

Function Report - Child Age 3 to 6th 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

See revised
Privacy
Act Statement
below.

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 OR BRING 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, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

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

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print **NAME OF CHILD:**

FIRST	MIDDLE	LAST
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Child's **SOCIAL SECURITY NUMBER:**

<input type="text"/>

C. Child's **DATE OF BIRTH:**

Month/Day/Year

<input type="text"/>

D. PERSON COMPLETING FORM

NAME:

RELATIONSHIP TO CHILD:

DATE FORM COMPLETED:

Month/Day/Year

<input type="text"/>

DAYTIME TELEPHONE NUMBER *(including Area Code):*

<input type="text"/>

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. 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-peek

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:

2. H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs?

YES (Continue) →

NO (Go to 2.I.)

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. 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.

- Yes No Usually controls bowels and bladder during the day
- Yes No Eats using a fork and spoon by self
- Yes No Dresses self with help
- Yes No Dresses self without help (except tying shoes)
- Yes No Washes or bathes without help
- Yes No Brushes teeth with help
- Yes No Brushes teeth without help
- Yes No Puts toys away

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:

I. Is the child's ability to pay attention and stick with a task limited?

YES (Continue) →

NO (Go to 2.J.)

NOT SURE (Continue) →

If "yes," or "not sure," how long can the child pay attention to TV, music, reading aloud or games?

- 15 minutes 30 minutes

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:

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631(e)(1), of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on behalf of the minor child to determine his or her benefit eligibility.

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

We rarely use the information for any purpose other than for making a decision regarding entitlements to benefits. 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 assure 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 payment's or delinquent debts under these programs.

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