

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.**



The Privacy And Paperwork Reduction Acts

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 Government Accountability 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 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

**FUNCTION REPORT - CHILD
AGE 12 TO 18th BIRTHDAY**

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

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. D. Are the child's daily activities limited?

YES (Continue) →

No (Go to 2.E.)

NOT SURE (Continue) →

If "yes," or "not sure," please mark every statement below that is true about the child:

- Goes to school full-time
- Works part-time
- Goes to school part-time
- Works full-time
- 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?

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 Answer the telephone and make telephone calls
- Yes No Deliver phone 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 Ask for what he or she needs
- Yes No Talks with family
- Yes No 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:

2. F. Is there any limitation in the child's progress in understanding and using what he or she has learned?

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 Read and understand sentences in comics and cartoons

Yes No Read and understand stories in books, magazines, or newspapers

Yes No Spell words of more than 4 letters

Yes No Tell time

Yes No Add and subtract numbers over 10

Yes No Multiply and divide numbers over 10

Yes No Understands money - can make correct change

Yes No Understand, carry out, and remember simple instructions

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:

G. Are the child's physical abilities limited?

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 Walk Yes No Ride a bike

Yes No Run Yes No Throw a ball

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

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

2. I. Is the child's ability to take care of his or her personal needs and safety limited?

YES (Continue) →

NO (Go to 2.J.)

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:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Washes and puts away his or her clothes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can cook a meal for self |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Gets to school on time |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Studies and does homework |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Takes needed medication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can use public transportation by himself/herself |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accepts criticism or correction |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Keeps out of trouble |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Obeys rules |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Avoids accidents |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asks for help when needed |

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to take care of his or her personal needs and safety:
