please tell us anything else you think we should know about the child's habits and ability to take care of personal needs:</p> <hr/> <hr/> <hr/>
<p>I. Is the child's ability to pay attention and stick with a task limited?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.J.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If "yes," or "not sure," how long can the child pay attention to TV, music, reading aloud or games?</p> <p><input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes</p> <p>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:</p> <hr/> <hr/> <hr/> <hr/> <hr/>

SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:

Function - Child Age 3 to 6th Birthday, Form SSA-3377-BK
Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631(e)(1) [42 U.S.C. 405(a), 423(d), and 1383 (e)(1)] of the Social Security Act authorize us to collect this information. We will use the information you provide on this report to assist us in making a decision on the named claimant's claim. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on the named claimant's claim.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the 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, or investigative activities necessary to assure the integrity of Social Security programs.

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. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at any 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 OR BRING 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.*